



Standard Life and Accident Insurance Company

An Oklahoma Corporation

Marketing Office:

2450 South Shore Blvd., Suite 500, League City, TX 77573

Phone: 888.290.1085 Fax: 281.538.3393

**RETURN COMPLETED CONTRACTING TO:**

Senior Benefit Services, Inc

13511 Label Lane Suite 204

Hagerstown, MD 21740

Phone: 1-800-924-4727

Fax: 301-733-1776

Email: [Licensing@srbenefit.com](mailto:Licensing@srbenefit.com)

Please send all contracting material to fax number or mailing address above.

**CONTRACT TRANSMITTAL**

NAME OF AGENT \_\_\_\_\_

**HIERARCHY**

GENERAL AGENT \_\_\_\_\_ Social Security Number \_\_\_\_\_

GENERAL AGENT \_\_\_\_\_ Social Security Number \_\_\_\_\_

MARKETING GENERAL AGENT \_\_\_\_\_ Social Security Number \_\_\_\_\_

NATIONAL MARKETING DIRECTOR \_\_\_\_\_ Social Security Number \_\_\_\_\_

**DO NOT OMIT ANY OF THE FOLLOWING FORMS  
WHEN SUBMITTING A NEW CONTRACT**

- ☐ APPLICATION TO REPRESENT  
☐ CONTRACTS (Both Originals Signed)  
☐ COMMISSION SCHEDULES (Both Originals Signed)  
☐ COMMISSION REQUEST FORM (Optional)  
☐ AUTOMATIC DEPOSIT FORM (If not elected, a \$5.00 service fee will apply per routine check issued)  
☐ PRODUCERS CODE OF CONDUCT  
☐ W-9  
☐ AUTHORIZATION (FAIR CREDIT REPORTING ACT)  
☐ NOTICE OF PRIVACY (To be left with Agent)  
☐ COPY OF CURRENT LICENSE FOR ALL STATES  
☐ IN WHICH AGENT IS TO BE APPOINTED  
☐ LETTER OF CERTIFICATION (Virginia Only)  
☐ HIPAA BUSINESS ASSOCIATE AMENDMENT  
☐ E/O COVERAGE SCHEDULE PAGE  
☐ COMPANY GUIDE TO ANTI-MONEY LAUNDERING

LICENSE FEE \$ \_\_\_\_\_ STATE \_\_\_\_\_

EXAM FEE \$ \_\_\_\_\_ STATE \_\_\_\_\_

NON-RES LICENSE FEE \$ \_\_\_\_\_ STATE \_\_\_\_\_

**APPLICATION TO REPRESENT THE AMERICAN NATIONAL FAMILY OF COMPANIES 800-924-4727**☐ Standard Life and Accident Insurance Company (SLAICO)☐ American National Insurance Company (ANICO)☐ American National Life Insurance Company of Texas (ANTEX)

<input type="checkbox"/> Mr. First	Middle (No Initials)	Last	Producer Code
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Social Security Number	Please list all professional designations (such as CLU, ChFC, etc.)		Military Status

All other names utilized, including maiden, aliases, etc.

Date of Birth	Preferred Greeting or Nickname	Spouse's Name	Phone Numbers Residence ( )
Mailing Address	City	State	Zip Code
Residence Street Address	City	State	Zip Code
If you have lived at address above less than 5 years, enter your prior address			Business ( )
			Fax ( )
			Email Address

Send all mail to ☐ Mailing Address ☐ Residence Address ☐ Other \_\_\_\_\_Is the contract to be in the name of a corporation/partnership? ☐ YES ☐ NO If Yes, please submit corporate license.

If Yes, Name \_\_\_\_\_ City &amp; State \_\_\_\_\_

Tax ID Number \_\_\_\_\_ ☐ Partnership ☐ Corporation \_\_\_\_\_

**Please answer all questions below with careful thought and be as accurate as possible. A Yes answer won't disqualify you from being appointed; however, an inaccurate answer might! If more space needed - attach separate page.**

**PERSONAL HISTORY**1. Have you ever been contracted with SLAICO, ANICO or ANTEX? ☐ YES ☐ NO

If Yes, with which one: \_\_\_\_\_ Year \_\_\_\_\_

2. Are you currently obligated under a non-compete agreement with any insurance company or agency? ☐ YES ☐ NO3. Have you ever filed for financial relief or bankruptcy? ☐ YES ☐ NO

Date filed \_\_\_\_\_ Chapter \_\_\_\_\_ Date Discharged or Closed \_\_\_\_\_

If filed within the past two years, attach copy of discharge or closure.

4a. The Violent Crime and Control Act of 1994 makes it a criminal offense for anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to willfully engage in the business of insurance. Have you ever been indicted or convicted of any such felony? If Yes, give specifics as to charge, date, jurisdiction and outcome on a separate page. ☐ YES ☐ NO

4b. Have you been arrested for any other crime? If Yes, please give specifics as to charges, date, jurisdiction and outcome. ☐ YES ☐ NO5. Are you presently indebted to any insurance company or agency? If Yes, please give specifics as to the nature and amount. ☐ YES ☐ NO

To Whom	Nature of Debt	Amount	Payment Terms

6. Do you now have or have you had in the past 10 years any federal, state, tax liens, judgements or garnishments? ☐ YES ☐ NO

To Whom	Nature of Debt	Amount	Payment Terms

7. Do you have or have you ever had an Insurance Department complaint or action regarding your insurance practices or license? If Yes, give specific details and dates on separate sheet. ☐ YES ☐ NO8. Has a deficiency claim been made against you for any past insurance transactions? ☐ YES ☐ NO

If Yes, please give specifics as to the nature and amount. \_\_\_\_\_

9. a. Are you currently covered by errors and omissions insurance? If Yes, attach a copy of the declaration page. ☐ YES ☐ NOb. Have you ever filed an errors and omissions claim? ☐ YES ☐ NO10. Have you ever been cautioned or disciplined for violating a professional code of ethics in any organization? ☐ YES ☐ NO11. Have you ever been expelled or disciplined by a professional organization? ☐ YES ☐ NO

12. What do you consider to be your main insurance product and marketing interest? \_\_\_\_\_
13. How did you hear about SLAICO, ANICO and/or ANTEX? \_\_\_\_\_

Please record below your employment or contracts for the past 5 years. If attending school, please give name and location of school. If unemployed during this time, please give dates and reasons. If space is insufficient, please complete on separate sheet. (If you are currently selling insurance - not "self employed" or name of agency.)

