



# Address/Contact Information Changes and/or Duplicate Policy/Certificate Request

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American National / One Moody Plaza, Galveston, TX 77550-7947

**Overnight Address** Mail Processing Center, Attn: LIS 3257, 1949 E. Sunshine St.,  
Springfield, MO 65899-0001 / **Phone** 1-800-899-6806  
**Mailing Address** Mail Processing Center, P.O. Box 3257, Springfield, MO 65808-3257



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**1 Company Selection**

American National Insurance Company       American National Life Insurance Company of New York  
 American National Life Insurance Company of Texas       Standard Life and Accident Insurance Company  
 Garden State Life Insurance Company

**2 Current Information**

Insured's First Name	M.I.	Last Name	Policy Number
_____	_____	_____	_____
Owner's First Name	M.I.	Last Name	Date of Birth
_____	_____	_____	_____
Owner's Street Address	City	State	ZIP
_____	_____	_____	_____
E-mail Address	Telephone		
_____	_____		

**3 Change of Address/E-mail Address/Telephone**

The change(s) below in this section apply to (check one):  
 Insured     Owner     Other: \_\_\_\_\_

Change of Address

**New Address**

Resident Address	City	State	ZIP
_____	_____	_____	_____
Mailing Address ( <input type="checkbox"/> Same as Resident Address)	City	State	ZIP
_____	_____	_____	_____

**Old Address**

Resident Address	City	State	ZIP
_____	_____	_____	_____
Mailing Address ( <input type="checkbox"/> Same as Resident Address)	City	State	ZIP
_____	_____	_____	_____

Add/Change E-mail Address (optional)

Add     Change

**New E-mail Address**

\_\_\_\_\_

Add/Change Telephone (optional)

Add     Change

**New Telephone**

\_\_\_\_\_  Home     Cell  
 \_\_\_\_\_  Home     Cell

**4 Change of Name**

► **NOTE:** Use this section to indicate a legal name change due to marriage, divorce, adoption, etc., or to correct spelling errors or omissions. For a name change, include a copy of driver's license or other proof of legal name.

Change the name of (check one):  Insured  Owner  Other: \_\_\_\_\_

**From:** First Name M.I. Last Name

\_\_\_\_\_

**To:** First Name M.I. Last Name

\_\_\_\_\_

Reason for change of name (check one):

Correction  Marriage  Divorce  Other: \_\_\_\_\_

► **CSSD ONLY:** Your agent may review the proof, and indicate the review by signing below, instead of submitting a copy.

\_\_\_\_\_  
Signature of Agent/Producer

**5 Duplicate Policy/Certificate**

I (we) have lost the original policy and request the Company or its subsidiaries to issue:

**A LIFE insurance Certificate of Insurance.** Payment of \$3.00 by check or money order must be included.

**A duplicate**  **LIFE** or  **HEALTH Insurance Policy.** Payment of \$15.00 by check or money order must be included.

**6 Signatures**

x \_\_\_\_\_

**Signature of Owner**

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

x \_\_\_\_\_

**Signature of Additional Owner** (if applicable)

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

**For Home/Administrative Office Endorsement Only**

Agency Code 1- _____	CSSD Code 2- _____	City _____	State _____
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Processor's First Name _____	M.I. _____	Last Name _____	Date _____
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This request has been recorded at the Home/Administrative Office of American National or its subsidiaries.