



American National Life Insurance  
Company of Texas

## STRATEGY WHOLE LIFE – FINAL EXPENSE

### AGENT GUIDE

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# ANTEX Strategy Whole Life Insurance

*A Plan for Life* A non-participating whole life insurance plan.



American National Life Insurance

Company of Texas

Forms LDB11AX, MDB11AX

One Moody Plaza | Galveston, TX 77550-7947

<b>Information</b>	<b><u>Marketing, Licensing and Contracting:</u></b>  call Moody Insurance Group at <b>1-800-252-4002</b>		
<b>Issue Ages</b>	Level Death Benefit	ages 50-85	
	Graded Death Benefit	ages 50-80	
	Modified Death Benefit	ages 50-80	
<b>Face Amounts</b>	Minimum Face Amount	= \$2,000	
	Maximum Face Amount	= \$50,000 for Level Death Benefit	
		\$25,000 for Graded Death Benefit	
		\$25,000 for Modified Death Benefit	
<b>Underwriting Classifications</b>	Standard Nicotine User and Standard Non-Nicotine User The insured will apply for a Whole Life policy and will be placed into one of the three death benefit designs based on the answers to application questions and underwriting decision. The healthiest risks will be placed in the Level Benefit, followed by the Graded Benefit, and finally the Modified Benefit.		
<b>Death Benefit Payable</b>	<b>Level Benefit</b>	<b>Graded Benefit</b>	<b>Modified Benefit</b>
	100% of Face Amount	<b>Year 1</b> 30% of the face amount <b>Year 2</b> 70% of the face amount <b>Year 3+</b> 100% of the face amount *	<b>Years 1 &amp; 2</b> 110% of the premiums paid <b>Year 3+</b> 100% of the face amount *
	* For Graded Death Benefit and Modified Death Benefit if the insured dies an accidental death 100% of the face amount will be paid in Years 1 and 2		
<b>Maturity</b>	An endowment benefit equal to the policy's face amount will be paid if the policy is in force on the policy anniversary following the insured's 121 <sup>st</sup> birthday.		
<b>Loans</b>	Policy loans will be available against the cash value while the policy is in force as other than extended term insurance. Upon the insured's death, the death benefit will be reduced by the amount of any loan, including interest accrued to the date of death. The loan interest is payable on each anniversary of the policy's issue date or on the date the loan is paid in full. Interest will be charged daily at a fixed loan interest rate of 8% in arrears annually. Any interest not paid when it is due will be added to the outstanding loan balance.		
<b>Riders</b>	Terminal Illness Rider is only available on Level Benefit policies with face amounts greater than or equal to \$25,000.		
<b>Compensation</b>	Policy fees are not commissionable 9 month advanced commissions are available		
<b>Charge Backs</b>	<b>Level Death Benefit</b>	Charge back will only apply to unearned advanced commission in the event of lapse in the first policy year.	
	<b>Graded and Modified Death Benefit</b>	Charge back will be applied to all commission levels of the entire first year commission including advances if death or lapse (including surrender and exercising nonforfeiture option) occurs in the first year.	

\*Not all plans available in all states

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MIG/I-SWL-02

## Strategy WL Impairment Guide

<u>Medical Condition</u>	<u>Probable Underwriting Action</u>
Addison's	Level
AIDS / ARC	Decline
Alcoholism / abuse	Modified < 5 years / Level > 5 years
Alzheimer's	Modified < 5 years / Level > 5 years
Amputation	Modified<5 years / Level >5 years
Amyotrophic Lateral Sclerosis	Decline
Anemia	Level
Aneurysm	Modified < 5 years / Level > 5 years
Angina	Modified < 2 years / Graded 2-5 years / Level > 5 years
Angioplasty	Modified < 2 years / Graded 2-5 years / Level > 5 years
Anxiety	Graded if inpatient care < 2 years otherwise Level
Aortic valve disease	Graded < 2 years / Level > 2 years
Ascites	Decline
Arthritis (osteo)	Level
Asthma	Level
Atrial Fibrillation	Graded < 2 years / Level > 2 years
Barrett's esophagus (no cancer)	Level
Basal cell skin cancer	Level
Bipolar	Graded if inpatient care < 2 years otherwise Level
Bronchiectasis	Graded < 2 years / Level > 2 years
Bypass (coronary artery)	Modified < 2 years / Graded 2-5 years / Level > 5 years
Bypass (gastric or bariatric)	Level
Cancer (in remission)	Decline < 2 years / Modified 2-5 years / Level > 5 years

Cardiomyopathy	Modified < 5 years / Level > 5 years
Cerebral palsy	Graded
Cerebrovascular Accident (CVA)	Decline < 2 years / Modified 2-5 years / Level > 5 years
Chronic Obstructive Lung Dis (COPD)	Graded < 2 years / Level > 2 years
Chronic pain	Level except if opioid dependent then Graded
Cirrhosis	Decline
Congestive Heart Failure	Modified < 5 years / Level > 5 years
Coronary Artery Disease	Modified < 2 years / Graded 2-5 years / Level > 5 years
Criminal Record	Decline if incarcerated or on probation - otherwise IC
Crohn's	Graded < 2 years / Level > 2 years
Defibrillator	Modified < 5 years / Level > 5 years
Dementia	Modified < 5 years / Level > 5 years
Depression	Graded if inpatient care < 2 years otherwise Level
Diabetes (no insulin)	Level but if complications Graded < 2 years
Diabetes (insulin)	Graded < 2 years / Level > 2 years
Dialysis of kidney	Modified < 5 years / Level > 5 years
Diverticulitis	Level
DUI (single)	Graded < 2 years / Level > 2 years
Drug abuse	Modified < 5 years / Level > 5 years
Emphysema	Graded < 2 years / Level > 2 years
Epilepsy (seizure disorder)	Graded < 2 years / Level > 2 years
Esophageal varices	Decline
Fibromyalgia	Level except if opioid dependent then Graded
GERD	Level
Gout	Level

Heart attack	Decline < 2 years / Graded 2-5 years / Level > 5 years
Heart murmur (innocent)	Level
Heart valve repair / replacement	Modified < 5 years / Level > 5 years
Hepatitis B or C (untreated)	Modified < 5 years / Level > 5 years
High blood pressure	Level
HIV positive (under treatment)	Modified < 5 years / Level > 5 years
Hodgkin's disease (in remission)	Decline < 2 years / Modified 2-5 years / Level > 5 years
Hypertension	Level
Hyperthyroidism	Level
Hypothyroidism	Level
Incarceration or felony probation now	Decline
Inflammatory Bowel Disease	Graded < 2 years / Level > 2 years
Irregular heart beat	Graded < 2 years / Level > 2 years
Kidney stone(s)	Level
Leukemia (in remission)	Decline < 2 years / Modified 2-5 years / Level > 5 years
Lupus (Systemic)	Graded < 2 years / Level > 2 years
Lymphoma (in remission)	Decline < 2 years / Modified 2-5 years / Level > 5 years
Malignant melanoma (excised)	Decline < 2 years / Modified 2-5 years / Level > 5 years
MGUS	Level
Migraines	Level
Mild Cognitive Impairment	Graded < 5 years / Level > 5 years
Mitral valve disease	Graded < 2 years / Level > 2 years
Mitral valve prolapse	Level
Multiple Sclerosis (relapsing remitting)	Graded < 2 years / Level > 2 years
Multiple Sclerosis (progressive)	Modified < 5 years / Level > 5 years

