



# Insurance Producer Disclosure for Qualified Annuity Sale

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Issued by American National Insurance Company / One Moody Plaza, Galveston, TX 77550-7947

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## 1 Producer Information

Producer Name ("I" and "My") \_\_\_\_\_ Producer PC Number \_\_\_\_\_

Proposed Owner Name ("You" and "Your") \_\_\_\_\_

This Disclosure and Acknowledgement Form ("Form") provides important information you should know before purchasing an annuity contract issued by American National Insurance Company ("American National"). This Form describes 1) the relationship between the producer and American National, 2) the commission the producer will receive if you purchase this annuity contract, and 3) certain charges and adjustments applicable under the proposed annuity contract and other information.

- American National Exclusive Representative**  I exclusively represent American National. I do not offer any other annuity contracts for use in a qualified plan or IRA other than contracts issued by American National. I also offer life insurance through American National.
- Non-Exclusive/ Non-registered Representative**  I represent insurance companies other than American National. Through such other companies, I have the ability to offer fixed annuities, indexed annuities, and life insurance.
- Non-Exclusive/ Registered Representative**  I represent insurance companies other than American National. In addition to fixed annuity contracts, I have the ability to offer indexed annuities, variable annuities, life insurance and securities. However, in this transaction (funding a qualified plan or an IRA) I have the ability to offer fixed annuities, indexed annuities, and life insurance.

## 2 Commissions

The U.S. Department of Labor ("DOL") requires that the amount of the commission that will be paid directly or indirectly by the insurance company to the selling producer(s) in connection with the purchase of an annuity used to fund a qualified plan or IRA be disclosed to you. Based on the amount of the initial amount of premium you intend to submit, the compensation that would be paid by American National during the first twelve (12) months the contract is in force is as follows:

**Commission Your Producer(s) will Receive:**

\_\_\_\_\_ % **or** \$ \_\_\_\_\_

► **NOTE:** Indicate the percentage of commission received above, if unknown, fill in the dollar amount. If commissions are being split, the commission identified above will represent the total commission to be split among the applicable number of producers or entities.

## 2 Commissions (continued)

Please note that if additional commissions are paid in the 2nd and subsequent years the contract remains in force, such commissions will never be more than the amounts shown in (A) or (B) below, as applicable:

**(A)** The producer will receive additional compensation of \_\_\_\_\_% for any additional premium paid in the first 12 months. Additional commissions of \_\_\_\_\_% will be paid to your producer and other entities or individuals described above on any additional premium you pay.

**(B)** (Trail Commissions) Additional commission(s) of \_\_\_\_\_% will be paid to your producer(s) based on your contract value in the 2nd and subsequent years your contract remains in force. The years in force will be calculated on a 365-day year, beginning on the date the contract is issued. Additional commissions will be paid as follows:

Year	Commission Amount
Year 2	_____ % or \$ _____
Year 3	_____ % or \$ _____
Year 4	_____ % or \$ _____

## 3 Charges, Adjustments, and Other Information

Your annuity product includes certain charges and adjustments that are required by the insurance company. These charges and adjustments may include surrender charges, market value adjustments, state-mandated premium charges, and fees for optional riders and benefits offered in your annuity contract. Detailed charges and other adjustments related to Your specific annuity are described in the required application and forms issued by the insurance company. It is important that you understand these charges and adjustments. Should you have any questions, please contact your producer for additional information.

\_\_\_\_\_  
**Proposed Owner Acknowledgement**

\_\_\_\_\_  
**Date:** Month / Day / Year

For questions about this document or your annuity contract, contact us at 1-800-252-9546 or visit our website [www.americannational.com](http://www.americannational.com). **Keep this document for your records.**

## 4 Producer's Acknowledgement

By signing below, I represent that I will act with care, skill, prudence, and diligence and will place your financial goals, needs, risk tolerance and time horizon ahead of any of my own financial or other interests. I have not made any materially misleading statements. I may also receive other indirect compensation from this transaction such as health or retirement benefits. The total of any such indirect and direct compensation I receive shall not exceed reasonable compensation.

\_\_\_\_\_  
**Producer Acknowledgement**

\_\_\_\_\_  
**Date:** Month / Day / Year

**► NOTICE TO SELLING PRODUCER: You must provide a copy of this disclosure to the customer. You are required by law to keep a copy of this acknowledgement in your files for six (6) years.**