



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

CONTRACT TRANSMITTAL

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

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

Standard Life and Accident Insurance Company (SLAICO)

American National Insurance Company (ANICO)

American National Life Insurance Company of Texas (ANTEX)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First	Middle (No Initials)	Last	Producer Code
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
Mailing Address	City	County	State	Zip Code	Residence ()
Residence Street Address	City	County	State	Zip Code	Business ()
If you have lived at address above less than 5 years, enter your prior address		City	State	Zip Code	Fax ()
					Email Address

Send all mail to Business 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 & 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 NO

3. 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.

4. 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.
 Have you been arrested for any other crime? If Yes, please give specifics as to charges, date, jurisdiction and outcome. YES NO

5. 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 NO

8. Has a deficiency claim been made against you for any past insurance transactions?
 If Yes, please give specifics as to the nature and amount. _____ YES NO

9. a. Are you currently covered by errors and omissions insurance? If Yes, attach a copy of the declaration page. YES NO

b. Have you ever filed an errors and omissions claim? YES NO

10. Have you ever been cautioned or disciplined for violating a professional code of ethics in any organization? YES NO

11. 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? _____

CONTRACT OR EMPLOYMENT RECORD

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 - **Give name of company** - 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# _____

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.

I, the Applicant, have read, on the date shown below, a copy of the above statements as required by law. I have also read, understood, and signed a copy of Authorization form ST-510. I understand that in signing this form and form ST-510, I hereby authorize the Company, at any time, to investigate my background, including my credit history.

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 _____

General Agent Contract

With

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

FOR

General 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 General Agent (hereinafter designated as "GA") with the authority and obligations hereinafter set forth. The GA hereby accepts such appointment subject to the terms and conditions hereof.
2. The GA shall solicit only in the territory where the Company officially appoints said GA. In no event will said GA be appointed any territory exclusively.
3. The GA'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 GA 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 GA, it is agreed that the purpose and effect thereof shall not be to give the Company control of the GA's time or direction or control over the manner or means by which the GA shall conduct business but only to assist the GA in such business and to comply with state insurance department regulations.

AUTHORITY AND LIMITATIONS

4. The Company hereby authorizes the GA to solicit applications for ordinary life insurance, annuities and health insurance.
5. The Company hereby authorizes the GA to recruit, train and supervise Agents and Brokers appointed by the Company to work with the GA (such Agents and Brokers are hereinafter collectively referred to as the "**Agency Unit**") for the solicitation of ordinary life insurance, annuities and health insurance. The "**Agency Unit**" is herein defined to include such Agents and Brokers who are appointed by the Company to work with the GA but only for so long as such Agents and Brokers remain so appointed by the Company to the GA.
6. The GA'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 GA 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.

Continued

AUTHORITY AND LIMITATIONS continued

- 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; or
 - (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, electronic 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 GA by the Company.
- K. Misapply or embezzle funds or property of the Company.
- L. Perpetrate any fraud against the Company.

ACCOUNTING AND FISCAL RESPONSIBILITY

- 7. All checks and money orders received by the GA for or on behalf of the Company shall be held by the GA in trust for the Company and shall be immediately transmitted to the Company in accordance with the Company's rules and practices.
- 8. 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 GA. The GA 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 GA, 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 AND AGENCY UNIT PRODUCTION

- 9. The Company will pay to the GA 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 GA 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 GA is lapsed for non-payment of premiums and is subsequently reinstated except through the direct efforts of the GA, 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 GA, any compensation received by the GA 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 GA.
- 10. The GA shall receive First-Year Overwriting Commissions and Renewal Overwriting Commissions on the business produced by the Agency Unit while this Contract is in force. Such First-Year Overwriting and Renewal Overwriting Commissions shall be for the GA's services in recruiting, training and supervising the members of the Agency Unit and shall be at the rates shown in the Schedule of Commissions herein, subject to the following provisions:
 - A. First-Year Overwriting and Renewal Overwriting Commissions shall be equal to the difference (if any), at the time each policy is issued, between the commissions and service fees provided in the Schedule of Commissions herein and the commissions and service fees provided in the contracts of the members of the Agency Unit. Upon termination of any contracts of members of the Agency Unit, any commissions and/or service fees no longer payable pursuant to the members' contracts shall not be used to increase the compensation payable to the GA.
 - B. Should the Company refund any premium on any policy produced by the Agency Unit, any overwriting compensation received by the GA on such premium shall be returned immediately to the Company. No overwriting compensation will be paid on any premium waived by the Company on any policy produced by the Agency Unit.