Multiple Myeloma (in remission)	Decline < 2 years / Modified 2-5 years / Level > 5 years
Nephritis	Level
Non Alcoholic Steatohepatitis	Modified < 5 years / Level > 5 years
Organ transplant (recipient)	Modified < 5 years / Level > 5 years
Pacemaker	Graded < 2 years / Level > 2 years
Pancreatitis	Graded < 2 years / Level > 2 years
Paralysis	Decline < 2 years / Modified 2-5 years / Level > 5 years
Parkinson's disease	Graded < 2 years / Level > 2 years
Peripheral Arterial Disease	Graded < 2 years / Level > 2 years
Polycystic kidney disease	Rate for current stage of renal failure
PTSD	Graded if inpatient care < 2 years otherwise Level
Pulmonary Embolism	Graded < 2 years / Level > 2 years
Renal Failure (Stages I, II, III)	Level
Renal Failure (Stage IV, V)	Modified < 5 years / Level > 5 years
Rheumatoid arthritis	Level
Sarcoidosis (in remission)	Level
Schizophrenia	Graded if inpatient care < 2 years otherwise Level
Sleep apnea	Level
Stent	Modified < 2 years / Graded 2-5 years / Level > 5 years
Stroke	Decline < 2 years / Modified 2-5 years / Level > 5 years
Thrombophlebitis	Graded < 2 years / Level > 2 years
Traumatic brain injury	Modified < 5 years / Level > 5 years
Transient Ischemic Attack (TIA)	Modified < 5 years / Level > 5 years
Ulcerative Colitis	Graded < 2 years / Level > 2 years
Unintentional 10% weight loss 12 months	Modified < 2 years / Level > 2 years

### Strategy WL Build Table

Height	Minimum Wt(lbs)	Max Wt for level(lbs)	Max Wt for graded(lbs)*
4'8"	83	189	229
4'9"	86	196	238
4'10"	89	203	246
4'11"	92	210	255
5'0"	95	217	263
5'1"	98	224	272
5'2"	102	232	281
5'3"	105	239	290
5'4"	108	247	300
5'5"	112	255	309
5'6"	115	263	319
5'7"	119	271	328
5'8"	122	279	338
5'9"	126	287	348
5'10"	129	296	358
5'11"	133	304	369
6'0"	137	313	379
6'1"	141	322	390
6'2"	145	330	401
6'3"	148	339	412
6'4"	152	349	423
6'5"	156	358	434
6'6"	161	367	445
6'7"	165	377	457
6'8"	169	386	468
6'9"	173	396	480

If weight for any given height exceeds graded then policy may be issued on modified plan. If below minimum weight for any given height then policy may be issued on modified plan.

\*If weight is graded and another graded health impairment present then best offer is modified plan.

## Strategy WL Underwriting Requirements

	<u>AGES</u>			
	50-65	66-75	76-80	81-85
<u>Amounts</u>				
\$2,000 - \$10,000	MIB*	MIB*	MIB*	MIB*
\$10,001 - \$30,000	MIB*	MIB RX*	MIB EXAM HOS**	MIB EXAM HOS**
\$30,001 - \$50,000	MIB RX	MIB EXAM HOS**	MIB EXAM HOS**	MIB EXAM HOS**

\* Only order MIB and/or Rx (prescription search) when all health questions and build suggest client is eligible for LEVEL death benefit

\*\*Exam & HOS are only required if LEVEL death benefit plan is applied for



Level Male Non-Tobacco						
	5,000	10,000	15,000	20,000	25,000	50000
50	16.91	30.24	43.57	56.90	70.24	136.89
51	17.61	31.64	45.67	59.70	73.73	143.87
52	18.35	33.12	47.90	62.67	77.44	151.30
53	19.14	34.70	50.26	65.82	81.38	159.18
54	19.98	36.37	52.77	69.17	85.56	167.54
55	20.86	38.14	55.43	72.71	89.99	176.40
56	21.69	39.79	57.90	76.00	94.11	184.64
57	22.56	41.54	60.52	79.49	98.47	193.36
58	23.48	43.39	63.29	83.20	103.10	202.63
59	24.47	45.37	66.26	87.16	108.05	212.52
60	25.53	47.48	69.43	91.38	113.33	223.08
61	26.71	49.83	72.96	96.09	119.21	234.85
62	27.95	52.32	76.69	101.06	125.43	247.29
63	29.28	54.97	80.67	106.36	132.06	260.53
64	30.71	57.83	84.96	112.09	139.22	274.85
65	32.26	60.94	89.62	118.30	146.98	290.38
66	33.92	64.26	94.60	124.94	155.28	306.99
67	35.71	67.84	99.97	132.10	164.23	324.89
68	37.65	71.73	105.80	139.87	173.94	344.31
69	39.76	75.94	112.12	148.30	184.48	365.38
70	42.05	80.52	118.99	157.47	195.94	388.30
71	44.50	85.42	126.34	167.26	208.18	412.77
72	47.13	90.68	134.23	177.78	221.33	439.09
73	49.95	96.33	142.70	189.08	235.45	467.32
74	52.98	102.38	151.78	201.18	250.58	497.58
75	56.22	108.87	161.51	214.16	266.80	530.02
76	60.31	117.05	173.78	230.52	287.25	570.92
77	64.81	126.03	187.26	248.49	309.71	615.85
78	69.04	134.49	199.95	265.40	330.86	658.14
79	72.94	142.31	211.67	281.03	350.39	697.21
80	76.42	149.26	222.10	294.94	367.78	731.98
81	81.23	158.87	236.52	314.16	391.81	780.04
82	84.59	165.60	246.61	327.62	408.63	813.69
83	89.67	175.77	261.86	347.96	434.05	864.53
84	94.02	184.46	274.90	365.34	455.78	907.98
85	97.37	191.15	284.94	378.73	472.52	941.45

Level Female Non-Tobacco						
	5,000	10,000	15,000	20,000	25,000	50000
50	14.98	26.38	37.77	49.17	60.57	117.56
51	15.50	27.41	39.33	51.25	63.16	122.75
52	16.05	28.51	40.98	53.45	65.92	128.25
53	16.62	29.65	42.69	55.72	68.76	133.94
54	17.22	30.85	44.49	58.12	71.76	139.93
55	17.96	32.34	46.71	61.09	75.47	147.36
56	18.55	33.52	48.49	63.46	78.42	153.27
57	19.16	34.74	50.33	65.91	81.49	159.40
58	19.81	36.03	52.26	68.49	84.71	165.84
59	20.48	37.38	54.29	71.19	88.09	172.60
60	21.20	38.82	56.43	74.05	91.67	179.76
61	21.98	40.37	58.77	77.17	95.56	187.55
62	22.80	42.01	61.23	80.44	99.66	195.74
63	23.67	43.77	63.86	83.95	104.04	204.51
64	24.61	45.64	66.66	87.69	108.72	213.86
65	25.98	48.37	70.77	93.17	115.57	227.55
66	27.06	50.55	74.03	97.52	121.00	238.43
67	28.22	52.87	77.51	102.16	126.80	250.02
68	29.48	55.38	81.28	107.19	133.09	262.59
69	30.86	58.14	85.42	112.70	139.98	276.38
70	32.68	61.77	90.87	119.97	149.06	294.54
71	34.28	64.98	95.68	126.37	157.07	310.57
72	36.00	68.41	100.83	133.25	165.66	327.75
73	37.83	72.08	106.33	140.59	174.84	346.10
74	39.80	76.02	112.24	148.46	184.68	365.79
75	41.91	80.25	118.58	156.91	195.24	386.91
76	44.47	85.37	126.26	167.15	208.04	412.51
77	47.05	90.51	133.98	177.44	220.91	438.24
78	49.90	96.21	142.53	188.85	235.16	466.74
79	52.29	101.00	149.71	198.42	247.13	490.68
80	55.13	106.68	158.24	209.79	261.34	519.10
81	57.86	112.14	166.43	220.71	274.99	546.40
82	61.33	119.08	176.83	234.58	292.33	581.08
83	64.72	125.85	186.99	248.13	309.27	614.95
84	67.40	131.22	195.05	258.87	322.69	641.80
85	71.23	138.88	206.53	274.17	341.82	680.07

Specific Amount  
50000  
To enter a face amount not listen, please enter it into the box above.