May we contact you at your present place of business?

☐ YES ☐ NO

BEGIN WITH PRESENT OR MOST RECENT

Company Name (Also Include Supervisor Name)	Address	City-State	Phone	Dates	Average Yearly Annualized Premium Produced
1.				From	
				To	
2.				From	
				To	
3.				From	
				To	

Current Primary Company \_\_\_\_\_

Are you currently licensed? ☐ Life ☐ A&H ☐ Both License Number \_\_\_\_\_

Do you want to be appointed in any states in which you hold a non-resident license?

☐ YES ☐ NO

If so, which states? \_\_\_\_\_

If currently holding Kansas license, please provide copy of license, even if not soliciting business in Kansas.

If requesting appointment as a non-resident in Florida, please list all counties where you will solicit business. \_\_\_\_\_

If requesting appointment in Oklahoma, would you like to receive a copy of the Investigative Consumer Report?

☐ YES ☐ NO

Have you sold insurance through another name or through any agency in the past five years?

☐ YES ☐ NO

If Yes, please specify \_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR CURRENT LICENSE(S) TO YOUR CONTRACTING PAPERS

The person signing this form as "Applicant" hereby acknowledges that he/she is not obtaining a license/appointment with SLAICO, ANICO or ANTEX (hereafter each is referred to as "the Company") for the sole purpose or intention principally to solicit or place insurance on the Applicant's own life or the lives of the Applicant's relatives, employers or employees.

I have read and agree to comply with the contents of the Notice of Privacy Policy form ST-905, Producer's Code of Conduct form ST-449 and the advertising guidelines adopted by the Company.

Furthermore, each of the undersigned declares for himself/herself, and other interested parties, that all of the answers in the pages of this application and any supplements to it are full, complete and true to the best of his/her knowledge and belief. In addition, the undersigned specifically attests that the Social Security Number or Tax Identification Number on the application is the correct number for the entity applying for appointment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I understand that the Violent Crime and Control Act of 1994 makes it a criminal offense for anyone who is engaged in the business of insurance to willfully permit anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to participate in the business of insurance and I recommend that this Applicant be contracted with the company.

Marketing General Agent \_\_\_\_\_ Date \_\_\_\_\_

(If Applicable) Approved by National Marketing Director \_\_\_\_\_ Date \_\_\_\_\_

# Agent Contract

With

**Standard Life and Accident Insurance Company**  
**One Moody Plaza • Galveston, TX**

FOR

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Agent



# CONTRACT PROVISIONS

## APPOINTMENT, TERRITORY AND RELATIONSHIP

1. Standard Life and Accident Insurance Company (hereinafter designated as "Company") appoints the person named above as its Agent (hereinafter designated as "Agent") with the authority and obligations hereinafter set forth. The Agent hereby accepts such appointment subject to the terms and conditions hereof.
2. The Agent shall solicit only in the territory where the Company officially appoints said Agent. In no event will said Agent be appointed any territory exclusively.
3. The Agent's relationship with the Company shall be that of independent contractor. Nothing in this Contract shall be construed as creating the relationship of employer and employee. The Agent shall be free to exercise independent judgement as to the persons from whom applications are solicited and the time, place and manner of solicitation. If training courses, sales methods and materials, office facilities or similar aids and services are extended or made available to the Agent, it is agreed that the purpose and effect thereof shall not be to give the Company control of the Agent's time or direction or control over the manner or means by which the Agent shall conduct business but only to assist the Agent in such business and to comply with state insurance department regulations.

## AUTHORITY AND LIMITATIONS

4. The Company hereby authorizes the Agent to solicit applications for ordinary life insurance, annuities and health insurance.
5. The Agent's power or authority shall extend no further than as expressly stated in this Contract. No power or authority shall be implied from the grant or denial of powers specifically mentioned herein. The Agent shall have no authority to, and agrees not to do or attempt to do, any of the following:
  - A. Solicit applications for the Company in any manner prohibited by or inconsistent with the provisions of this Contract, the rate book or the rules and regulations of the Company, now or hereafter in effect.
  - B. Enter into any agreement or incur any obligation on behalf of the Company, except with its written permission.
  - C. With respect to any policy,
    - (1) make any alterations, modifications or endorsements or otherwise alter the Company's obligations thereunder unless authorized in writing by the Company;
    - (2) charge special rates or extend the time for paying premiums;
    - (3) waive forfeiture;
    - (4) make or cause delivery of any policy
      - (a) unless the first premium has been paid in full, and
      - (b) unless the applicant is in good health.
  - D. Initiate any civil or criminal action or proceeding, whether or not brought in the name of the Company, which may in any way involve or affect the Company, its business, its operations or any policy issued by it.
  - E. Use or authorize the use of any written, oral or visual communication or publication used as advertising of any Company product, except with the prior written approval of the Company.
  - F. Pay or allow or offer to pay or allow any rebate of premium, directly or indirectly.
  - G. Violate the insurance laws or the regulations of the Insurance Department of any state in which the Company's business is transacted.
  - H. Induce or influence policyowners or annuitants to relinquish their policies or contracts with the Company.
  - I. Do anything to induce or influence representatives of the Company to leave its service.
  - J. Withhold any funds, policies or receipts after demand has been made upon said Agent by the Company.
  - K. Misapply or embezzle funds or property of the Company.
  - L. Perpetrate any fraud against the Company.

