

POLICY NUMBER: SPIANQM

ISSUER:

INSURED: John Doe

DATE PREPARED: April 30, 2008

APP STATE: TX

POLICY ASSEMBLY INSTRUCTIONS

FORMS REQUIRED: FORM NAME
NSPA

Agency	Name (Last, First, Middle)	Age	Sex	Birthdate	Policy Number
1-9QG-00	Doe John	68	Male	01/01/1940	SPIANQM

Issue Date:

April 1, 2008

Insured Address:

1234 Any Place

Issue State: TX

Application Date:

April 1, 2008

Any Where TX 77510

Coverage:

Single Premium Immediate Annuity

INSURANCE POLICY

AGT 1: LEE JONES

Initial Premium: \$100,000.00

Payment Option: Installment Refund Annuity

Date of First Payment: May 1, 2008

Payment Mode: Monthly

Exclusion Ratio: 0.6220

Payment Amount: \$661.94

Owner Wording: John Doe

Owner Address: 1234 Any Place
Any Where TX 77510

Annuity Type: Non-Qualified



AMERICAN NATIONAL INSURANCE COMPANY

FIXED ANNUITY SERVICE DEPARTMENT

P.O. BOX 1763 GALVESTON, TEXAS 77553-1763 (800) 252-9546

JOHN DOE
1234 ANY PLACE
ANY WHERE TX 77510

LEE JONES
1 MOODY PLAZA
GALVESTON TX 77550

Congratulations on your recent purchase of an American National Insurance Company annuity. This letter confirms the issuance of your contract and **SHOULD BE KEPT WITH YOUR OTHER IMPORTANT DOCUMENTS**. The following information is a summary of your annuity contract specifications:

Policyowner: John Doe

Annuitant: John Doe

Contract Number: SPIANQM

Issue Date: April 1, 2008

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Initial Premium Payment Applied:

Date of First Payment: May 1, 2008

\$100,000.00

Benefit Mode: Monthly

Exclusion Ratio: 0.6220

Payment Amount: \$661.94

Please take a moment to review this information. If your contract does not agree with the above information, or if you have any questions regarding your contract, please contact the Annuity Service Department at 1-800-252-9546.

We appreciate your business and look forward to providing you with the best of service for years to come.

Sincerely,
Annuity Service Department



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Annuity Service Department



**AMERICAN NATIONAL INSURANCE COMPANY
A STOCK LIFE INSURANCE COMPANY**

Annuitant John Doe

SPIANQM Policy Number

**Home Office: One Moody Plaza
Galveston, Texas 77550**

American National Insurance Company (the "Company," "We," "Us" or "Our") will pay a periodic payment, listed on the data page, to the Annuitant while living, and to the Joint Annuitant, Spouse Annuitant, or Beneficiary (as appropriate) after the death of the Annuitants, subject to contract provisions. The date of the first payment is shown on the Data Page. We issue this contract in consideration of the application and receipt of the single premium. This contract is a legal document between the Owner ("You" or "Your") and the Company. **READ YOUR CONTRACT CAREFULLY.**

NOTICE OF 10 DAY RIGHT TO CANCEL CONTRACT. No later than ten days after this contract is delivered, You may cancel by returning the contract with a written request to cancel, to either: 1) Our Home Office, or 2) the agent who took the application, or 3) the local agency office. Upon delivery of the contract and request to cancel, all provisions under the contract IMMEDIATELY CEASE. We will refund all premiums paid within ten days after the contract and request to cancel is received at the Home Office.

Signed for the Company at Galveston, Texas, on the date of issue.

Secretary

President

**SINGLE PREMIUM IMMEDIATE ANNUITY.
NO DIVIDENDS.
DEATH BENEFITS AND SURRENDER BENEFITS, IF ANY,
BASED ON ANNUITY PLAN**

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IMPORTANT NOTICE

To obtain information or make a complaint:

You may call American National Insurance Company's toll - free telephone number for information or to make a complaint at

1-800-899-6806

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P. O. BOX 149104
AUSTIN, TX 78714-9104

FAX NO. (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: consumerprotection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact the agent or American National Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de American National Insurance Company's para informacion o para someter una queja al

1-800-899-6806

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P. O. BOX 149104
AUSTIN, TX 78714-9104

FAX NO. (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: consumerprotection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concemiente a su prima o a un reclamo, debe comunicarse con el agente o American National Insurance Company primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

NONPARTICIPATING CONTRACT

This contract is nonparticipating. The contract does not share in Our profits or surplus.

OWNERSHIP

OWNERSHIP. The Owner is named on the data page. You may exercise all rights of ownership as long as We continue to make Annuity Payments under the contract. Your rights are subject to the rights of:

1. any assignee of record; or
2. any irrevocable Beneficiary.

Ownership in this contract will be held by the first listed and surviving of the following:

1. The Owner or Your assignee at the issue of this contract;
2. The Annuitant;
3. The Joint Annuitant or Spouse Annuitant, if appropriate; or
4. The Beneficiary.