Level Male Tobacco						
	5,000	10,000	15,000	20,000	25,000	50000
50	21.29	39.00	56.72	74.43	92.14	180.70
51	22.28	40.98	59.68	78.38	97.09	190.59
52	23.34	43.09	62.85	82.61	102.37	201.15
53	24.46	45.33	66.21	87.08	107.96	212.34
54	25.63	47.68	69.72	91.77	113.82	224.06
55	27.09	50.59	74.10	97.61	121.12	238.65
56	28.20	52.81	77.43	102.05	126.66	249.75
57	29.35	55.12	80.89	106.67	132.44	261.30
58	30.58	57.58	84.57	111.57	138.57	273.56
59	31.89	60.21	88.52	116.83	145.15	286.71
60	33.33	63.07	92.82	122.56	152.31	301.03
61	34.87	66.16	97.45	128.74	160.03	316.47
62	36.46	69.34	102.23	135.11	167.99	332.40
63	38.10	72.62	107.14	141.66	176.18	348.78
64	39.80	76.01	112.23	148.44	184.66	365.74
65	41.82	80.07	118.31	156.55	194.80	386.01
66	43.73	83.88	124.03	164.18	204.33	405.08
67	45.78	87.98	130.18	172.38	214.58	425.57

Level Female Tobacco						
	5,000	10,000	15,000	20,000	25,000	50000
50	19.58	35.58	51.57	67.57	83.57	163.56
51	20.38	37.18	53.98	70.78	87.58	171.57
52	21.21	38.84	56.47	74.11	91.74	179.90
53	22.08	40.59	59.09	77.60	96.10	188.62
54	22.99	42.40	61.80	81.21	100.62	197.66
55	23.93	44.28	64.62	84.97	105.32	207.06
56	24.76	45.95	67.13	88.32	109.50	215.43
57	25.63	47.69	69.74	91.79	113.84	224.11
58	26.54	49.49	72.45	95.41	118.36	233.15
59	27.49	51.39	75.30	99.20	123.11	242.63
60	28.64	53.71	78.77	103.84	128.90	254.22
61	29.72	55.86	82.00	108.13	134.27	264.96
62	30.85	58.12	85.39	112.66	139.93	276.29
63	32.07	60.56	89.06	117.55	146.04	288.50
64	33.38	63.18	92.98	122.78	152.58	301.57
65	35.17	66.77	98.36	129.95	161.55	319.52
66	36.69	69.80	102.91	136.02	169.13	334.69
67	38.32	73.06	107.80	142.54	177.28	350.97

68	48.00	92.42	136.84	181.26	225.67	447.77
69	50.42	97.25	144.09	190.92	237.76	471.93
70	54.13	104.67	155.22	205.76	256.31	509.03
71	57.02	110.45	163.89	217.32	270.76	537.94
72	60.11	116.64	173.16	229.69	286.22	568.86
73	63.41	123.23	183.06	242.89	302.71	601.84
74	66.94	130.29	193.65	257.01	320.37	637.15
75	70.70	137.82	204.94	272.06	339.18	674.79
76	75.64	147.70	219.76	291.82	363.88	724.19
77	81.05	158.52	235.99	313.46	390.94	778.29
78	86.07	168.56	251.06	333.55	416.04	828.50
79	91.16	178.75	266.33	353.92	441.50	879.43
80	95.23	186.88	278.54	370.19	461.84	920.10
81	99.80	196.02	292.24	388.47	484.69	965.79
82	104.31	205.04	305.78	406.51	507.24	1010.90
83	108.76	213.94	319.12	424.30	529.48	1055.38
84	113.15	222.71	332.28	441.84	551.41	1099.24
85	118.84	234.11	349.37	464.63	579.89	1156.21

68	40.05	76.52	112.99	149.47	185.94	368.29
69	41.90	80.22	118.54	156.86	195.18	386.77
70	44.08	84.58	125.08	165.58	206.07	408.57
71	46.18	88.78	131.39	173.99	216.59	429.60
72	48.39	93.21	138.02	182.83	227.64	451.71
73	50.72	97.86	145.00	192.14	239.28	474.98
74	53.17	102.76	152.36	201.95	251.54	499.50
75	56.42	109.26	162.10	214.94	267.78	531.99
76	59.80	116.03	172.25	228.48	284.70	565.82
77	63.02	122.46	181.90	241.35	300.79	597.99
78	66.76	129.95	193.13	256.31	319.49	635.41
79	70.59	137.61	204.62	271.63	338.65	673.71
80	74.22	144.86	215.49	286.13	356.77	709.96
81	77.24	150.91	224.57	298.23	371.89	740.21
82	79.99	156.39	232.80	309.20	385.61	767.64
83	82.90	162.23	241.55	320.88	400.20	796.82
84	85.99	168.40	250.81	333.23	415.64	827.70
85	88.34	173.09	257.85	342.61	427.36	851.15

Age

Male - Graded - Non Tobacco

	5,000	10,000	15,000	20,000	25,000	50000
50	22.44	41.30	60.17	79.03	97.89	192.20
51	23.51	43.43	63.36	83.29	103.22	202.85
52	24.65	45.72	66.78	87.85	108.92	214.26
53	25.86	48.14	70.42	92.70	114.99	226.39
54	27.15	50.73	74.30	97.88	121.45	239.32
55	28.75	53.91	79.08	104.25	129.42	255.25
56	29.82	56.06	82.30	108.55	134.79	265.99
57	30.95	58.32	85.69	113.06	140.43	277.27
58	32.13	60.69	89.24	117.80	146.35	289.13
59	33.38	63.19	92.99	122.79	152.60	301.62
60	34.84	66.10	97.35	128.61	159.87	316.16
61	36.21	68.84	101.48	134.11	166.74	329.90
62	37.62	71.66	105.70	139.75	173.79	343.99
63	39.11	74.63	110.16	145.69	181.22	358.85
64	40.65	77.72	114.79	151.86	188.93	374.29
65	42.71	81.84	120.97	160.10	199.23	394.87
66	44.67	85.77	126.86	167.96	209.05	414.52
67	46.81	90.04	133.27	176.49	219.72	435.87
68	49.12	94.66	140.21	185.75	231.29	459.00
69	51.63	99.69	147.74	195.79	243.84	484.11
70	54.71	105.84	156.97	208.11	259.24	514.89
71	55.66	107.73	159.81	211.88	263.96	524.34
72	58.39	113.21	168.02	222.84	277.65	551.72
73	61.24	118.91	176.57	234.24	291.90	580.23
74	64.23	124.87	185.52	246.16	306.81	610.03
75	67.86	132.15	196.43	260.71	325.00	646.41
76	73.13	142.67	212.22	281.76	351.31	699.04
77	78.94	154.30	229.66	305.02	380.38	757.17
78	85.35	167.12	248.90	330.67	412.44	821.30
79	92.43	181.27	270.12	358.97	447.81	892.05
80	101.20	198.82	296.45	394.07	491.69	979.80

