

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
HEALTH LICENSING, P.O. BOX 1996, GALVESTON, TEXAS 77553-1996

AGENT/AGENCY PERSONAL DATA SHEET

AGENT INFORMATION

Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ Date of Birth: _____ Phone Number: _____

Email address: _____

AGENCY INFORMATION

Name: _____ EIN or TIN Number: _____

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ Date of Birth: _____ Phone Number: _____

Email address: _____

If currently appointed, please provide Agency Appointment Number: _____

List all companies where you have been licensed and approved to represent during the past five years:

Company Name	City	State	Dates Effective	
			From	To

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Have you ever represented American National Insurance Company of Texas? Yes ☐ No ☐

Have you ever sold insurance through another name or through any agency in the last 5 years?
Yes ☐ No ☐ If yes, list the company for which insurance was sold through, and applicable dates.

Have you sold thru the MGU agency above? Yes ☐ No ☐

Have you ever been indicted or convicted of any crimes involving trustworthiness and/or honesty?
Yes ☐ No ☐

Have you ever filed for bankruptcy or been declared bankrupt? Yes ☐ No ☐

Have you ever had your license revoked by a state or carrier? Yes ☐ No ☐ If yes, please supply
details: _____

Are you presently indebted to any insurance company or agency? Yes ☐ No ☐ If yes, please supply specific
information pertaining to the nature and amount of the debt below.

To Whom?	Nature of Debt	Amount	Repayment terms

Have you ever had any federal, IRS, or state tax liens levied? Yes ☐ No ☐

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AUTHORIZATION

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), American National Life Insurance Company of Texas (ANTEX), Garden State Life Insurance Company (GSLIC) 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, ANTEX or GSLIC 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, ANTEX or GSLIC 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, ANTEX, GLSIC 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, ANTEX or GSLIC will make an offer of a contract to the Applicant.

For California, Minnesota or Oklahoma Applicants only - If a consumer report is obtained and you would like to receive a copy, please check this box. ☐

For California Applicants only - If public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report. ☐

SIGNATURE OF AGENT/BROKER

DATE

Please return completed form to: newbusiness@usbenefitsins.com