BENEFICIARY

BENEFICIARY INTEREST. The Beneficiary is named on the Data Page. A Beneficiary or class of beneficiaries will receive death proceeds, if any, at the death of all annuitants listed on the Data Page. Any relationship shown is to the Annuitant. Unless changed by endorsement or written request filed at the Home Office:

1. two or more class members will share death proceeds equally;
2. surviving class members will share equally the death proceeds to which a deceased or disqualified class members would have been entitled; or
3. if no Beneficiary survives the Annuitants, the death proceeds will be paid to the Annuitant's estate.

A Beneficiary will not share in the death proceeds until We have received proof of death of all annuitants. If the Beneficiary dies within 6 days after death of the last surviving annuitant, the Beneficiary will not share in the death proceeds.

CHANGE OF BENEFICIARY. You may change a Beneficiary by a written request. The change will not take effect until the change is recorded at the Home Office. Once such a change is recorded, the change will take effect as of the date the request was signed. The change is subject to:

1. the rights of an assignee of record; and
2. the rights of an irrevocable Beneficiary .

GENERAL PROVISIONS

ENTIRE CONTRACT. This contract, any endorsements and the application, if attached on the date of issue form the entire contract.

POWER TO MODIFY. Only Our president, a vice president, or the secretary has the power to change the contract and waive any contract provisions.

EFFECTIVE DATE. The contract takes effect on the date of issue upon payment of the single premium.

INCONTESTABILITY. This contract is incontestable from the date of issue.

MISSTATEMENT OF AGE OR SEX. If the age or sex of the Annuitant, Joint Annuitant or Spouse Annuitant is misstated, any future benefits or amounts payable will be changed to what the single premium would have bought for the correct age and sex. Adjustments will be made for any prior underpayments or overpayments. Amounts will be based on Our rates on the date of issue. As used in the contract, "age" means exact age.

ASSIGNMENT. No assignment will bind Us until recorded at the Home Office. We are not obliged to see that an assignment is valid or sufficient. Any claim by an assignee is subject to proof of the validity and extent of the assignee's interest in the contract.

CONTRACT SETTLEMENT. All amounts due under this contract are payable at the Home Office. The Company may require proof that the Annuitant, Joint Annuitant or Spouse Annuitant is living or proof of death in the event of claim by death before payment is made by Us.

DEATH BENEFIT. If the Annuitant, Joint Annuitant and Spouse Annuitant (as appropriate for the Annuity Plan and Annuity Benefit listed on the Data Page) have all died and payments remain payable under the terms of this contract, the Beneficiary will have the option of continuing to receive periodic payments in accordance with the Annuity Benefit provisions or of receiving the Commuted Value, without reduction for Commutation Charge.

SURRENDER BENEFIT

FULL SURRENDER. You may surrender the contract by making a written request for surrender and returning the contract to the Home Office. You may surrender the contract after the third contract year. For period certain, or non-life contingent annuity plans, the surrender amount equals the Commuted Value, reduced by Commutation Charges. For life contingent annuity plans, we may require current evidence of health at the time the surrender is requested. We will then make an offer of surrender value, subject to your acceptance and returning this contract to the Home Office. See the Data Page to determine if the annuity plan is life contingent. We may delay the payment of the surrender amount for up to six months from the date We receive the written request.

PARTIAL SURRENDER. A partial surrender is an amount of withdrawal less than the surrender value of the contract. You may request a partial surrender of the contract by making a written request for partial surrender and returning the contract to the Home Office. You may request a partial surrender after the third contract year. The minimum partial surrender is \$2,000. A Commutation Rate will be used to calculate partial surrenders. A Commutation Charge will be assessed on partial surrenders. The Commutation Charge will be deducted from the amount of the partial surrender.

Life contingent annuity plans can have partial surrenders up to ten percent of the Commuted Value withdrawn without underwriting. Amounts withdrawn in excess of ten percent of the Commuted Value may be underwritten at the time the partial surrender is requested. Partial surrenders will reduce any death benefit on a proportional basis. We may delay the payment of the partial surrender amount for up to six months from the date We receive the written request. Upon the payment of the partial surrender amount, the annuity payment to the Annuitant, Joint Annuitant or Spouse Annuitant will be revised and reflected in a new Data Page.

COMMUTATION RATE. The interest rate used to discount the future benefits equals the interest rate used by Us in determining the annuity purchase rates at the date of commutation increased by 0.50%.

COMMUTED VALUE. The Commuted Value is the present value of future benefits discounted at the Commutation Rate using the exact age of the Annuitant, Joint Annuitant or Spouse Annuitant as appropriate.

COMMUTATION CHARGE. The Commutation Charge is a percentage of the amount surrendered or the amount withdrawn on a partial surrender. The following table lists the Commutation Charges beginning in the fourth contract year.

<u>Contract Year</u>	<u>Commutation Charge Percentage</u>
4	10%
5	9%
6	7%
7	5%
8	4%
9	3%
10	2%
11 and thereafter	0%

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