## ACCOUNTING AND FISCAL RESPONSIBILITY

6. All checks and money orders received by the Agent for or on behalf of the Company shall be held by the Agent in trust for the Company and shall be immediately transmitted to the Company in accordance with the Company's rules and practices.
7. The Company shall have, and is hereby given, a valid first lien on all commissions, service fees and any other compensation payable under this or any prior contract with the Company as security for the payment of any and all debts or claims due or to become due to it from the Agent. The Agent hereby agrees to pay interest on any such outstanding indebtedness at the maximum rate of interest permitted by law. In the event of default on any debt or claim due or to become due to the Company from the Agent, the Company is authorized, without notice and without any judicial action, to foreclose its lien by crediting any or all of such commissions, service fees or other compensation, accrued or to accrue, toward the reduction of such debt or claim. The lien created hereby shall not be extinguished by termination of this Contract.

## COMPENSATION FOR PERSONAL PRODUCTION

8. The Company will pay to the Agent the First Year Commissions, Renewal Commissions and Service Fees at the rates and for the policy years set forth on the Schedule of Commissions herein, when the respective premiums on policies personally produced by the Agent under the Schedule of Commissions are actually due and paid to the Company, subject to the following provisions:
  - A. If a policy personally produced by the Agent is lapsed for non-payment of premiums and is subsequently reinstated except through the direct efforts of the Agent, the payment of future compensation shall thereafter be governed by the Company's rules and practices.
  - B. Should the Company refund any premium on any policy produced by the Agent, any compensation received by the Agent on such premium shall be returned immediately to the Company. No compensation will be paid on any premium waived by the Company on any policy produced by the Agent.

**TERMINATION**

9. This Contract shall be terminated (without notice, unless expressly required) in any of the following events:

- A. Either party to this Contract giving to the other written notice of desire to terminate the Contract at least thirty (30) days prior to the day fixed for its termination, such notice to be delivered personally or mailed to the other party at such party's last known address; or
- B. The death of the Agent; or
- C. The Agent's total and permanent disability, construed in accordance with the interpretation of the Disability Premium Waiver provision of the Company's whole life policies being issued at the time of such disability; provided, however, the Company shall be the sole and final judge of such interpretation; or
- D. The Agent's violation of any of the provisions contained in paragraph 5 hereof.

**VESTED COMPENSATION**

10. The following provisions relating to compensation shall apply after termination of this Contract:

- A. If such termination is for any cause other than the agent's death or disability or the agent's violation of any of the provisions contained in Sections F, G, H, I, J, K or L of paragraph 5, the agent will receive the First Year Commission and Renewal Commission as provided in paragraph 8 hereof.
- B. If such termination is due to the death of the agent, the First Year Commission and Renewal Commission provided in paragraph 8 hereof, unless assigned, will be paid to the surviving spouse if this option is elected. Otherwise the commission will be paid to the executors, administrators or assigns of the agent.

If such termination is due to the agent's disability in accordance with section C of paragraph 9, the agent will receive the First Year Commission and Renewal Commission as provided in paragraph 8 hereof.

- D. If the agent has violated any of the provisions contained in sections F, G, H, I, J, K or L of paragraph 5 at, before or after such termination, all commissions and all other compensation due or to accrue to the agent under this or any previous Schedule of Commissions between the agent and the Company shall be forfeited to the Company.
- E. No commissions or other compensation shall be payable after such termination except as provided in this paragraph, and all commissions or other compensation otherwise payable hereunder shall be subject to the lien established in paragraph 7 and to any assignments by the agent.
- F. The Company will not pay service fees on policies personally produced by the agent after termination except when termination of this Contract is due to the agent's (1) death; (2) disability; or (3) voluntary termination at or after the agent's 60th birthday provided the agent has 10 years continuous service with the Company. In the event of the preceding (1), (2) or (3) the compensation to be received during the 2nd through 10th policy years only shall be all Renewal Commissions and Service Fees payable under the Schedule of Commissions less 2<sup>1</sup>/<sub>2</sub>%.
- G. In the event Renewal Commission averages less than \$50.00 a month during any calendar year after termination, no further commission shall be paid.

**Commission Election**

In the event of the agent's death the unassigned commission shall be payable to the surviving spouse unless this election is terminated, by delivery to Licence, Appointment and Contract Department, P.O. Box 1875, Galveston, TX 77553-1875, a written revocation signed by the agent prior to the agent's death.

☐ Yes

☐ No

Signature \_\_\_\_\_

**GENERAL PROVISIONS****Records and Supplies**

11. The Agent shall keep correct accounts and records of all business transacted and money collected for the Company, which accounts and records shall be open at all times to inspection and examination by the Company's authorized representatives. All accounts, records, rate books, application forms and any supplies furnished the Agent by the Company shall be the property of the Company and shall be returned to the Company upon demand.

**Reserved Rights of the Company**

12. The Company reserves the following rights:

- A. To adopt rules and practices from time to time establishing
  - (1) First Year Commissions, Renewal Commissions and Service Fees on policies not listed in the Schedule of Commissions, and amending such rules and schedules on future policies, provided only that such action shall be general among all representatives of the Company or shall be required by law or by the rulings of an insurance department;
  - (2) commissions on any new policy which, in the judgment of the Company, is a "changed policy" taking the place of a terminated policy issued by the Company;
  - (3) commissions on conversions;
  - (4) commissions on reinstated policies.

- B. To withdraw the future issuance of any policy;
- C. To withdraw from any territory;
- D. To modify or change its premium rates;
- E. To decline to issue a policy to any applicant;
- F. To adopt rules and practices from time to time relating to any matter not otherwise provided in this Contract, including but not limited to, minimum production requirements.