Male - Graded - Tobacco

Female - Graded - Non Tobacco

	5,000	10,000	15,000	20,000	25,000	50000
50	19.77	35.95	52.14	68.32	84.51	165.44
51	20.59	37.59	54.60	71.60	88.61	173.63
52	21.44	39.30	57.16	75.02	92.88	182.18
53	22.34	41.10	59.86	78.62	97.38	191.17
54	23.28	42.98	62.68	82.38	102.07	200.57
55	24.36	45.13	65.91	86.69	107.47	211.35
56	25.08	46.58	68.09	89.59	111.09	218.60
57	25.82	48.06	70.30	92.54	114.78	225.99
58	26.58	49.58	72.58	95.59	118.59	233.60
59	27.37	51.16	74.95	98.74	122.53	241.47
60	28.19	52.81	77.42	102.03	126.64	249.71
61	29.08	54.58	80.08	105.57	131.07	258.57
62	30.00	56.42	82.84	109.26	135.68	267.78
63	30.97	58.35	85.74	113.13	140.52	277.45
64	31.98	60.39	88.79	117.19	145.59	287.61
65	33.50	63.42	93.34	123.26	153.18	302.78
66	34.78	65.97	97.17	128.36	159.56	315.53
67	36.16	68.74	101.33	133.91	166.49	329.40
68	37.65	71.72	105.78	139.85	173.92	344.26
69	39.23	74.88	110.52	146.17	181.82	360.06
70	41.46	79.33	117.21	155.09	192.96	382.34
71	41.99	80.41	118.82	157.23	195.65	387.71
72	43.71	83.84	123.98	164.11	204.24	404.90
73	45.50	87.41	129.33	171.25	213.17	422.75
74	47.35	91.13	134.90	178.68	222.45	441.32
75	49.32	95.06	140.80	186.54	232.27	460.97
76	52.60	101.62	150.64	199.66	248.68	493.77
77	56.21	108.83	161.46	214.08	266.71	529.84
78	60.17	116.75	173.34	229.93	286.51	569.44
79	64.53	125.47	186.42	247.36	308.31	613.03
80	69.86	136.15	202.43	268.71	335.00	666.42

Female - Graded - Tobacco

	5,000	10,000	15,000	20,000	25,000	50000
50	31.38	59.19	86.99	114.79	142.60	281.61
51	33.11	62.63	92.16	121.68	151.21	298.84
52	34.95	66.33	97.70	129.08	160.45	317.32
53	36.91	70.25	103.58	136.92	170.25	336.92
54	38.98	74.37	109.77	145.17	180.57	357.55
55	41.30	79.03	116.75	154.48	192.20	380.82
56	42.74	81.90	121.06	160.22	199.38	395.19
57	44.24	84.89	125.55	166.20	206.86	410.13
58	45.82	88.06	130.30	172.54	214.78	425.98
59	47.51	91.43	135.36	179.29	223.21	442.85
60	49.23	94.89	140.54	186.20	231.85	460.12
61	51.01	98.44	145.87	193.30	240.73	477.89
62	52.74	101.90	151.05	200.21	249.37	495.16
63	54.42	105.26	156.10	206.94	257.78	511.98
64	56.08	108.57	161.07	213.56	266.06	528.54
65	58.30	113.01	167.73	222.44	277.16	550.74
66	60.65	117.72	174.79	231.86	288.93	574.28
67	63.20	122.82	182.44	242.06	301.68	599.78
68	66.05	128.51	190.98	253.45	315.91	628.25
69	69.15	134.72	200.28	265.85	331.42	659.26
70	74.33	145.09	215.84	286.60	357.35	711.12
71	74.65	145.71	216.78	287.85	358.92	714.25
72	77.87	152.16	226.45	300.74	375.03	746.47
73	81.24	158.90	236.56	314.22	391.88	780.17
74	84.78	165.99	247.19	328.39	409.60	815.61
75	88.49	173.40	258.31	343.21	428.12	852.67
76	95.30	187.01	278.73	370.44	462.16	920.73
77	102.82	202.06	301.29	400.53	499.77	995.96
78	111.08	218.58	326.08	433.57	541.07	1078.56
79	120.10	236.63	353.15	469.68	586.20	1168.83
80	131.82	260.06	388.30	516.54	644.78	1285.98

	5,000	10,000	15,000	20,000	25,000	50000
50	27.97	52.36	76.75	101.14	125.52	247.47
51	29.37	55.16	80.95	106.74	132.53	261.47
52	30.83	58.09	85.34	112.59	139.84	276.11
53	32.36	61.15	89.93	118.71	147.50	291.41
54	33.96	64.33	94.71	125.09	155.46	307.34
55	35.60	67.63	99.65	131.67	163.70	323.81
56	36.65	69.73	102.80	135.88	168.95	334.33
57	37.71	71.84	105.97	140.10	174.23	344.89
58	38.78	73.98	109.18	144.38	179.58	355.58
59	39.87	76.16	112.46	148.75	185.04	366.50
60	41.30	79.02	116.74	154.46	192.18	380.78
61	42.50	81.43	120.35	159.27	198.20	392.82
62	43.77	83.96	124.15	164.34	204.53	405.48
63	45.09	86.59	128.10	169.60	211.11	418.64
64	46.46	89.34	132.22	175.10	217.98	432.37
65	48.38	93.18	137.98	182.78	227.58	451.57
66	50.29	97.00	143.71	190.42	237.13	470.68
67	52.32	101.05	149.79	198.53	247.27	490.95
68	54.47	105.37	156.26	207.16	258.05	512.52
69	56.75	109.92	163.10	216.27	269.44	535.30
70	59.55	115.53	171.50	227.47	283.45	563.31
71	59.80	116.03	172.25	228.48	284.70	565.82
72	62.05	120.52	178.99	237.46	295.93	588.28
73	64.32	125.06	185.80	246.54	307.28	610.97
74	66.62	129.66	192.70	255.74	318.78	633.97
75	69.51	135.45	201.38	267.32	333.25	662.93
76	74.12	144.66	215.20	285.74	356.28	708.97
77	79.19	154.80	230.41	306.02	381.63	759.68
78	84.76	165.94	247.12	328.30	409.48	815.39
79	90.85	178.11	265.38	352.65	439.91	876.25
80	98.40	193.21	288.03	382.85	477.66	951.74

Male - Modified- Non Tobacco						
	5,000	10,000	15,000	20,000	25,000	50000
50	27.14	50.69	74.25	97.81	121.36	239.14
51	28.68	53.79	78.89	104.00	129.10	254.63
52	30.35	57.12	83.89	110.66	137.43	271.27
53	32.12	60.65	89.19	117.73	146.27	288.95
54	33.99	64.40	94.80	125.21	155.62	307.66
55	35.96	68.34	100.72	133.10	165.49	327.39
56	37.32	71.06	104.80	138.55	172.29	341.00
57	38.76	73.94	109.11	144.29	179.47	355.36
58	40.27	76.95	113.64	150.32	187.01	370.44
59	41.82	80.07	118.31	156.55	194.80	386.01
60	44.21	84.85	125.48	166.11	206.75	409.91
61	45.82	88.06	130.30	172.54	214.78	425.98
62	47.41	91.25	135.08	178.91	222.74	441.91
63	49.00	94.41	139.83	185.25	230.66	457.75
64	50.57	97.56	144.56	191.55	238.54	473.50
65	52.85	102.13	151.40	200.68	249.95	496.32
66	54.89	106.19	157.50	208.80	260.11	516.64
67	57.06	110.54	164.02	217.50	270.98	538.39
68	59.39	115.20	171.00	226.81	282.62	561.66
69	61.92	120.25	178.59	236.92	295.26	586.94
70	64.59	125.60	186.60	247.61	308.62	613.66
71	67.13	130.68	194.23	257.78	321.33	639.07
72	69.67	135.76	201.85	267.95	334.04	664.49
73	72.21	140.85	209.48	278.11	346.75	689.91
74	74.75	145.93	217.10	288.28	359.45	715.33
75	77.27	150.95	224.64	298.32	372.01	740.43