TERMINATION

11. 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 GA; or
- C. The GA'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 GA's violation of any of the provisions contained in paragraph 6 hereof.

VESTED COMPENSATION

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

- A. If such termination is for any cause other than the GA's death or disability or the GA's violation of any of the provisions contained in Sections F, G, H, I, J, K or L of paragraph 6, the GA will receive First-Year Commission, First-Year Overwriting Commission, Renewal Commission and Renewal Overwriting Commission as provided in paragraphs 9 and 10 hereof.
- B. If such termination is due to the death of the GA, the First-Year Commission, First-Year Overwriting Commission, Renewal Commission and Renewal Overwriting Commission as provided in paragraphs 9 and 10 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 GA's.
- C. If such termination is due to the GA's disability in accordance with section C of paragraph 11, the GA will receive First-Year Commission, First-Year Overwriting Commission, Renewal Commission and Renewal Overwriting Commission as provided in paragraphs 9 and 10 hereof.
- D. If the GA has violated any of the provisions contained in sections F, G, H, I, J, K or L of paragraph 6 at, before or after such termination, all commissions and all other compensation due or to accrue to the GA under this or any previous Schedule of Commissions between the GA 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 8 and to any assignments by the GA.
- F. The Company will not pay service fees on policies personally produced by the GA after termination except when termination of this Contract is due to the GA's (1) death; (2) disability; or (3) voluntary termination at or after the GA's 60th birthday provided the GA 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 2¹/₂%.
- G. In the event Renewal Commission and Renewal Overwriting 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 GA's death the unassigned commission shall be payable to the surviving spouse unless this election is terminated, by delivery to License, Appointment and Contract Department, P.O. Box 1875, Galveston, TX 77553-1875, a written revocation signed by the GA prior to the GA's death.

YES NO

SIGNATURE _____

GENERAL PROVISIONS

RECORDS AND SUPPLIES

13. The GA 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 GA by the Company shall be the property of the Company and shall be returned to the Company upon demand.

GENERAL PROVISIONS continued

RESERVED RIGHTS OF THE COMPANY

14. The Company reserves the rights to:

- A. 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 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; and
 - (4) commissions on reinstated policies.
- B. withdraw the future issuance of any policy.
- C. withdraw from any territory.
- D. modify or change its premium rates.
- E. decline to issue a policy to any Applicant.
- F. 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

15. 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

16. 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

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

CONTINUITY OF SERVICE

18. In the event this Contract supersedes any contract between the GA 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

19. If any citation or other paper shall at any time be served upon or received by the GA concerning any claim, suit, action or special proceedings by or against the Company, the GA shall immediately transmit it by certified mail to the Administrative Office of the Company at One Moody Plaza, Galveston, TX 77550. If the GA neglects, refuses or fails to do so, the GA 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

20. This Contract constitutes the sole agreement and supersedes all prior contracts between the parties hereto.

General 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_____
Standard Life and Accident Insurance Company By: _____	

RECOMMENDED BY

General Agent

Marketing General Agent



AGENT

Schedule of Commissions

This Schedule of Commissions hereby cancels and supersedes all previously effective Schedules of Commissions without prejudice to any commissions or service fees earned under the provisions of such prior Schedules of Commissions. The commission rate shown applies if the policy forms are available for sale in your state.

