

# REGULATION 60



This packet details the procedures that must be followed on all replacements in the state of New York.

## ANNUITIES

- ASIA PLUS 7
- ASIA PLUS 10
- WealthQuest® Citadel 5 Diamond Annuity – NY
- WealthQuest® Citadel 7 Diamond Annuity – NY
- Palladium® Immediate Annuity – NY
- Palladium® Multi-Year Guarantee Annuity – NY
- Century Plus Annuity

## LIFE INSURANCE

- Signature Guaranteed Universal Life Insurance – NY
- ANICO Signature Term Life Insurance – NY
- Signature Indexed Universal Life-NY
- Signature Whole Life Insurance – NY



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

# NEW YORK REGULATION 60 REPLACEMENT PROCEDURES



## Step 1

- ☐ For all New York applications, complete the Definition of Replacement (Form: ANY-112).

**If questions 1–6 are all answered NO, continue to Step 2. If any questions are answered YES, skip to Step 3.**

## Step 2 (Non-Replacement)

- ☐ Complete, sign and date the Definition of Replacement (Form ANY-112)
- ☐ Complete application and all state required forms
- ☐ Leave a copy with the applicant
- ☐ Submit all forms
- ☐ No further action is required

**Note: All forms should be signed and dated at the same time.**

## Step 3 (Replacement)

- ☐ Complete, sign and date the following forms:
- ☐ ANY-112 (Definition of Replacement)
- ☐ ANY-110 (Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts)
- ☐ ANY-11125 (Confirmation of Recommendation)
- ☐ ANY-23 (Notification of Potential Replacement and Authorization to Release Information)

**Note: ANY-23 must be submitted for each policy being replaced.**

- ☐ ANY-24-IM or ANY-24-ML (Verification of Sales Material in a Replacement Situation)
- ☐ Include illustration with ANY-24
- ☐ Include most recent annual or quarterly statement for each policy being replaced
- ☐ Complete application and all other state required forms
- ☐ Leave a copy with the applicant
- ☐ Submit all forms listed above

**Note: All forms should be signed and dated at the same time.**

## Step 4 (Processed by American National)

- ☐ Upon receipt of all required forms in good order, American National will forward ANY-23 to the Existing Insurer. American National will give the Existing Insurer 20 days to provide the requested information.
- ☐ If the requested information is not received in 20 days, American National will continue to step 5.

*Continued on next page*

## Step 5 (Disclosure Statement-Processed by American National and Agent)

- ☐ Upon receipt of replacement information from Existing Insurer, American National will complete the appropriate Disclosure Statement (Form ANY-111 or ANY-113).

**Note: if American National has not received the requested information from the Existing Insurer within 20 days the company will use good faith approximates, based on information obtained from the provided Annual or Quarterly statement.**

- ☐ American National forwards the completed Disclosure Statement (Form ANY-111 or ANY-113) to the Agent. If applying for an annuity, the Confirmation of Recommendation (ANY-11125) will also be sent by American National.
- ☐ Agent completes the Agent Statement section of the Disclosure Statement (Form ANY-111 or ANY-113) and signs the Confirmation of Recommendation (ANY-11125), confirming their continued recommendation of the product, and returns both forms to American National.

**Note: Applicant's signature is not required.**

**Important: The policy will NOT be issued until the Agent signs and returns the completed Disclosure Statement (Form ANY-111 or ANY-113) AND the Confirmation of Recommendation (ANY-11125).**

Upon receipt of the signed and completed Disclosure Statement, and good order completion of underwriting and/or outstanding requirements, the policy will be issued. The Disclosure Statement will be included with the Policy Packet and mailed to the Agent for delivery to the Applicant.