Female - Modified - Non Tobacco						
	5,000	10,000	15,000	20,000	25,000	50000
50	23.46	43.34	63.23	83.11	102.99	202.40
51	24.63	45.67	66.72	87.76	108.81	214.04
52	25.85	48.12	70.38	92.65	114.92	226.26
53	27.13	50.67	74.22	97.77	121.32	239.05
54	28.46	53.34	78.22	103.10	127.99	252.39
55	30.03	56.48	82.94	109.39	135.84	268.10
56	30.88	58.18	85.49	112.79	140.09	276.60
57	31.73	59.88	88.02	116.17	144.32	285.06
58	32.58	61.58	90.59	119.59	148.59	293.60
59	33.46	63.33	93.21	123.08	152.96	302.33
60	34.35	65.11	95.88	126.64	157.41	311.24
61	35.28	66.98	98.68	130.38	162.08	320.59
62	36.24	68.90	101.56	134.21	166.87	330.17
63	37.23	70.88	104.52	138.17	171.82	340.06
64	38.24	72.91	107.57	142.23	176.90	350.21
65	39.87	76.16	112.44	148.73	185.02	366.46
66	41.16	78.73	116.31	153.89	191.46	379.35
67	42.53	81.47	120.42	159.36	198.31	393.04
68	43.94	84.31	124.67	165.04	205.40	407.23
69	45.40	87.23	129.05	170.87	212.70	421.81
70	47.35	91.13	134.90	178.68	222.45	441.32
71	48.85	94.13	139.40	184.67	229.95	456.32
72	50.34	97.11	143.87	190.64	237.40	471.22
73	51.84	100.10	148.36	196.61	244.87	486.16
74	53.32	103.06	152.80	202.54	252.28	500.98
75	54.75	105.92	157.09	208.27	259.44	515.30

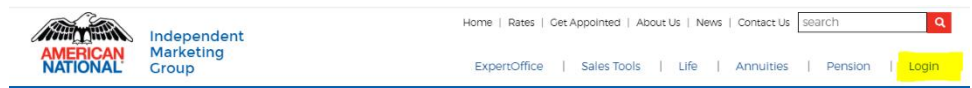
76	83.81	164.04	244.28	324.51	404.74	805.90
77	91.09	178.61	266.12	353.63	441.15	878.71
78	99.20	194.82	290.45	386.07	481.69	959.80
79	108.22	212.86	317.50	422.14	526.77	1049.97
80	118.28	232.99	347.69	462.39	577.10	1150.61

76	58.67	113.75	168.84	223.93	279.02	554.45
77	63.02	122.46	181.90	241.35	300.79	597.99
78	67.87	132.16	196.44	260.73	325.02	646.46
79	73.23	142.89	212.54	282.19	351.85	700.11
80	79.15	154.72	230.29	305.86	381.43	759.27

	Male - Modified - Tobacco					
	5,000	10,000	15,000	20,000	25,000	50000
50	41.09	78.61	116.12	153.64	191.15	378.72
51	43.77	83.96	124.15	164.34	204.53	405.48
52	46.65	89.71	132.78	175.85	218.92	434.25
53	49.68	95.78	141.88	187.99	234.09	464.59
54	52.85	102.11	151.38	200.64	249.91	496.23
55	56.13	108.69	161.24	213.80	266.35	529.12
56	57.97	112.37	166.76	221.15	275.55	547.52
57	59.92	116.25	172.59	228.92	285.26	566.94
58	62.00	120.42	178.84	237.26	295.69	587.79
59	64.16	124.75	185.33	245.91	306.49	609.41
60	66.91	130.24	193.57	256.90	320.23	636.88
61	68.90	134.21	199.53	264.85	330.17	656.75
62	70.64	137.70	204.75	271.81	338.87	674.16
63	72.14	140.69	209.25	277.81	346.37	689.15
64	73.45	143.32	213.18	283.05	352.92	702.26
65	75.63	147.68	219.72	291.77	363.82	724.06
66	77.90	152.21	226.53	300.85	375.16	746.74
67	80.35	157.12	233.89	310.65	387.42	771.27
68	83.02	162.47	241.91	321.36	400.80	798.03
69	85.94	168.30	250.65	333.01	415.37	827.16
70	90.60	177.62	264.64	351.66	438.68	873.79
71	93.41	183.24	273.07	362.90	452.74	901.89
72	96.24	188.91	281.57	374.24	466.90	930.22
73	99.09	194.61	290.12	385.64	481.15	958.72
74	101.97	200.36	298.76	397.15	495.54	987.50
75	104.84	206.09	307.35	408.60	509.86	1016.14
76	113.89	224.20	334.51	444.82	555.12	1106.67
77	124.07	244.56	365.05	485.54	606.03	1208.47
78	135.52	267.45	399.39	531.33	663.26	1322.94
79	148.42	293.26	438.09	582.93	727.77	1451.96
80	163.09	322.60	482.11	641.63	801.14	1598.69

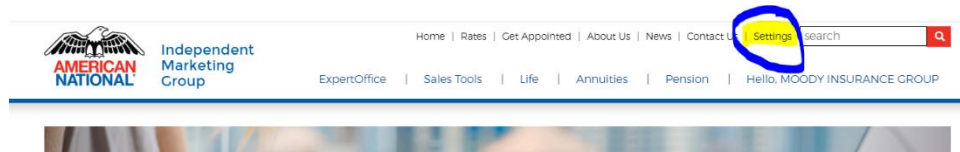
	Female - Modified - Tobacco					
	5,000	10,000	15,000	20,000	25,000	50000
50	35.97	68.35	100.74	133.12	165.51	327.44
51	38.10	72.63	107.15	141.68	176.20	348.83
52	40.34	77.10	113.85	150.61	187.37	371.16
53	42.67	81.76	120.85	159.94	199.03	394.47
54	45.09	86.59	128.10	169.60	211.11	418.64
55	47.58	91.59	135.59	179.59	223.59	443.61
56	48.85	94.13	139.40	184.67	229.95	456.32
57	50.09	96.60	143.11	189.61	236.12	468.67
58	51.29	99.00	146.72	194.43	242.14	480.70
59	52.47	101.37	150.26	199.16	248.05	492.52
60	53.96	104.35	154.73	205.12	255.50	507.42
61	55.17	106.76	158.34	209.93	261.52	519.46
62	56.39	109.20	162.01	214.82	267.63	531.67
63	57.62	111.66	165.70	219.74	273.78	543.98
64	58.86	114.15	169.43	224.72	280.00	556.42
65	60.54	117.50	174.47	231.43	288.39	573.20
66	62.41	121.25	180.08	238.91	297.74	591.91
67	64.36	125.14	185.92	246.70	307.48	611.37
68	66.38	129.18	191.99	254.79	317.59	631.60
69	68.50	133.43	198.35	263.27	328.20	652.81
70	71.26	138.95	206.63	274.32	342.00	680.42
71	73.13	142.69	212.24	281.80	351.35	699.13
72	74.88	146.18	217.48	288.78	360.08	716.58
73	76.50	149.42	222.34	295.26	368.18	732.78
74	78.02	152.45	226.89	301.33	375.77	747.95
75	80.36	157.14	233.93	310.71	387.49	771.40
76	86.20	168.81	251.43	334.05	416.67	829.75
77	92.73	181.88	271.03	360.18	449.33	895.09
78	100.06	196.54	293.02	389.50	485.99	968.39
79	108.20	212.82	317.44	422.06	526.69	1049.79
80	117.12	230.65	344.19	457.72	571.26	1138.93

# ANTEX Strategy Whole Life E-App Step-by-Step



1. Log onto <https://img.anicoweb.com/>

2. Select Settings



3. Select Site Settings  
**Account Settings**

#### Change your username

Create a personalized username between 7 - 50 characters.