LEGEND SERIES INDEX ANNUITY*

Ages	0-75	76-85
Legend Select	11.0%	8.5%
Legend Advantage	11.0%	8.5%
Legend 2	10.5%	8.0%
Legend 4	10.0%	7.5% **
Legend 6	9.0%	N/A

** Maximum age is 80.

Commission will be paid on any deposits received in the first policy year. There are commission charge backs if during the first policy year a policy terminates due to a death claim or policy surrender. The charge back is 100% of the commission paid. For a partial surrender, only the portion of the surrender that incurs a charge will be subject to a commission charge back.

PROVIDER PLUS MYG ANNUITY*	PLATINUM 2001 ANNUITY*
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Ages	0-79	80-85
5 Year	3.2%	1.2%
6 Year	1.7%	.4%
7 Year	1.7%	.4%
8 Year	1.7%	.4%
9 Year	2.7%	.7%
10 Year	3.2%	1.2%

Ages	0-75	76-80
Platinum 2001-0	6%	4%
Platinum 2001-1	5%	3%
Platinum 2001-2	4%	2%

Commission will be paid on any deposits received in the first policy year. There are commission charge backs if during the first policy year a policy terminates due to a death claim or policy surrender. The charge back is 100% of the commission paid. For a partial surrender, only the portion of the surrender that incurs a charge will be subject to a commission charge back.

Commission will be paid on any deposits received in the first policy year. There are commission charge backs if during the first policy year a policy terminates due to a death claim or policy surrender. The charge back is 100% of the commission paid. For a partial surrender, only the portion of the surrender that incurs a charge will be subject to a commission charge back.

PLATINUM PLUS ANNUITY*

Age 0 - 74	1st Yr	2nd Yr	3rd Yr	4th Yr	5th Yr	Thereafter
Platinum Plus	7.0%	6.0%	5.0%	4.0%	3.0%	3.0%
Platinum Plus 1	7.0%	6.0%	5.0%	4.0%	3.0%	None
Platinum Plus 3	6.0%	5.0%	4.0%	3.0%	3.0%	None
Platinum Plus 5	5.0%	4.0%	3.0%	3.0%	3.0%	None
Platinum Plus 7	4.0%	3.0%	3.0%	3.0%	3.0%	None
Age 75 and over						
Platinum Plus	4.5%	3.5%	2.5%	1.5%	0.5%	0.5%
Platinum Plus 1	4.5%	3.5%	2.5%	1.5%	0.5%	None
Platinum Plus 3	3.5%	2.5%	1.5%	0.5%	0.5%	None
Platinum Plus 5	2.5%	1.5%	0.5%	0.5%	0.5%	None
Platinum Plus 7	Not Available					

Commission on the Platinum Plus will be paid on any deposits received in the first six policy years. Commission on the Platinum Plus 1,3,5, and 7 will be paid on any deposits received in the first five policy years. In the event of a surrender, either total or partial, in the first two policy years, commission will be charged back at the following percentage: a) First Year-100% of commission; b) Second Year-50% of commission; c) Thereafter-none. For a partial surrender, only the portion of the surrender that incurs a charge will be subject to a commission charge back.

*Full commissions will be delayed during Free Look period if commission amount exceeds specified limit.
Note-Replacements between companies within the American National Family of Companies will be considered Internal Replacement and no commissions will be payable.

ADVANTAGE GUARD FINAL EXPENSE			CLASSIC ELITE*	
Whole Life			Single Premium Whole Life	
	1st Yr	2nd-10th Yr*	\$25,000 and under	18%
	105%	5%	\$25,001-100,000	15%
			\$100,001 and above	11%
*Service fee is equal to 2.5% beginning in year two.			There are commission charge backs on the Classic Elite if during the first policy year a policy terminates due to a policy surrender. The charge back is 100% of the commission paid.	
FUTURE EXECUTIVE II			WEALTH GUARDIAN*	
Juvenile Whole Life			Single Premium Universal Life	
	1st Yr	2nd-10th Yr*	Age 50-69	8.0%
	70%	4.5%	Age 70-79	5.8%
			Age 80+	3.2%
*Service fee is equal to 2.5% beginning in year two.			There are commission charge backs on the Wealth Guardian if during the first policy year a policy terminates due to a policy surrender. The charge back is 100% of the commission paid.	
			*Full commissions will be delayed during Free Look period if commission amount exceeds specified limit.	