**Waiver**

- 13.** No act of forbearance on the part of the Company to enforce any of the provisions of this Contract shall be construed as a modification of this Contract, nor shall the failure of either party to exercise any right or privilege herein granted be considered as a waiver of such right or privilege.

**Assignment**

- 14.** No assignment of this Contract or of any compensation payable hereunder shall be valid unless authorized in advance in writing by the Company.

**Modification or Amendment**

- 15.** Any modification or amendment of this Contract must be in writing and duly executed by the parties hereto.

**Continuity of Service**

- 16.** In the event this Contract supersedes any contract between the Agent and the Company executed and effective after October 1, 1976, then service shall be deemed continuous for all purposes with such superseded contract.

**Receipt of Legal Documents**

- 17.** If any citation or other paper shall at any time be served upon or received by the Agent concerning any claim, suit, action or special proceedings by or against the Company, the Agent shall immediately transmit it by certified mail to the **Administrative Office** of the Company at **One Moody Plaza, Galveston, TX 77550**. If the Agent neglects, refuses or fails to do so, the Agent agrees to pay the Company, upon demand, the amount of any loss, damage, cost, attorney's fees or expenses which may have been occasioned by the failure to transmit such document immediately.

**Sole Agreement**

- 18.** This Contract constitutes the sole agreement and supersedes all prior contracts between the parties hereto.

\_\_\_\_\_  
Agent

**TO BE COMPLETED BY MARKETING OFFICE**

IN WITNESS WHEREOF, this Contract is executed in duplicate on \_\_\_\_\_, 20\_\_\_\_\_  
and will become effective as of \_\_\_\_\_, 20\_\_\_\_\_

**RECOMMENDED BY**

\_\_\_\_\_  
General Agent

\_\_\_\_\_  
General Agent

\_\_\_\_\_  
Marketing General Agent

# AUTHORIZATION

Required by The Fair Credit Reporting Act

The Federal Fair Credit Reporting Act, as amended, provides that any consumer reporting agency may furnish a consumer report in accordance with the written instructions of the consumer to whom it relates.

In accordance with that provision, the person signing this form as "Applicant" hereby authorizes any person or agency to give, in writing, orally, or in any other form, to Standard Life and Accident Insurance Company (SLAICO), American National Insurance Company (ANICO) or American National Life Insurance Company of Texas (ANTEX) or its designated representatives any information gathered or maintained by a consumer reporting agency bearing on the Applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the Applicant's eligibility for credit, employment or any other purpose authorized under Section 604 of the Act.

Further, the Applicant understands that SLAICO, ANICO or ANTEX may, as part of its normal procedure, request that an investigative consumer credit report be made whereby information on the Applicant's character, general reputation, personal characteristics or mode of living is obtained through personal interviews with business associates, employers, friends, neighbors and others with whom the Applicant may be acquainted or who may have knowledge concerning any such items of information. The Applicant authorizes the individual or agency conducting the investigation to give, in writing, orally, or any other form, to SLAICO, ANICO or ANTEX or its designated representatives any information gathered or obtained during this investigation pertaining to Applicant's production, persistency, commissions, earnings, estimated future earnings, commission advances, loans and debts, including, but not limited to, any indebtedness that may have been charged to the Applicant's manager or agency, or which may have been written off.

The Applicant authorizes SLAICO, ANICO or ANTEX or its designated representatives to use the reports furnished in accordance with this authorization in any deliberations which it or they may undertake to determine whether or not SLAICO, ANICO or ANTEX will make an offer of a contract to the Applicant.

For California, Minnesota or Oklahoma Applicants only - If a consumer report is obtained and you would like to receive a copy, please check this box. ☐

For California Applicants only - If public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report. ☐

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Applicant's Printed Name

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Applicant's Signature

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Date



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An Oklahoma Corporation

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Phone: 888.290.1085 Fax: 281.538.3393

## Producer's Code of Conduct

**As a representative of Standard Life and Accident Insurance Company, I recognize my responsibility to:**

- Conduct myself in the highest character, with honesty, integrity and fairness at all times;
- Provide information to clients in a professional manner which is honest, relevant and designed to meet the client's needs, and appropriate to their circumstances;
- Fully understand and accurately represent the Company's products and services;
- Ensure my personal interests do not conflict with those of clients or the Company;
- Render prompt and quality service, both before and after the sale to clients and their beneficiaries;
- Learn and follow all Company policies and procedures related to my role as a producer;
- Keep informed with respect to applicable laws and regulations and observe them in the practice of my profession;
- Determine that any replacement of life or health insurance or a financial product I am proposing is in the best interest of my client;
- Foster goodwill, courtesy and consideration in the treatment of policyholders and the general public, while maintaining loyalty and respect for the Company;
- Meet all continuing education requirements;
- Endorse and support the Insurance Marketplace Standards Association's (IMSA's) Principles of Ethical Market Conduct:
  - Conduct business according to high standards of honesty and fairness and to render that service to my customers which, in the same circumstances, I would demand for myself;
  - Provide competent and customer-focused sales and service;
  - Engage in active and fair competition;
  - Use advertising and sales materials that are clear as to purpose and honest and fair as to content;
  - Provide for fair and expeditious handling of customer complaints and disputes;
  - Maintain a system of supervision that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.

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Representative

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Marketing General Agent

***Please sign this acknowledgement and return it with your Application for Appointment.***

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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**NOTICE: A SERVICE FEE OF \$5.00 PER CHECK WILL BE CHARGED FOR ALL ROUTINE COMMISSION CHECKS ISSUED. THERE IS NO CHARGE FOR DIRECT DEPOSIT.**

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC COMMISSION DEPOSITS**

I hereby authorize Standard Life and Accident Insurance Company, hereinafter called COMPANY, to deposit to my account indicated below the commission I am due for any pay period. I also authorize the Financial Institution indicated below, hereinafter called Financial Institution, to credit the same to such account. Should an over deposit be made the Financial Institution is authorized to debit such account and return to COMPANY the amount of any such overage.