#### Change your security questions

The security questions will help us identify you if you ever forget your username or password.

#### Manage Staff IDs

Create and manage already set up Staff IDs for your account

#### Change your site settings

Get notified when new reports such as commissions or lapse notices are available.

#### Change your password

Update your password to something you can easily remember. Passwords must be between 6 - 15 characters.

#### Communication Preferences

Customize your communication settings. Update and manage your email addresses and phone numbers used to receive notifications on pending business, licensing and any alternate forms of communication.

#### Change your 2-step authentication

Setup or edit your PingID settings and add/delete devices for your 2-step multi factor authentication.

4. Select "MIG Home Page" and click Submit

**Account Options**

**Site Preferences**

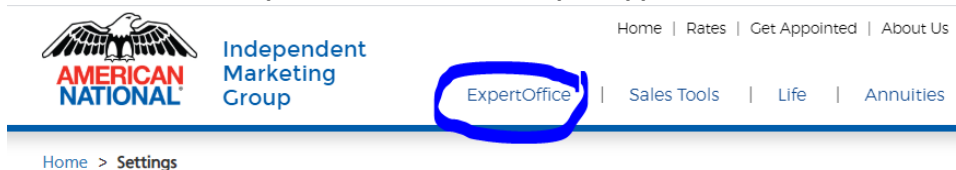
Please select your preferences from the list below by checking those updates you wish to receive:

**General**

☐ IMO's Home Page ☒ MIG's Home Page ☐ MLMNY's Home Page

☐ SLAICO's Home Page

5. Hover mouse over ExpertOffice and Select ExpertApp



## 6. Click “Start New Case”

Home > ExpertOffice > Submit New Business > Expert App

your | ExpertApp

Notification(s)

Cases 1

Name	Status	Product	Policy #	Modified
Turner, Jennifer	Started	ANTEX Strategy Whole Life		3/31/20 3:56 PM

Start New Case

## 7. Begin inputting client information

### Case Information

Hide Menu

Case Information

Proposed Insured

First Name

MI

Last Name

Date of Birth

Age

Gender ☐ male ☐ female

## 8. Select Individual Products --> Whole Life --> ANTEX Strategy Whole Life (If ANTEX is not showing as an option, then go back to step 2 to check your site settings)

~~Case Description~~

case description

(Examples: \$500,000.00, Kid Policy, Business Policy, etc)

Product Selection

State

Product Type

Plan Type

Product

~~Illustration Pdf~~

Illustration PDF  No file chosen

Next

## 9. Input client's information and continue to Medical Risk Part 1

### Primary Insured

Jennifer Turner - ANTEX Strategy Whole Life

Hide Menu

- Case Information
- Primary Insured
- Primary Insured Cont.
- Beneficiaries
- Existing Insurance and Replacements
- Medical Risk - Part 1
- Notice and Consent
- Product Information - Whole Life
- Premium Information
- Attachments
- Agent Report
- Agent Report Cont.
- Validate and Lock Data

Insured information

First Name

MI

Last Name

Suffix

Date of Birth

Age

Social Security Number

Gender ☐ male ☐ female

Marital Status

Height  ft.  in.

Weight  lbs.

Birth Country

## 10. Once you select all answers, 1 last question will appear

### Medical Risk - Part 1

Hide Menu Jeffery Turner – ANTEX Strategy Whole Life

<input checked="" type="checkbox"/> Case Information
<input checked="" type="checkbox"/> Primary Insured
<input checked="" type="checkbox"/> Primary Insured Cont.
<input checked="" type="checkbox"/> Beneficiaries
<input checked="" type="checkbox"/> Existing Insurance and Replacements
<input checked="" type="checkbox"/> Medical Risk - Part 1
<input checked="" type="checkbox"/> Notice and Consent
<input checked="" type="checkbox"/> Product Information - Whole Life
<input checked="" type="checkbox"/> Premium Information

**Medical Risk - Part 1**

Proposed Insured is not eligible for life insurance if any question in PART 1 is answered "Yes."

Has the Proposed Insured EVER been diagnosed or treated by a licensed member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS)? ☐ yes ☐ no

In the last 2 years, has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a licensed member of the medical profession for: a heart attack, stroke, cirrhosis of the liver; or cancer (other than non-melanoma skin cancer)? ☐ yes ☐ no

Is the Proposed Insured currently hospitalized, confined to a bed, in a nursing home or hospice? ☐ yes ☐ no

Back Next

**Medical Risk - Part 1**

Proposed Insured is not eligible for life insurance if any question in PART 1 is answered "Yes."

Has the Proposed Insured EVER been diagnosed or treated by a licensed member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS)? ☐ yes ☒ no

In the last 2 years, has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a licensed member of the medical profession for: a heart attack, stroke, cirrhosis of the liver; or cancer (other than non-melanoma skin cancer)? ☐ yes ☒ no

Is the Proposed Insured currently hospitalized, confined to a bed, in a nursing home or hospice? ☐ yes ☒ no

Are you applying for a Modified Death Benefit plan? ☐ yes ☒ no

Back Next

## 11. YES = MODIFIED - only these 3 questions

NO = LEVEL or GRADED - will open Medical Risk Part 2 section

<input checked="" type="checkbox"/> Case Information
<input checked="" type="checkbox"/> Primary Insured
<input checked="" type="checkbox"/> Primary Insured Cont.
<input checked="" type="checkbox"/> Beneficiaries
<input checked="" type="checkbox"/> Existing Insurance and Replacements
<input checked="" type="checkbox"/> Medical Risk - Part 1
<input checked="" type="checkbox"/> Medical Risk - Part 2
<input checked="" type="checkbox"/> Notice and Consent
<input checked="" type="checkbox"/> Product Information - Whole Life
<input checked="" type="checkbox"/> Premium Information
<input checked="" type="checkbox"/> Attachments
<input checked="" type="checkbox"/> Agent Report
<input checked="" type="checkbox"/> Agent Report Cont.
<input checked="" type="checkbox"/> Validate and Lock Data

**Medical Risk - Part 2**

The Proposed Insured is only eligible for a modified death benefit if any question in PART 2 is answered "Yes."

In the past 5 years, has the Proposed Insured been diagnosed, treated, or consulted with a licensed member of the medical profession for:

an organ transplant, or been on a waiting list for an organ transplant? ☐ yes ☐ no

renal failure or received kidney dialysis? ☐ yes ☐ no

heart valve replacement, implanted defibrillator, cardiomyopathy, congestive heart failure, or aneurysm? ☐ yes ☐ no

Alzheimers, dementia? ☐ yes ☐ no

Chronic Hepatitis B or C? ☐ yes ☐ no

leukemia or lymphoma (Hodgkins or non-Hodgkins), cancer (other than basal cell skin cancer), or malignant melanoma? ☐ yes ☐ no

stroke, Cerebral Vascular Accident (CVA), or Transient Ischemic Attack (TIA)? ☐ yes ☐ no

Alcohol or Drug Abuse? ☐ yes ☐ no

tested positive for human immunodeficiency virus (HIV)? ☐ yes ☐ no

In the past 2 years, has the Proposed Insured had any of the following: coronary angioplasty, coronary artery bypass surgery, or coronary artery stenting? ☐ yes ☐ no

Back Next

12. After the above questions, Part 3 will open to determine if client is LEVEL or GRADED tier. If a question is answered yes, then additional information may be asked in the next window regarding the condition.