Note-Replacements between companies within the American National Family of Companies will be considered Internal Replacement and no commissions will be payable.

MEDICARE SUPPLEMENT

All States Except: AR, CO, FL, GA, ID, IN, KS, MI, MO, MT, OR, VA, WA, WV*

	Traditional	Select		KS, OR, VA*	Traditional	Select	
	1st-6th Yr **	1st-6th Yr **	Thereafter**		1st-6th Yr **	1st-6th Yr **	Thereafter**
Iss Age To-79	24.0%	20.0%	1.0%	Iss Age To-79	21.0%	20.0%	1.0%
Iss Age 80-84	15.0%	15.0%	1.0%	Iss Age 80-84	15.0%	15.0%	1.0%
Iss Age 85+	5.0%	7.5%	1.0%	Iss Age 85+	8.0%	7.5%	1.0%
Int Repl Age To-79	6.0%	5.0%	0.3%	Int Repl Age To-79	5.3%	4.3%	0.3%
Int Repl Age 80-84	3.8%	2.8%	0.3%	Int Repl Age 80-84	3.8%	2.8%	0.3%
ARKANSAS*	1st-6th Yr **	1st-6th Yr **	Thereafter**	FLORIDA*	1st-10th Yr **		Thereafter**
All Issue Ages	19.5%	15%	1.0%	All Issue Ages	4.3%		1.0%
Int Repl All Issue Ages	4.9%	3.8%	0.3%	Int Repl All Issue Ages	1.1%		0.3%
MISSOURI*	1st-6th Yr **		Thereafter**	INDIANA	1st-6th Yr **	1st-6th Yr**	
All Issue Ages	16.0%		1.0%	Iss Age To-79	16.5%	14.5%	
Int Repl All Issue Ages	4.0%		0.3%	Iss Age 80-84	13.5%	12.5%	
COLORADO*	1st-6th Yr **		Thereafter**	Iss Age 85+	6.8%	6.3%	
All Issue Ages	23.0%		1.0%	Int Repl Age To-79	4.1%	3.6%	
Int Repl All Issue Ages	5.8%		0.3%	Int Repl Age 80-84	3.4%	3.1%	
GEORGIA*	1st-6th Yr **	1st-6th Yr**	Thereafter**	WASHINGTON	All Years		
Iss Age To-79	20.0%	19.0%	1.0%	All Issue Ages	13.5%		
Iss Age 80-84	15.0%	15.0%	1.0%	Int Repl All Issue Ages	3.4%		
Iss Age 85+	5.0%	7.5%	1.0%				
Int Repl Age To-79	5.0%	4.8%	0.3%	MEDICARE SUPPLEMENT PLAN A ONLY			
Int Repl Age 80-84	3.8%	3.8%	0.3%	All States Except MI, WV, WA			
MONTANA*	1st-6th Yr**		Thereafter**		Traditional	Select	
Iss Age To-79	20.0%		1.0%		1st-6th Yr	1st-6th Yr	
Iss Age 80-84	15.0%		1.0%	All Issue Ages	1.0%	1.0%	
Iss Age 85+	8.5%		1.0%	MICHIGAN	1st-3rd Yr	1st-3rd Yr	
Int Repl Age To-79	5.0%		0.3%	All Issue Ages	1.0%	1.0%	
Int Repl Age 80-84	3.8%		0.3%	WEST VIRGINIA	1st-5th Yr	1st-5th Yr	
IDAHO*	1st-10th Yr **		Thereafter**	All Issue Ages	1.0%	1.0%	
All Issue Ages	17.5%		1.0%	WASHINGTON	All Years		
Int Repl All Issue Ages	4.4%		0.3%	All Issue Ages	1.0%		
MICHIGAN*	1st-3rd Yr **	1st-3rd Yr **	4th -10th Yr **	MEDICARE SUPPLEMENT PLANS ISSUE AGES 0-64			
Iss Age To-79	35.0%	23.0%	3.0%		Traditional	Select	
Iss Age 80+	22.0%	17.0%	2.0%	PENNSYLVANIA	1st-6th Yr	1st-6th Yr	
Int Repl Age To-79	8.8%	5.8%	0.8%	Iss Age 0-64	0.5%	0.5%	
Int Repl Age 80+	5.5%	4.3%	0.5%				
WEST VIRGINIA*	1st-5th Yr**	1st-5th Yr**	Thereafter**				
Iss Age To-79	23.0%	19.0%	5.0%				
Iss Age 80-84	15.0%	15.0%	5.0%				
Iss Age 85+	5.0%	7.5%	5.0%				
Int Repl Age To-79	5.8%	4.8%	1.3%				
Int Repl Age 80-84	3.8%	3.8%	1.3%				