NAME \_\_\_\_\_  
(Financial Institution)

CITY \_\_\_\_\_ STATE \_\_\_\_\_

**SELECT ONLY ONE:**

\_\_\_\_\_ CHECKING

\_\_\_\_\_ SAVINGS

This authority is to remain in full effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

NAME \_\_\_\_\_ AGENT CODE \_\_\_\_\_  
(as it appears on your account - please print)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

ATTACH PERSONALIZED  
VOIDED CHECK HERE  
- OR -  
ENTER ROUTING NUMBER:

AND BANK NUMBER INFORMATION:

See bottom left corner of check.  
Example below

**Memo**

**⑆056073506⑆ 9435732348 ⑈ 1438**

Routing Number  
(Exactly 9 digits)

Bank Number



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An Oklahoma Corporation

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Phone: 888.290.1085 Fax: 281.538.3393

## COMMISSION ADVANCE REQUEST FORM

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

The following provisions apply for persons requesting the Commission Advance Plan.

1. Standard Life and Accident Insurance Company (hereafter referred to as "the Company") will advance the agent annualized commission for each policy issued and paid that was personally produced by the agent, except that no advance commission will be paid on business written on the agent or immediate family member. Such advance payments will be made while this request form is in force and at intervals specified by the Company. The annualized commission so advanced will be in accordance with the following schedule:

Mode of Initial Premium	Annualized Commission to be Advanced	
	HEALTH	LIFE
Annual	15 months	As Earned
Semi-Annual	15 months	9 months
Quarterly	As Earned	As Earned
Preauthorized Check Authorization	15 months	9 months
Salary Deduction Franchise Billing	15 months	9 months
Monthly	N/A	As Earned

2. "Issued and Paid" means that the full initial premium for the policy has been received by the Administrative Office, the policy has been issued and delivery requirements, if any, have been satisfied.
3. Advance payments will be no greater than the agent's weekly maximum budget. This maximum budget may be increased by the Company after a record of increased production is established by the agent.
4. The Company reserves the right to adjust future advance payments if persistency falls below 80%.
5. The Company, in accordance with the terms of the agent's contract, shall have a first lien on all commission to secure payment of all indebtedness due the Company from the agent. In addition, if the renewal commissions are not sufficient to repay the advance, due to lapses and cancellations, the agent is required to return the advanced commissions.

Advance commissions generate a negative aggregate account balance. **All** as earned and renewal commissions will be applied to repay the negative balance until it is satisfied. The length of time to repay any outstanding debt is not tied to a specific policy. Only as earned commissions are applied to offset advance payments and your weekly advance payments will never be reduced because of lapses or non-taken.

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 Agent's Signature

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 Date

As an insurance producer, your skills and services help our clients achieve financial success and security. Since you are on the front lines of a multi-billion dollar industry, you are in a unique position not only to serve our clients, but also to serve this country by helping prevent money laundering and the financing of terrorist activities.

To comply with Federal Anti-money Laundering (AML) regulations for insurance companies, our family of companies has implemented a detailed AML program. You have an important role to play in that program. You may often be in a critical position to obtain information regarding the customer, the customer's source of funds for the products we sell, and the customer's reasons for purchasing an insurance product.

In selling individual annuities and life insurance, the Company's AML program requires you must:

- Ensure that all information requested on the product application and associated documents are accurate and complete.
- **Notify the AML compliance officer if you detect any money laundering red flags, so that the Company can determine whether a suspicious activity report (SAR) must be filed with the U. S. Department of the Treasury.**
  - Records of this information must be retained as long as the contract remains in force and for five years thereafter.

#### **Possible Red Flag Activity**

- The purchase of a product that appears to be inconsistent with a customer's needs
- The purchase or funding of a product that appears to exceed a customer's known income or liquid net worth
- Any attempted unusual method of payment, particularly by cash or cash equivalents, such as money orders or cashier checks
- Payment of a large amount broken into several smaller amounts
- Little or no concern by a customer for the performance of an insurance product, but much concern about the early termination features of the product
- The reluctance by a customer to provide identifying information, or the provision of information that seems fictitious
- Any other activity which you think is suspicious

#### **AML Contact Information - Report Suspicious Activity To:**

**Contact:** Judith L. Regini, AVP, Corporate Compliance, Chief Compliance Officer for AML/OFAC

**Mail:** P.O. Box 1896  
Galveston, TX 77553-9902

**Phone:** (800) 933-5975

**Fax:** (409) 621-3885

**Email:** AMLCompliance@anico.com

#### **Types of Payments Accepted**

Advise customers that only the following types of payment may be accepted:

- Personal checks and pre-authorized checks.
- Cash equivalents (money orders, cashier's checks, traveler's checks, bank drafts.)
  - Cash and cash equivalents must be reported to the IRS and FinCEN on Form 8300 when payments received by the Company in a single transaction or in two or more related transactions total more than \$10,000. Related transactions occurring within any 12-month period would be aggregated for reporting purposes even if individually they are less than \$10,000.
  - Limited to \$500 for variable contracts.
- ***If a customer provides a form of payment that is not permitted, do not accept the payment and notify the AML compliance officer if it is in an amount greater than \$1,000.***

***NOTE: An employee, agent or broker must not, under any circumstances, disclose that he or she has reported suspicious activity or red flags to the AML officer. It is the sole responsibility of the AML officer to determine whether a SAR is filed with the Dept. of Treasury. The AML officer and the Company are prohibited from disclosing to the agent and any other person that a SAR has been filed.***

