



Term Conversion Instructions/Checklist for Individual Life Insurance—NY

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
Phone 1-866-490-3163



General Instructions

- Print in black ink or type information.
- Express Term Conversion (no changes being requested): Complete sections 1-7 and sign section 9.
- Full Conversion (changes requested): Complete sections 1-9.

Not Eligible for Express Term Conversion

- Increasing face amounts
- Change in rate classification
- Change to a non-smoker status
- Converting a term rider to a permanent policy

A term conversion requires submitting these additional forms with the application

Converting to the following products requires these forms:	Indexed Universal Life	Guaranteed Universal Life	Whole Life	Term Life
Term Conversion Application (Form ANY-11131)	✓	✓	✓	✓
USA PATRIOT Act Form (Form ANY-4439)	✓	✓	✓	
Full Signed Illustration or Illustration Acknowledgement (Form ANY-4528)	✓	✓	✓	
Product Page (Supplemental App)	✓ (Form ANY-10926)	✓ (Form ANY-10927-2)	✓ (Form ANY-10937)	✓ (Form ANY-10924)
Product Disclosures	✓ (Form ANY-11166)	✓ (Form ANY-11167)	✓ (Form ANY-11165)	✓ (Form ANY-11164)
Agent's Inforce Life Policy Transaction Recommendation with Compensation (Form ANY-11177)	Required for all products			
Consumer Disclosure (Form ANY-10904)	Required for all products: To be left behind with the client			
Product Limitation and Compensation Disclosure (Form ANY-11126)	Required for all products: Multiple Line Agents Only			
Supplemental Application for Chronic Illness (Form ANY-73)	Required when: Face amount is equal or greater than \$50,000			
Billing Form (Form Series ANY-10973)	Required when: Changing billing information			
Declaration of Insurability (Form ANY-3517R)	Required for all product types if: Requesting underwriter rate class change or increasing converted amount			
Additional Beneficiary Page for Life Insurance (Form ANY-10228R)	Required if: Designating more than one Beneficiary and/or Contingent Beneficiary			



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1 Insured

First Name _____ M.I. _____ Last Name _____ Current Policy Number _____
Date of Birth _____ SSN/TIN _____
E-mail Address _____ Telephone _____
Is the Insured the Owner of the Policy?..... ☐ Yes ☐ No

2 Juvenile Insured

► **NOTE:** To be completed when the Insured is under the age of 14 1/2 years old.

- a) Is the owner a parent of the juvenile insured ☐ Yes ☐ No
If No, is the owner a grandparent of the juvenile insured? ☐ Yes ☐ No
If No, is the owner a legally appointed guardian who is responsible for the financial support of the juvenile insured?..... ☐ Yes ☐ No
- b) What is the combined annual income and net worth of the juvenile insured's parents (or legally appointed guardian)?
Annual Income _____ Net Worth _____
\$ _____ \$ _____
- c) How much Life Insurance is currently in force on the juvenile insured? \$ _____
- d) How much Life Insurance does each parent, grandparent (or legally appointed guardian) have on his/her own life?
Mother _____ Father _____ Guardian _____ Grandparent _____
\$ _____ \$ _____ \$ _____ \$ _____
- e) Are there any other minor siblings in the home?..... ☐ Yes ☐ No
If Yes, do the siblings have the same amount of coverage in force/applied for?..... ☐ Yes ☐ No
If No, explain: _____
- f) If the juvenile insured is under the age of 1, was the birth considered premature?..... ☐ Yes ☐ No
- g) If the juvenile insured is under the age of 1, what was his or her birth weight?..... _____lbs. _____ oz.

3 Conversion Type

► **NOTE:** If converting a Term Rider, complete the owner information in section 8.

What is being converted?

☐ Base Term Policy ☐ Term Life Insurance Rider ☐ Children's Term Rider

4 Primary Beneficiary Designation

► **NOTE:** This section must be completed.

First Name	M.I.	Last Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	SSN/TIN	Relationship to Insured	Percentage Payable*
Street Address	City	State	ZIP
E-mail Address	Telephone		

*100% payable unless otherwise noted on additional beneficiary page, Form ANY-10228R.