## Life Forms

**May be submitted by mail, email, or fax to:**

**Mail:** American National Life Insurance Company of New York  
Mail Processing Center  
P.O. Box 4408  
Springfield, MO 65808-4408

**Email:** ANICONYLIFE@AmericanNational.com

**Fax:** 281-538-6727

## Annuity Forms

**Must be submitted as originals. Please submit all Regulation 60 forms along with the application to:**

**Mail:** American National Life Insurance Company of New York  
Mail Processing Center  
P.O. Box 4408  
Springfield, MO 65808-4408

If requested, any additional annuity Regulation 60 correspondence may be submitted by email or fax to:

**Email:** ANICONYANNUITY@AmericanNational.com

**Fax:** 281-535-4623

**Additional Information:** If an application or other required forms are not submitted accurately or are incomplete, American National will notify the agent of the deficiency. If the deficiency is not corrected within ten (10) days of receipt of the application, the application must be rejected. In the event the life insurance policy or annuity contract is issued differently than applied for, the Disclosure Statement will reflect the correct values.



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888-501-4043 | [img.anicoweb.com](http://img.anicoweb.com)  
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## Appendix 11

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK



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Mailing Address:

Mail Processing Center, Life Insurance Administration, 1949 E Sunshine St, Springfield, MO 65899-0001

Business: (866) 490-3163

### DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES \_\_\_\_\_ NO \_\_\_\_\_
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES \_\_\_\_\_ NO \_\_\_\_\_
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES \_\_\_\_\_ NO \_\_\_\_\_
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? YES \_\_\_\_\_ NO \_\_\_\_\_



IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

_____ DATE	_____ SIGNATURE OF APPLICANT	_____ PRINTED NAME
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_____ DATE	_____ SIGNATURE OF APPLICANT	_____ PRINTED NAME
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TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION:

YES \_\_\_\_\_ NO \_\_\_\_\_

_____ DATE	_____ SIGNATURE OF AGENT OR BROKER	_____ PRINTED NAME
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## Appendix 10C

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK



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Mailing Address:

Mail Processing Center, Life Insurance Administration, 1949 E Sunshine St, Springfield, MO 65899-0001  
Business: (866) 490-3163

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK  
IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE  
INSURANCE POLICIES OR ANNUITY CONTRACTS**

**THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION 60)**

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.





4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

**IMPORTANT:** THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- \* THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK STATE INSURANCE LAWS;
- \* YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- \* YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- \* THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

**IMPORTANT:** IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60-DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

**I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.**

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_



**Notification of Potential Replacement and Authorization to Release Information**  
AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

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Mailing Address:  
Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
Business: (866) 490-3163



Section 1. Existing Insurer's Information

(Please provide the Reg60 Contact address for the company being replaced listed on the New York State Department of Financial Services website, <http://www.dfs.ny.gov/insurance/reg60/reg60contacts.htm>.)

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy/Contract Owner(s) Name, DOB, Address: \_\_\_\_\_

Policy/Contract Number(s): \_\_\_\_\_

Section 2. Replacing Agent's/Broker's Information

Agent/Broker's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(To be completed by American National Home Office)

ANICONY Contract Number: \_\_\_\_\_

ANICONY Product Applying For: \_\_\_\_\_ Qualified ☐ or Non-Qualified ☐

Immediate ☐ or Deferred ☐

Section 3. Authorization to Release Information

The policy/contract listed above may be replaced. By signing below, the contract owner(s) authorizes and request the above named replacing agent and American National Life Insurance Company of New York to obtain account information from the current insurer related to the existing life insurance policy or annuity contract. Please provide the information, on the above named policy/contract, necessary to complete the "Disclosure Statement".