Case Information

Primary Insured

Primary Insured Cont.

Beneficiaries

Existing Insurance and Replacements

Medical Risk - Part 1

Medical Risk - Part 2

Medical Risk - Part 3

Respiratory Questionnaire - Jeffery Turner

Notice and Consent

Product Information - Whole Life

Premium Information

Attachments

Agent Report

Agent Report Cont.

Medical Risk - Part 3

The Proposed Insured may require graded death benefit if 1 of the following questions is answered "Yes". The Proposed Insured may require modified death benefit if 2 or more questions are answered "Yes". If all question are answered "No", Proposed Insured may qualify for level death benefit.

In the past 2 years, has the Proposed Insured been diagnosed, treated, or consulted with a licensed member of the medical profession for:

Chronic Obstructive Pulmonary Disease (COPD) or emphysema? ☒ yes ☐ no

complications from diabetes (including vision problems, kidney problems, nerve problems, numbness, or amputations as a result of diabetes)? ☐ yes ☒ no

diabetes requiring insulin? ☐ yes ☒ no

a psychiatric condition requiring hospitalizations or extended in-patient care? ☐ yes ☒ no

Multiple Sclerosis or Parkinson Disease? ☐ yes ☒ no

Crohn's disease or ulcerative colitis? ☐ yes ☒ no

atrial fibrillation? ☐ yes ☒ no

In the past 2-5 years, has the Proposed Insured been diagnosed, treated, or consulted with a licensed member of the medical profession for any of the following: heart attack, coronary artery bypass, coronary artery angioplasty, or coronary artery stenting? ☐ yes ☒ no

BackNext

13. Select Level, Graded, or Modified tier.

Case Information

Primary Insured

Primary Insured Cont.

Beneficiaries

Existing Insurance and Replacements

Medical Risk - Part 1

Medical Risk - Part 2

Medical Risk - Part 3

Notice and Consent

Product Information - Whole Life

Case Information

Primary Insured

Primary Insured Cont.

Beneficiaries

Existing Insurance and Replacements

Medical Risk - Part 1

Medical Risk - Part 2

Medical Risk - Part 3

Notice and Consent

Product Information - Whole Life

Premium Information

Product Information - Whole Life

Plan Type Graded Death Benefit

Amount of Insurance \$ 20000

BackNext

Premium Information

Payment Mode Monthly

Payment Method Electronic Fund Transfer (EFT)

Premium Amount \$ 123.26

Amount paid with application \$ 0.00

Payor Primary Proposed Insured

BackNext

14. Select preferred draft instructions

Case Information

Primary Insured

Primary Insured Cont.

Beneficiaries

Existing Insurance and Replacements

Medical Risk - Part 1

Medical Risk - Part 2

Medical Risk - Part 3

Notice and Consent

Product Information - Whole Life

Premium Information

Electronic Funds Transfer

Attachments

Electronic Funds Transfer

Please note that some credit unions have additional requirements for bank accounts. Please contact the member services of the account holder's credit union to validate the account entered.

Account Number

Account Type ☐ Checking ☐ Savings

Debit/Credit cards not allowed for payment of premium at this time

Bank Transit Number

Draft initial premium at time of policy approval? ☐ Yes ☒ No

Bank Name

Branch Name

Address/Street



✔ Notice and Consent

✔ Product Information - Whole Life

✔ Premium Information

✖ Electronic Funds Transfer

✔ Case Information

✔ Primary Insured

✔ Primary Insured Cont.

✔ Beneficiaries

✔ Existing Insurance and Replacements

✔ Medical Risk - Part 1

✔ Medical Risk - Part 2

✔ Medical Risk - Part 3

✔ Notice and Consent

✔ Product Information - Whole Life

✔ Premium Information

✔ Electronic Funds Transfer

✔ Attachments

Draft initial premium at time of policy approval? ☐ Yes ☒ No

Desired date for draft against account

Attachments

delete	file name	size (KB)

Attach a file  No file chosen

Documents uploaded through the Attachments screen are not signed through the ExpertApp e-signature process. Be sure to obtain all required signatures before uploading your documents on this screen.

Back

Next

## 15. Complete Agent's Report and continue to Lock

### Validate and Lock Data

Hide Menu

Jeffery Turner -- ANTEX Strategy Whole Life

✔ Case Information

✔ Primary Insured

✔ Primary Insured Cont.

✔ Beneficiaries

✔ Existing Insurance and Replacements

✔ Medical Risk - Part 1

Validate and Lock

Creating PDFs, this may take a few moments...

Press the lock button to lock documents for signatures. This will also generate the final version of the pdf

Lock

Back

Next

16. Select Signing Method – **RemoteSign** will send email to client for signature. PIN should be the client's last 4 digits of their SSN/TIN.

### Select Signing Method

ScriptSign

In order to use this digital signature method, you do not have to be connected to the internet. However, all signing parties must be present. This method allows you to capture signatures by using a mouse or touch screen.

RemoteSign/ RapidSign

In order to use either of these two methods, you must be connected to the internet.  
RemoteSign - email documents to signing parties  
RapidSign - signing party is present with the agent to sign.  
Both methods allow a signature to be applied through a series of acknowledgments and a mix of these signature methods can be used for the same application.  
This is ideal when all signing parties are not available with the agent.

Print, sign and submit.

Application is printed to paper and physically signed. Application is then submitted by traditional methods - uploading the scanned application to ExpertScan.

### Select RemoteSign or RapidSign for each signer

Primary Insured ☒ RemoteSign ☐ RapidSign

### Primary Insured - Confirm Settings

Email

PIN

Signing City

Signing State

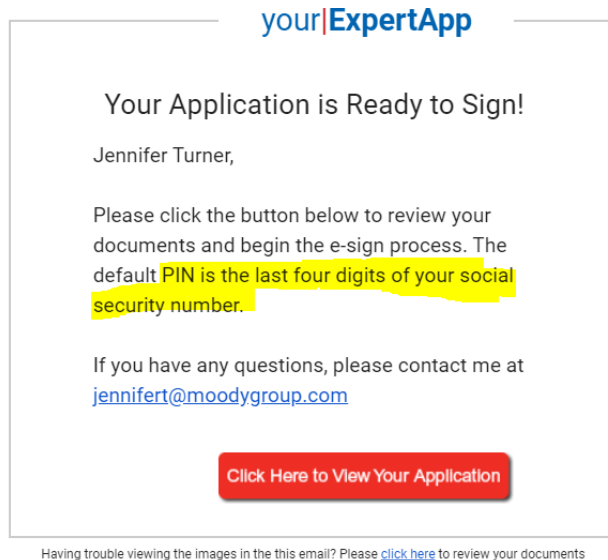
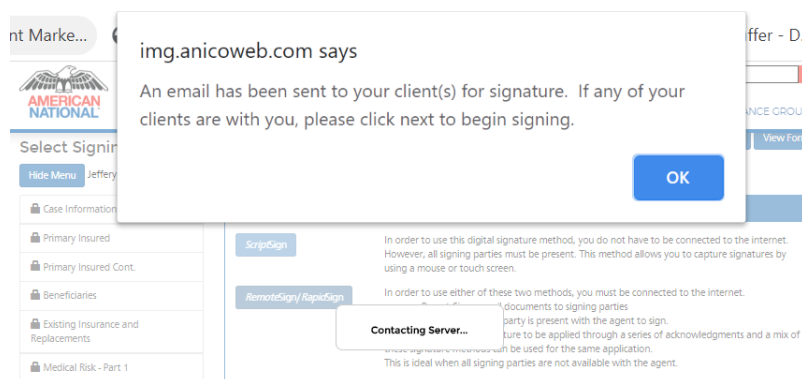
### Agent - Confirm Settings

Email

Back

Begin Signing

17. Click Begin Signing and pop-up will appear to confirm email has been sent to Insured.



18. Continue to agent sign and/or re-send client email if needed. Once both signatures are completed, you may submit case.