**The Company and its producers share an important responsibility to comply with all applicable AML laws. A failure to do so will constitute grounds for discipline, up to and including termination. In addition, violation of AML laws may expose those responsible to substantial penalties under federal law.**

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### **Standard Life and Accident Insurance Company Guide to Anti-Money Laundering Program**

#### **RECEIPT AND ACKNOWLEDGMENT**

I have received, read and understand Standard Life's Company Guide to Anti-Money Laundering. I agree to comply with the requirements of such policies and understand that failure to do so will lead to disciplinary action, up to and including termination and appropriate legal sanctions.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Personal Code or  
Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_



## **RESPONSIBLE BUSINESS PRACTICES GUIDELINES**

**PLEASE REVIEW THE ENCLOSED GUIDELINES AND PRODUCER'S CODE OF CONDUCT AS PART OF YOUR APPLICATION FOR APPOINTMENT WITH STANDARD LIFE. THEY EXPLAIN OUR EXPECTATIONS ABOUT THE WAY WE WILL CONDUCT OUR BUSINESS WITH EACH OTHER AND WITH OUR POLICYHOLDERS. SIGN AND RETURN A COPY OF THE PRODUCER'S CODE OF CONDUCT WITH THE OTHER FORMS YOU COMPLETE IN THE APPLICATION PROCESS.**

**Standard Life and Accident  
Insurance Company**



The Responsible Business Practices Guidelines specified herein (hereafter referred to as “the Guidelines”) clarify the position of Standard Life and Accident Insurance Company (hereafter referred to as “Standard Life,” “the Company,” “we,” or “our”) on the importance of good market conduct practices in the sale of our life insurance, health insurance and annuity products.

## Our Commitment

Standard Life is a member of the Insurance Marketplace Standards Association (IMSA). IMSA is a self-regulatory body that helps insurers to develop, implement and monitor sales practices consistent with its Code and Principles of Ethical Market Conduct (hereafter referred to as “the Principles”). Only insurance companies deemed qualified by IMSA are granted membership.

As a member of IMSA, Standard Life is committed to adhering to the Principles ourselves and requires that our appointed representatives do the same.

## The Principles:

- ✧ to conduct business according to high standards of honesty and fairness, and to render that service to our customers which, in the same circumstances, we would apply to or demand for ourselves;
- ✧ to provide competent and customer-focused service;
- ✧ to engage in active and fair competition;
- ✧ to provide advertising and sales materials that are clear as to purpose and honest and fair as to content;
- ✧ to provide for fair and expeditious handling of customer complaints and disputes; and
- ✧ to maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.

## Interpretation and Compliance

The Principles are good business—for you the producer, for the Company, and for our customers—through sound conduct. Compliance with the Principles remains our shared goal.

To ensure uniform interpretation of and compliance with the Principles, Standard Life has assigned **Debie Knowles**, Vice President, Marketing Operations, supervisory responsibilities over the creation and maintenance of consistent procedures via which we will implement the Principles and monitor compliance.

Putting into place the training component of support for the Principles will, in part, be the responsibility of **Debie Knowles**, Vice President, Marketing Operations, as will the oversight on the effectiveness of integrating the Principles into the Company’s operation and development.

In addition, we will conduct regular surveys of new policyholders. We expect to gain valuable insight into the types of new products and services we should offer to better meet the policyholders’ objectives. The surveys are also expected to help us determine the areas that are in need of better product explanation and ultimately, producer training.



## What happens when things go wrong?

From time to time, you may find yourself in a situation where you become aware of sales activities that you think are questionable, in light of the Principles. If this is the case, we have specific people you should notify.

In all events, you can talk to **Debie Knowles**, the head of our Marketing activities. You can reach her at the Marketing Department, at 888.290.1085. Her e-mail address is [debie.knowles@slaico.com](mailto:debie.knowles@slaico.com).

Outside of the Marketing Department, you can contact **Judy Regini**, in Corporate Affairs, at 409.766.6985, or by E-mail, at [judy.regini@anico.com](mailto:judy.regini@anico.com).

All Market Conduct issues will be dealt with to ensure privacy and confidentiality for all parties involved. ***The Company will not tolerate any form of retaliation against anyone who uses this process.***

Here are some examples of the kinds of questionable sales activities we are referring to:

- ✧ use of disparaging statements in a sales presentation i.e., any statements, written or oral, that are untrue, deceptive, misleading or otherwise unlawful with regard to competitors;
- ✧ unfair competition i.e., engaging in inappropriate replacement of existing insurance, disparaging competitors, use of dishonest, false or fraudulent practices to displace a competitor;
- ✧ use of unapproved sales materials, or approved sales materials modified without prior approval;
- ✧ inducing or influencing Standard Life producers to leave its service.

This is obviously not an exhaustive list. It is an indication of the kinds of practices that are not consistent with the Principles, insurance laws and regulations, or your Standard Life contracts.

Debie Knowles and Judy Regini are also assigned responsibility for dealing with complaints. ***It is important you refer any complaints from your policyholders to the Company promptly so we can resolve them.*** We have found that complaints do not go away until the customer is fully satisfied.

Many of the things which make policyholders dissatisfied with our services or products are based on misunderstandings or unsuccessful communication. If we can resolve the issue early, we can frequently avoid having them escalate into a full-blown Insurance Department complaint.

At the same time, customers who find that the Company and their agent are genuinely interested in making their perceived problems go away can be a valuable asset to you, both in terms of increased persistency and as a source of referrals.



## Replacement

Replacement activity is the focus of scrutiny by both Insurance regulators and the ratings agencies which grade our financial condition. These groups are expressing increased concern about perceived abusive practices like “twisting” (inappropriate external replacements) and “churning” (inappropriate internal replacements). As a result of these concerns, we are seeing a move towards detailed replacement forms such as those found in the new NAIC Model Replacement Regulations, already adopted in several states.

