



In response to the COVID-19 hardships, we want to provide you with a way to request payment deferrals, extensions, and fee waiver requests for consideration. Please complete this form which can be submitted to us in one of two ways:

- Save it as a PDF document, attach it to an email and send to customerservice@anbank.com
- Or
- Mail the completed form to: American National Bank, PO Box 2139, Omaha, NE 68103

Date

### Name of Disaster

COVID-19                      Other

English                      Spanish

First Name                                      MI                                      Last Name

Mailing Address

Former Mailing Address

Current Contact Phone Number                                      Email Address

Account Number (if known)                                      Last four digits of SSN                                      Current Due Date (if available)

### Questions

Has your employment been impacted by COVID-19	Yes	No	What is your request?	Partial Payment
How has it been affected?				Move your due date
Hours reduced?	Yes	No		A skip-a-pay or extension
Laid off?	Yes	No		

Anticipated length of time?

Please describe how you are impacted

### Customer Signature Required

Date