5 Billing Information

- ☐ Use billing information from the existing policy.
- ☐ New billing information to be used for the new policy. (Complete the Billing Information, Form Series ANY-10973)

6 Term Conversion

Primary Term Conversion Information

New Product

Effective Date*

Please complete the separate supplemental application for the new product you are applying for. See Term Conversion Checklist for product availability.

*Effective date to remain the same day of the month unless otherwise noted.

This is a: (Check One)

☐ Full Conversion

☐ Partial Conversion - Amount of Existing Term Coverage to be Converted

\$ _____

(Check One)

☐ Remaining Amount of Existing Term Coverage

\$ _____ (Amount is subject to existing product's minimum.)

or ☐ Remaining Coverage to be Discontinued Entirely

If applicable, apply Conversion Credit to: ☐ Premium ☐ Cash Value

(Both options are only available if you are converting to a Whole Life or Universal Life policy).

Discontinue Riders/Benefits

► **NOTE:** To *discontinue* any active Riders/Benefits on the existing policy, please indicate below.

☐ Children's Term Rider ☐ Premium Waiver ☐ Other _____

► **SPECIAL INSTRUCTIONS:** To *continue* riders, please indicate on the separate supplemental application.

7 Designated Third Party Addressee

► **NOTE:** This person will receive notices for past due premiums and pending lapse termination.

First Name _____ M.I. _____ Last Name _____
 Street Address _____ City _____ State _____ ZIP _____

8 Full Conversion Requests

Owner Information

First Name _____ M.I. _____ Last Name _____
 Date of Birth _____ SSN/TIN _____ Relationship to Insured _____
 Street Address _____ City _____ State _____ ZIP _____
 E-mail Address _____ Telephone _____

Address Change

Street Address _____ City _____ State _____ ZIP _____

Change Risk Classification

☐ **Nicotine Re-Classification** (Schedule a urinalysis)

☐ **Rate Class**

Check One (Complete Declaration of Insurability, Form ANY-3517R)

☐ Reduce Table or Flat Extra

☐ Standard

☐ Standard Plus
Non-Nicotine User

☐ Preferred Non-Nicotine
User

☐ Preferred Plus
Non-Nicotine User

☐ Preferred
Nicotine User

Increase Specified Amount

Will the face amount be increasing on new policy? ☐ Yes ☐ No

Current Amount

Proposed Amount

\$ _____

\$ _____

► **NOTE:** If requesting an increase in face amount, please complete the Declaration of Insurability (Form ANY-3517R).



9 Declarations and Agreements

Each of the undersigned represents for himself/herself and all interested parties, that:

- 1) all statements made by, or by the authority of, the applicant for the issuance of a life insurance policy are deemed representations and not warranties.
- 2) the completed term conversion application will be attached to and made a part of the policy;
- 3) the statements and answers given above are full, true and complete to the best of each undersigned's knowledge and belief, and are given to induce the Company to make the requested policy conversion;
- 4) the requested policy conversion will be effective when all the following conditions are met:
 - (a) evidence of insurability, satisfactory to the Company is submitted, if required;
 - (b) the full required Premium is paid;
 - (c) the Company consents to the requested policy conversion; and
 - (d) the new policy is issued to the applicant/owner during the lifetime of the insured(s).
- 5) any existing benefit which is converted in accordance with this application will terminate on the effective date of the new benefit;
- 6) no change in (i) insurance amount, (ii) risk classification, (iii) insurance plan, (iv) benefits, or (v) premium will be effective unless agreed to in writing by the Applicant(s);
- 7) the Company will not be bound by any information not revealed in this Application;
- 8) no agent or other representative of the Company except the President or the Secretary has authority to waive any provision or condition of this Agreement or to alter or amend it in any way.
- 9) **I acknowledge that I have received and read the consumer disclosure.**

Date: Month / Day / Year

X _____
Signature of Licensed Agent

Print Agent's Name

Agent's State License Number

Agent's Company Personal Code

Signed at: City State

X _____
Signature of Primary Insured
 (Or guardian, if insured is under the age of 14 1/2 years)

X _____
Signature of Additional Person(s) for Insurance

X _____
Signature of Additional Person(s) for Insurance

X _____
Signature of Owner (if other than insured)