The kinds of practices which have aroused concern, and which are considered “replacements” are more broadly defined than just terminating an existing policy when a new one is sold. It also includes things like these:

- ✧ encouraging a policyholder to borrow against current life or annuity policy values to pay for a new one;
- ✧ encouraging a policyholder to place existing coverage under one of the nonforfeiture options (e.g., RPU or ETI) in conjunction with purchasing new insurance;
- ✧ having the benefits under an existing policy reduced or restructured to free up cash flow for a new policy.

Replacement of existing insurance is frequently not in the best interest of either the client or the insurer. These will be some of the concerns:

- ✧ exposure of the client to new contestable and suicide periods;
- ✧ new sales and expense loads;
- ✧ increased age and possible changes in policyholder health;
- ✧ loss of any “grandfathered” policy or tax benefits;
- ✧ potential loss of revenue and surplus to the Company; and
- ✧ potential increased exposure to policyholder complaints.

Because each client’s position is unique, you have to weigh these known costs against potential benefits for the client to determine whether a possible replacement is to their advantage. The best benchmark for judging that is the first of the ***Principles of Ethical Market Conduct***:

***To conduct business according to high standards of honesty and fairness, and to render that service to our customers which, in the same circumstances, we would apply to, or demand for ourselves.***

In the Senior Market, which Standard Life has chosen as its primary focus, replacement of existing insurance, especially life insurance and annuities, should be recommended to a client only when you can clearly and objectively demonstrate the client is better off as a result. This is also consistent with the official **Statement of Policy Regarding Replacements**, adopted by all members of the American National family of companies:

***Agents should not advise, suggest, or recommend that an existing life insurance or annuity contract be replaced unless it is in the interests of the customer.***

**HIPAA BUSINESS ASSOCIATE AMENDMENT  
WITH  
STANDARD LIFE and ACCIDENT INSURANCE COMPANY**

This Amendment is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Standard Life and Accident Insurance Company (“Covered Entity”) and \_\_\_\_\_ (“Business Associate”) to amend the Contract between Covered Entity and Business Associate. This Amendment is effective as of the compliance date of the Privacy Rule and Security Rule as defined herein.

WHEREAS Business Associate and Covered Entity have entered into a Contract through which Business Associate provides services related to health insurance products issued by or on behalf of the Covered Entity, and

WHEREAS the disclosure of certain individually identifiable health information will be regulated by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended from time to time, and the regulations promulgated thereunder, effective in April 2003, and

WHEREAS Covered Entity may from time to time disclose to Business Associate certain individually identifiable protected health information (“PHI”) that is subject to protection under HIPAA, and

WHEREAS Business Associate and Covered Entity desire that their Contract complies with the applicable provisions of HIPAA and the Privacy Rule, including, but not limited to, Title 45, Sections 164.502(e) and 164.504(e) of the Code of Federal Regulations (“CFR”).

NOW THEREFORE, for and in good consideration of the premises and other good and valuable consideration, the receipt of which is hereby acknowledged, it is agreed by and between the parties hereto that the terms listed below are made a part of their Contract and provide a full statement of their responsibilities.

**Definitions**

- (1) “Individual” shall have the same meaning as the term “individual” in 45 CFR §164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- (2) “Privacy Rule” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, Subparts A and E. Additionally, any references herein to the Privacy Rule means the section as in effect or as amended, and for which compliance is required.
- (3) “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Parts 160 and 164, Subparts A and C.
- (4) “Protected Health Information” or “PHI” shall have the same meaning as the term “protected health information” in 45 CFR §164.501, limited to the information received from or created/received by the Business Associate on behalf of the Covered Entity.
- (5) “Required by Law” shall have the same meaning as the term “required by law” in 45 CFR §164.501.
- (6) “Secretary” shall mean the Secretary of the Department of Health and Human Services (“HHS”) and any other officer or employee of HHS to whom the authority involved has been delegated.

## **General**

Business Associate shall take all necessary actions consistent with HIPAA's requirements to safeguard the PHI that Covered Entity discloses to Business Associate in connection with Business Associate's duties under the Contract. Business Associate may not use or further disclose PHI in a manner that would violate HIPAA's requirements if done by the Covered Entity.

## **Permitted Uses and Disclosures**

Business Associate is permitted to use and disclose PHI from the Covered Entity in the course and scope of their ordinary business to carry out the obligations pursuant to the Contract which this Amendment modifies.

## **Duties of Business Associate**

Business Associate shall:

- (1) not use or further disclose the information other than as permitted or required by this Contract or as required by law.
- (2) use appropriate safeguards to prevent use or disclosure of PHI disclosed by the Covered Entity or Business Associate other than as provided for by this Contract.
- (3) have appropriate procedures in place for mitigating, to the extent practicable, any deleterious effect from the use or disclosure of PHI in a manner contrary to this Contract or the Privacy Regulations.
- (4) as soon as reasonably practical, report to the Covered Entity any use or disclosure of the information not provided for by its Contract of which it becomes aware.
- (5) ensure that any agents or subcontractors to whom it provides PHI received from or created/received by the Business Associate on behalf of the Covered Entity agree to the same restrictions and conditions that apply to the Business Associate with respect to such PHI.
- (6) make available PHI in accordance with rules regarding access of individuals to information under HIPAA.
- (7) make available PHI for amendment and incorporate any amendments to PHI in accordance with HIPAA.
- (8) make available the information required to provide an accounting of disclosures in accordance with HIPAA.
- (9) make its internal practices, books and records relating to the use and disclosure of PHI received from, or created/received by Business Associate on behalf of Covered Entity available to the HHS Secretary for the purposes of determining Covered Entity's compliance with HIPAA. Business Associate shall immediately notify Covered Entity upon receipt or notice of any request by the Secretary to conduct an investigation with respect to PHI received from the Covered Entity.

