



# Military Questionnaire

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947

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- American National Insurance Company
- American National Life Insurance Company of Texas

Mailing Address: P.O. Box 3297, Springfield, MO 65808-3297 Business (800) 899-6806 Fax (888) 237-1012

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ File #: \_\_\_\_\_

1. Do you belong to an active military component?  Yes  No
2. If no, are you a member of the:  National Guard  Reserves
3. If serving in any capacity listed above, which branch of service?  
 Army  Navy  Air Force  US Marine Corps  Coast Guard  Other: \_\_\_\_\_
4. Please indicate:  Career military  Serving military obligation
5. If a member of the Reserves or National Guard, are you currently:  Active Reserve  Individual Ready Reserve (IRR)  
 Retired Reserve  National Guard  Other: \_\_\_\_\_
6. Rank: \_\_\_\_\_  Officer  Warrant Officer  Enlisted (pay grade \_\_\_\_\_)
7. Designation of Assigned Unit, including location: \_\_\_\_\_
8. Military Occupational Specialty (MOS): \_\_\_\_\_

In addition indicate if current duties include:

- Scuba or other underwater diving
- Demolition or ordinance disposal
- Aviation, please indicate whether pilot or crew, and type of aircraft:  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you been alerted, placed on stand-by or volunteered for overseas duty that will take place within the next 2 years?

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

10. If currently active duty, please provide details of last Permanent Change of Station (PCS), including location:

\_\_\_\_\_  
\_\_\_\_\_

When is your next PCS expected? \_\_\_\_\_

### Fraud Warning:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

All statements and answers to the above questions are complete and true to the best of my knowledge and belief, and shall form part of my application.

Proposed Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For any questions requiring details, attach an additional sheet of paper, if necessary.