*The appropriate commission rate will be paid on the lesser of the original premium, not including the portion for the Part B deductible, or the renewal premium, not including the portion for the Part B deductible.

**Service Fee is equal to the lesser of 5% or the renewal commission rate after 1st year. FL and ID service fee is equal to 4% after 1st year. Michigan service fee will be 1% after 10th year.

Note-Replacements between companies within the American National Family of Companies will be considered Internal Replacements and commissions will be payable as outlined above.

SUPPLEMENTAL HEALTH

Accident, Cancer, Hospital Indemnity

All Issue Ages	1st Yr	2nd-10th Yr	Thereafter
	30%	2%	2%

Independence Recovery Care

All States Except: Michigan

	1st Yr	2nd-10th Yr	Thereafter
All Issue Ages	45%	3%	2%
Int Repl All Issue Ages	20%	3%	2%

Michigan

	1st Yr	2nd-10th Yr	Thereafter
Up to Age 65	45%	3%	2%
Int Repl	20%	3%	2%

	1st-3rd Yr	4th-10th Yr	Thereafter
Age 65+	20%	3%	2%
Int Repl	10%	3%	2%

Note-Replacements between companies within the American National Family of Companies will be considered Internal Replacements and commissions will be payable as outlined above.

Accepted By: _____
Representative

Agent Code (SSN)

Date Signed

Standard Life and Accident Insurance Company

To be completed by the Home Office



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

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. 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
Annual	15 months
Semi-Annual	15 months
Quarterly	Earned Only
Check-O-Matic	15 months
Salary Deduction Franchise Billing	15 months
Monthly	Earned Only

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 for the lapse of policies previously advanced under the terms of this request form.
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.

Agent's Signature

Date



Standard Life and Accident Insurance Company
 An Oklahoma Corporation
 Marketing Office:
 2450 South Shore Blvd. Suite 500, League City, Texas 77573
 Phone: 1.888.290.1085 Fax: 281.538.3393

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 _____

<p>ATTACH PERSONALIZED VOIDED CHECK HERE - OR - ENTER ROUTING NUMBER:</p> <p>_____</p> <p>AND BANK NUMBER INFORMATION:</p> <p>_____</p>	<p>See bottom left corner of check. Example below.</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #f0f0f0;"> <tr> <td colspan="3" style="text-align: center; padding: 2px;">M e m o</td> </tr> <tr> <td style="padding: 2px;">A056073506A</td> <td style="padding: 2px;">9435732348</td> <td style="padding: 2px;"> ' 1438</td> </tr> </table> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%; text-align: center; border: 1px solid black; padding: 2px;"> Routing Number (Exactly 9 digits) </td> <td style="width: 50%; text-align: center; border: 1px solid black; padding: 2px;"> Bank Number </td> </tr> </table>	M e m o			A056073506A	9435732348	' 1438	Routing Number (Exactly 9 digits)	Bank Number
M e m o									
A056073506A	9435732348	' 1438							
Routing Number (Exactly 9 digits)	Bank Number								



Standard Life and Accident Insurance Company
An Oklahoma Corporation
Marketing Office:
2450 South Shore Blvd., Suite 500, League City, Texas 77573
Phone: 1.888.290.1085 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.