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_





<b>Annuity Contracts</b>	<b>Policy # 1</b>	<b>Policy # 2</b>
Policy Number:		
Name of Insured(s)		
Name of Policyowner(s):		
*Type of Annuity:		
Issue Date:		
Current Interest Rate:		
Guaranteed Interest Rate:		
Account Value:		
Surrender Charge (Amt):		
Plus/Minus MVA (if any) (Amt):		
Surrender Value:		
<i>If variable use hypothetical rates of returns 0%, 6%, 12%</i>		
SV @ Guar Rate in 5 yrs:		
SV @ Guar Rate in 10 yrs:		
SV @ Current Rate in 5 yrs:		
SV @ Current Rate in 10 yrs:		
DB @ Guar Rate in 5 yrs:		
DB @ Guar Rate in 10 yrs:		
DB @ Current Rate in 5 yrs:		
DB @ Current Rate in 10 yrs:		
<b>Life Contracts</b>	<b>Policy # 1</b>	<b>Policy # 2</b>
Policy Number:		
Name of Insured(s)		
Name of Policyowner(s):		
Type of Life Product:		
Face Amount:		
Rider (s) Type and Amount:		
Issue Date:		
Surrender Charge: (amt)		
Guaranteed Interest Rate:		
Loan Interest Rate:		
Contestable Expiry Date:		
Suicide Expiry Date:		
DB Reduction to: (Face)		
Reduced Paid-Up For: (Face)		
Extended Term For: (Date)		
Cash Release at Time of Change Date and Amount:		
<b>Annual Premium Amt At Present:</b>		
5 Years Hence:		
10 Years Hence:		



<b>Surrender Value</b> At Present: 5 Years Hence: 10 Years Hence:		
<b>Death Benefit</b> At Present: 5 Years Hence: 10 Years Hence:		
<b>Dividends</b> At Present: 5 Years Hence: 10 Years Hence:		

\*If the existing contract is a deferred annuity, please provide details regarding the guaranteed immediate income options available under the existing policy including the monthly payout amounts available under each option.



# Verification of Sales Material in a Replacement Situation

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

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Mailing Address:  
Mailing Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
Business: (866) 490-3163



If the proposed contract has been identified as "replacement", please indicate below all sales material used with the client in the sale of this contract. If an item is not listed, a copy of it should be submitted with the application.

NAME OF APPLICANT: \_\_\_\_\_

## **ANNUITIES:**

### **ASIA PLUS 7 Annuity**

- ☐ Brochure (Form ANY-10773)
- ☐ ASIA PLUS 7 Disclosure (Form ANY-10635)
- ☐ EIA Disclosure (Form ANY-208)
- ☐ Rate Lock Procedure (Form ANY-10789)
- ☐ Illustration

### **ASIA PLUS 10 Annuity**

- ☐ Brochure (Form ANY-10774)
- ☐ ASIA PLUS 10 Disclosure (Form ANY-10636)
- ☐ EIA Disclosure (Form ANY-208)
- ☐ Rate Lock Procedure (Form ANY-10789)
- ☐ Illustration

### **WealthQuest Citadel 5 Diamond Annuity - NY**

- ☐ Brochure (Form 10593)
- ☐ Disclosure (Form ANY-11601)
- ☐ Illustration

### **WealthQuest Citadel 7 Diamond Annuity - NY**

- ☐ Brochure (Form 10597)
- ☐ Disclosure (Form ANY-11602)
- ☐ Illustration

### **Palladium Multi-Year Guarantee Annuity - NY**

- ☐ Brochure (Form 4884)
- ☐ Disclosure (Form ANY-4888-2)
- ☐ Illustration

### **Palladium Immediate Annuity - NY**

- ☐ Brochure (Form 10273)
- ☐ Disclosure (Form ANY-10275-2)
- ☐ Illustration

### **Century Plus Annuity - NY**

- ☐ Brochure (Form 11011)
- ☐ Disclosure (Form ANY-11012)
- ☐ Illustration

## **LIFE INSURANCE:**

### **Signature Guaranteed Universal Life Insurance**

- ☐ Brochure (Form 10801)
- ☐ Proposal

### **ANICO Signature Term Life Insurance - NY**

- ☐ Brochure (Form 10531)

### **Signature Indexed Universal Life Insurance - NY**

- ☐ Brochure (Form 10694)
- ☐ Equity Indexed Disclosure (Form ANY-72)
- ☐ Illustration

### **Signature Whole Life Insurance**

- ☐ Brochure (Form 10916)
- ☐ Illustration

OTHER SALES MATERIAL - LIST HERE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that all sales material used in the sale and writing of this application is contained in the above list, that copies of any sales material used but not listed above are attached and that this replacement is within American National Life Insurance Company of New York's written position with respect to the acceptability of replacements.