## **Security of Electronic PHI**

If applicable, Business Associate shall take reasonable and necessary measures to comply with the Security Rule as set forth in HIPAA, including but not limited to:

- (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of the Covered Entity.

- (2) ensure that any agents or subcontractors who will have access to electronic PHI will also implement reasonable and appropriate safeguards to protect the information.
- (3) report any security incident of which it becomes aware to the Covered Entity including any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

### **Uses and Disclosures for the Proper Management or Legal Responsibilities of the Business Associate**

Business Associate may, if necessary, use and disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. However, in order to disclose PHI:

- (1) the disclosure must be required by law; or
- (2) the Business Associate must obtain reasonable assurances from the person to whom the information is disclosed that it will be held in a strict and confidential manner and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and
- (3) the person must notify the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

### **Data Aggregation Services**

Business Associate will provide data aggregation services as set forth in 45 CFR §164.501, relating to the health care operations of Covered Entity.

### **Right to Audit**

Covered Entity and its representatives shall be entitled, with ten (10) business days prior written notice to the Business Associate, to audit the Business Associate from time to time to verify Business Associate's compliance with the terms of this Contract. Covered Entity shall be entitled and enabled to inspect the records and other information relevant to Business Associate's compliance with the terms of this Contract. The Covered Entity shall conduct its review during the normal business hours of the Business Associate, as the case may be, and to the extent feasible without unreasonably interfering with such entity's normal operations.

### **Termination**

Covered Entity may terminate the Contract without penalty or recourse to Covered Entity if Covered Entity determines that the Business Associate has violated a material term of the Contract.

At termination of the Contract, the Business Associate shall return or destroy all PHI received from or created or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and retain no copies of such information. If such return or destruction is not feasible, the Business Associate must continue to protect such PHI in accordance with this Contract and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible. This provision shall apply to PHI that is in the possession of agents or subcontractors of Business Associate.

**Further Assurances**

In order to ensure that this Amendment is consistent with HIPAA, the Business Associate agrees that this Amendment may be modified from time to time upon written notice from Covered Entity to Business Associate as to the revisions required, to make this Contract consistent with HIPAA.

Nothing expressed or implied in this Amendment is intended to confer, nor shall anything herein confer, upon any person other than the Business Associate and Covered Entity and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

Both Business Associate and Covered Entity agree that the individuals' signatures appearing below have both the legal capacity and authority to enter into a binding contract on behalf of the entities they represent.

**Survival**

The provisions of this Amendment shall survive termination of the Contract between Covered Entity and Business Associate.

**Other Terms**

With the exception of the terms and conditions set forth in this Amendment, all other terms and conditions of the Contract shall remain unaltered and in full force and effect.

**Conflict**

If there is any conflict between the terms of this Amendment and the Contract, this Amendment shall govern.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be signed and delivered by their duly authorized representatives, as of the date set forth above.

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Agent Signature

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Date

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Print Agent Name

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Social Security Number

---

Standard Life and Accident Insurance Company

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Date

**American National Insurance Company  
American National Life Insurance Company of Texas  
Standard Life and Accident Insurance Company**

**One Moody Plaza  
Galveston, TX 77550**

**NOTICE OF PRIVACY POLICY**

American National Insurance Company and its affiliated companies are committed to providing insurance and annuity products and services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information about you that we may receive. We have prepared this notice to advise you what information we collect, how we use it and how we protect it.

**What Information We Collect**

As is an essential part of our business, we obtain certain personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications or other forms, and may include information you provide during visits to our web site. We may also receive information from physicians, testing laboratories and other health providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information, current and past medical history and financial information, including information about transactions with other financial institutions.

**What Information We Disclose**

We do not disclose nonpublic personal information about our current or former customers to any non-affiliated entity, except as permitted by law. Examples of the disclosures which we are permitted by law to make include: disclosures necessary to service or administer an insurance or annuity product that you requested or authorized; disclosures made with your consent or at your direction; disclosures made to your legal representative; disclosures made in response to a subpoena or an inquiry from an insurance or other regulatory authority; disclosures made to comply with federal, state or local laws and to protect against fraud.

**Our Privacy Protection Procedures**

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide products and services to you. Examples of activities requiring access to personal information include: underwriting, claims processing, reinsurance and policyholder service. Finally, we employ secure technologies in order to safeguard transmission of information about you through our web sites, and we have established and maintain procedures to comply with all state and federal laws and regulations regarding the security of personal information. This notice is for your information and does not require any action on your part.

**INSURANCE ACTIVITIES REQUIRING PERSONS TO BE LICENSED  
IN VIRGINIA**

Per the request of the Virginia Bureau of Insurance, I hereby certify, under penalty of perjury under the laws of the State of Virginia, that I have received, read, and understand the information provided to me in reference to the Administrative Letter 2002-8 (discusses the many changes in Virginia laws governing the licensing and other activities of insurance agents, consultants, and other licensees), Administrative Letter 2002-9 (discusses what activities require agents/agencies to be licensed and what activities are and are not permitted for those who are not licensed as insurance agents), and Administrative Letter 2008-03 (Rules Governing Military Sales Practices) found in the Virginia Bureau Insurance Code.

The referenced Administrative Letters and other pertinent Administrative Letters may be located via the Bureau of Insurance website at:

**<http://scc.virginia.gov/division/boi/webpages/boiadminltrsforagents.htm>**

Date \_\_\_\_\_

By \_\_\_\_\_

(Signature)

Print Name \_\_\_\_\_

(If corporation, please print corporate name & principal of corporation.)

Social Security Number / Tax ID Number \_\_\_\_\_

Branch Office Number (if known) \_\_\_\_\_