Representative

Marketing General Agent

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

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.

Applicant's Printed Name

Applicant's Signature

Date

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

This Amendment is entered into on this _____ day of _____, 200__, by and between Standard Life and Accident Insurance Company (the “Covered Entity”) and _____ (the “Business Associate”) to amend the Contract between the Covered Entity and Business Associate. This Contract 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,

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 Contract to be signed and delivered by their duly authorized representatives, as of the date set forth above.

Agent Signature

Date

Print Agent Name

Social Security Number

Standard Life and Accident Insurance Company

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 new federal anti-money laundering regulations for insurance companies, our family of companies is implementing a detailed anti-money laundering 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.

That in selling individual annuities and life insurance, the Company's anti-money laundering program requires you must:

- Ensure that all information requested on the product application and associated documents is accurate and complete, including the USA PATRIOT Act Notification and Customer Identification Verification form for all non-variable business.
- **Contact the appropriate Anti-Money Laundering (AML) compliance officer if a customer resists providing information.** (See contact information further in this document.)
 - Records of this information must be retained as long as the contract remains in force and for five years thereafter.
- Notify the appropriate 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 or any agency thereof.

Possible Red Flag Activity (*for a comprehensive list of red flag activity, contact the AML officer at American National Insurance Company*)

- 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 (Judy)**, Assistant Vice President, Corporate Compliance, Chief Compliance Officer for Anti-Money Laundering

Or **Erin Elliott**, Quality Assurance Analyst I

Mail: Standard Life and Accident
Licensing and Contracts
P.O. Box 1850
Galveston, TX 77553-1850

Phone: (800) 933-5975

Fax: (409) 621-7511

Email: AMLCompliance@anico.com

---Continue on Reverse Side---

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

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.

Print Name: _____

Signature: _____

Personal Code: _____

Date: _____

Types of Payments Accepted

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

- Personal checks and pre-authorized check payments.
- Cash (currency or coin) in amounts less than \$1,000.
- 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. [Agents may have independent reporting obligations and should check their Company's website for additional information.]

- ***If a customer provides a form of payment that is not permitted, do not accept the payment and notify the appropriate 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 has reported suspicious activity or red flags to the Company. It is the sole responsibility of the Company's 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 the Company's program and all applicable anti-money laundering laws. A failure to do so will constitute grounds for discipline, up to and including termination. In addition, violation of anti-money laundering laws may expose those responsible to substantial penalties under federal law.

For more details on each of these requirements, contact the AML officer of American National.

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: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	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.

Social security number									

OR

Employer identification number									

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

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. person (including a U.S. resident alien).

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 ▶
------------------	----------------------------	--------

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.

U.S. person. 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

**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.



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



INSURANCE MARKETPLACE
STANDARDS ASSOCIATION

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 **Debra 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 **E. Harrison “Marty” Martin**, President and CMO, 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 **Marty Martin**, the head of our Marketing activities. However, **Debra Knowles** will also be available to you. You can reach either of them at the Marketing Department, at 888.290.1085. Their E-mail addresses are marty.martin@slaico.com and 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.

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.

Marty Martin, Debra 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.



**Standard Life and Accident
Insurance Company**
2450 South Shore Blvd., Ste. 500
League City, TX 77573-6501

**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) and 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) of the Virginia Bureau Insurance Code.

Both Administrative Letters may be located via the Bureau of Insurance web site at:

<http://www.state.va.us/sec/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) _____