Agent Name: \_\_\_\_\_ Agent Code: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RATE LOCK PROCEDURES

New York



American National Life Insurance Company of New York has rate lock provisions in place to allow our customers and agents time to secure the best rates in effect. American National Life Insurance Company of New York issues fixed deferred and immediate annuities upon receipt of all premium(s) and paperwork in good order. "Good Order" means that 1) all required forms are properly completed and signed and 2) the agent is licensed and appointed. Paperwork deemed to be not in good order will result in delays in the annuity being issued.

The effective date of a fixed deferred or immediate annuity will be the date the premium is received at American National Life Insurance Company of New York. If more than one premium is received for the same annuity, the effective date of the policy will be the date the last premium is received.

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## Cash with Application (CWA)

- To "lock-in" the previous month's interest rate, the application, check, and Definition of Replacement form must be signed and dated in the prior month. The application, check, and Definition of Replacement form must be received within the first three business days of the month. Applications received after the third business day of the month will receive the then-current "new money" rates.
- To "lock-in" a quote for a single premium immediate annuity, the application, illustration, check, and Definition of Replacement form must be received within seven days from the date the illustration was prepared. Applications received beyond the seventh day will receive annuity payments based upon current calculations in effect on the date of issue.

## Wires

To "lock-in" the previous month's interest rate, the application and Definition of Replacement form must be signed and dated in the prior month. The application, Definition of Replacement form, and wire must be received within the first three business days of the month. Applications received after the third business day of the month will receive the then-current "new money" rates.

## 1035 Exchange, Transfer, Rollover, or Transfer of Funds from Non-Insurance Accounts to Non-Qualified Annuities

- To “lock-in” the previous month’s interest rate, the application must be received within the first three business days of the month. A 60-day rate lock period begins on the date the application is signed.
- A 60-day rate lock period will apply to 1035 exchanges, transfers, rollovers and transfer of funds from non- insurance accounts to non-qualified annuities. The request may be initiated by the agent, client or American National Life Insurance Company of New York.
- If multiple premiums are expected, the annuity will not be issued until all premiums have been received. If the last premium is received after the expiry of the 60-day rate lock period, the rate lock will not apply to any of the premium.
- Transferred funds from non-qualified non-insurance funds which would qualify for the 60-day rate lock period include Mutual Fund Shares, Certificates of Deposit, Brokerage Accounts, or any other financial institution funds. Non-qualified funds which would not qualify for the 60-day rate lock period include funds from a checking or savings accounts.
- On the date of issue, the contract will be credited with the higher rate in effect on the date the Definition of Replacement form was signed or the then-current “new money” rate in effect. Premium(s) received after the expiry of the 60-day rate lock will receive the then-current “new money” rates. Rates that are in effect for any period between the application date and the issue date are not considered.

## The Rate Which American National Life Insurance Company of New York Will Lock Varies by Product

- **Fixed Deferred Annuities**  
The rate lock date will be the date that produces the greater declared accumulation interest rate. The annuity will be issued with the greater declared accumulation interest rate in effect on the date the Definition of Replacement form was signed or on the date of issue.
- **Single Premium Immediate Annuities**  
The rate lock will be based on the highest annuity payment calculated on the date the Definition of Replacement form was signed or on the date of issue.
- **Indexed Annuity**  
The rate lock will be based on the crediting factors in effect on the date the contract is issued. If the annuity is a replacement or exchange, please see the rate lock procedures for ASIA PLUS. (Form ANY-10789)

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