Select Signing Method

Click to Sign - Agent

Leave Behind Documents and Submit Case

Signing State

TEXAS

Agent - Confirm Settings

Email

martaw@moodygroup.com

Resend RemoteSign Email Invitations

Resend Email to Primary Insured

Back

Next

## ACCESSING ANTEX PAPER APPLICATIONS AND FORMS

1. Go to <https://moodygrouponline.com/mrc-antex/>
2. Scroll down until you see the red boxes
3. Click the 2<sup>nd</sup> red box, labeled Forms and Paper Applications



American National  
Life Insurance Company of Texas

### Agent Resources



4. This dialogue box may come up. Click link and log-in.

An error has occurred. Please try logging in again at <https://access.anico.com>.

5. Once logged-in, you should be routed to the page below.

- a. **Hover mouse over Underwriting**
- b. **Hover mouse over Life**
- c. **Click Forms**

## Life & Health Insurance Operations


Please Select from the list ▼



Customer Info

Product Info


Underwriting

Administrative





American National Life Insurance Company of Texas (AANTEC)



Quick Links

- Association Info
- Health Supplies
- Life Supplies
- Help
- FAQ's
- Company Info
- Do Not Call
- Expert Reports
- iGO eApp - Term Life
- ExpertApp
- Credit Card Authorization

6. Select your state

## Strategy Whole Life Insurance

Customer Info

Product Info

Underwriting

List all forms in a Particular State

AL	AK	AZ	AR	CA	CO	CT	DE	DC
FL	GA	HI	ID	IL	IN	IA	KS	KY
LA	ME	MD	MA	MI	MN	MS	MO	MT
NE	NV	NH	NJ	NM	NY	NC	ND	OH
OK	OR	PA	PR	RI	SC	SD	TN	TX
UT	VT	VA	WA	WV	WI	WY		

7. Select ANTEX Strategy Whole Life

Product Info

Underwriting

TEXAS MIG Products

[Back](#)

[Administrative](#)  
[Administrative](#)

[Supplemental](#)  
[Supplemental](#)

[Underwriting](#)  
[Underwriting](#)

[Whole Life](#)  
[ANTEX Strategy Whole Life](#)

Search by

8. Select all boxed for complete application and required forms.

Product Info


Underwriting

WHOLE LIFE FORMS (TEXAS)  
ANTEX STRATEGY WHOLE LIFE

[Back](#)


Form Number	Description
<input checked="" type="checkbox"/> ANL-11084ICC18SWL	Strategy Whole Life Application Bundle
<input checked="" type="checkbox"/> ANL-10660-ICC14	ABR Disclosure with Partial or Full Acceleration Benefit
<input checked="" type="checkbox"/> REPLAX	Replacement - Generic
<input checked="" type="checkbox"/> 4439	USA Patriot Act Form
<input checked="" type="checkbox"/> 10577-TX	HIV Consent

9. Choose to Print Selected Forms. If you wish to save, then choose “Save as PDF” or “Microsoft Print to PDF” as the printer destination.

**Summary and Disclosure Notice for Accelerated Benefits**  
Issued by American National Life Insurance Company of Texas  
One Moody Plaza, Galveston, TX 77550-7947 Phone Number: (800) 899-6806

NF

page 1 of 3



THIS SUMMARY PROVIDES A BRIEF DESCRIPTION OF THE BASIC FEATURES OF THE ACCELERATED BENEFIT RIDERS LISTED BELOW. THIS IS NOT AN INSURANCE CONTRACT, BUT ONLY A SUMMARY OF THE COVERAGE PROVIDED BY EACH RIDER.

Your policy may contain some or all of the Accelerated Benefit Riders described in this summary and disclosure notice. You should check Your policy to determine which, if any, of these riders have been attached to Your policy. You may request a full or partial Accelerated Benefit. Payment of a full Accelerated Benefit means that Your Base Policy or Covered Rider(s), for which the full Accelerated Benefit is paid, will terminate. If you request a partial Accelerated Benefit, then all coverages eligible for acceleration will be reduced by the percentage of Accelerated Benefit requested. The death benefit that would have been paid to the Beneficiary after the death of the Rider Insured will be paid to You prior to the death of the Rider Insured. You will not receive the full death benefit, but rather a reduced amount called the Accelerated Benefit Payment.

The death benefit and any accumulation values and cash values will be reduced if an accelerated death benefit is paid. Future premium payments and charges under the Base Policy and/or Covered Riders will be reduced as if the Base Policy and/or Covered Riders were originally issued at the reduced amount.

In order to receive Accelerated Benefits, You must request the payment of a full or partial Accelerated Benefit and show proof that the Rider Insured has met the qualifying conditions of one of the Accelerated Benefit Riders, as described below.

There is no additional premium required for these Riders.

An administrative fee, not to exceed \$500, will be deducted from the Accelerated Benefit Payment.

Print

19 pages

Destination

Pages

Pages per sheet

Level                      Graded                      Modified

Alabama	Approved	Approved	Approved
Alaska	Approved	Approved	Approved
Arizona	Approved	Approved	Approved
Arkansas	Approved	Approved	
California			
Colorado	Approved	Approved	Approved
Connecticut	Approved	Approved	
D.C.	Approved	Approved	Approved
Delaware	Approved	Approved	Approved
Florida	Approved	Approved	Approved
Georgia	Approved	Approved	Approved
Guam			
Hawaii	Approved	Approved	Approved
Idaho	Approved	Approved	Approved
Illinois	Approved	Approved	Approved
Indiana	Approved	Approved	Approved
Iowa	Approved	Approved	Approved
Kansas	Approved	Approved	Approved
Kentucky	Approved	Approved	Approved
Louisiana	Approved	Approved	Approved
Maine			
Maryland	Approved	Approved	Approved
Massachusetts	Approved	Approved	Approved
Michigan	Approved	Approved	Approved
Minnesota	Approved	Approved	Approved
Mississippi	Approved	Approved	Approved
Missouri	Approved	Approved	Approved
Montana	Approved		
Nebraska	Approved	Approved	Approved
Nevada	Approved	Approved	Approved
New Hampshire	Approved	Approved	Approved
New Jersey			
New Mexico	Approved	Approved	Approved
North Carolina	Approved	Approved	Approved
North Dakota	Approved	Approved	Approved
Ohio	Approved	Approved	Approved
Oklahoma	Approved	Approved	Approved
Oregon	Approved	Approved	Approved
Pennsylvania	Approved	Approved	Approved
Puerto Rico			

Rhode Island	Approved	Approved	Approved
South Carolina	Approved	Approved	Approved
South Dakota	Approved	Approved	Approved
Tennessee	Approved	Approved	Approved
Texas	Approved	Approved	Approved
Utah	Approved	Approved	Approved
Vermont			
Virginia	Approved	Approved	Approved
Washington	Approved		
West Virinia	Approved	Approved	Approved
Wisconsin	Approved	Approved	Approved
Wyoming	Approved	Approved	Approved