



USA Patriot Act Notification and Customer Identification Verification

American National Life Insurance Company of New York
344 Route 9W, Glenmont, NY 12077

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Administrative Address:

One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163
Mail Processing Center, Life Insurance Administration
1949 E. Sunshine St., Springfield, MO 65899-0001



1. **Client Name** _____ **Application / Policy / Contract Number** _____

Source of Funds ☐ W-2 Wages ☐ Investments ☐ Social Security or Pension ☐ Savings

☐ Another insurance policy / annuity contract ☐ Other (please explain) _____

USA PATRIOT Act Notice – to be read by or to customer.

2. The USA PATRIOT Act requires that We establish an Anti-Money Laundering (“AML”) Program, notify customers that We must verify the identity of the owner(s) of our contracts, and collect documents and information sufficient to provide such verification. You should know that failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your business.

Customer Identification Verification: In order to satisfy such obligations, We require our representative to review and verify a current government issued photo ID for each Owner/Trustee/Partner associated with a contract. Information on such identification must be recorded below. We may use third party sources to verify the information provided.

- a. **Identification Verified** (One for each Owner/Trustee/Partner. Use additional forms if necessary.)

Owner/Trustee/Partner

Check one form of ID:

- ☐ Driver's license
☐ Resident Alien ID (Green Card)
☐ Passport
☐ Other: (Describe) _____

Joint Owner/Trustee/Partner

Check one form of ID:

- ☐ Driver's license
☐ Resident Alien ID (Green Card)
☐ Passport
☐ Other: (Describe) _____

The following information should be recorded exactly as it appears on the identification reviewed

Name _____ Date of Birth _____

Street Address (not PO Box) _____

City, State, Zip _____

Number on ID _____ State or Country _____

Identification Expiration Date _____

Name _____ Date of Birth _____

Street Address (not PO Box) _____

City, State, Zip _____

Number on ID _____ State or Country _____

Identification Expiration Date _____

- b. **Entity Verification:** Check the appropriate entity as listed below and submit copies of documentation viewed to gain first-hand knowledge of the existence of a legitimate business. If the Owner is a minor or non-legal entity, review the identification of the individual who submits an application on behalf of the minor or non-legal entity.

☐ **Corporation, LLC, professional association, or professional corporation:** Articles of Incorporation, Organization or Association or similar document filed in the state in which the entity is formed

☐ **Limited Partnership:** Certificate of Limited Partnership or similar document filed in the state where the partnership is formed

☐ **General Partnership or Joint Venture:** Agreement, Joint Venture Agreement or similar agreement governing the formation and operation of the partnership

☐ **Trust and All Other Entities:** Document governing the formation and operation of the entity

3. ☐ I certify that I personally met with the proposed Owner(s)/Trustee(s)/Partners and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the proposed Owner(s)/Trustee(s)/Partners.

☐ I was unable to personally review the identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Owner(s)/Trustee(s)/Partners is true and accurate.

Reason for not reviewing documents _____

Note: Failure to personally review the identification documents will result in processing delays in order to verify customer identity and may result in a decision not to accept the business.

Representative Name _____ Personal Code _____

Representative Signature _____ Date _____