



American Equity Investment Life Insurance Company®
 P.O. Box 10343, Des Moines, IA 50306-0343
 O/N Address: 6000 Westown Parkway, West Des Moines, IA 50266
 Phone: 888-221-1234 • Fax: 515-226-3129
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Nursing Care Verification

SECTION 1 - INSTRUCTIONS

The Nursing Care Rider (NCR) attached to your annuity contract allows you to take a free withdrawal from your contract value if the patient is confined to a qualified nursing care center, for at least the amount of time specified in the NCR, at the recommendation of a qualified physician. To activate the NCR, please fill out this form, have the owner or authorized employee of the nursing care center sign under section three, and have the patient's physician sign under section four.

SECTION 2 - PATIENT INFORMATION

Contract Number(s):				
Patient's Name				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
Date of Birth:				

SECTION 3 - QUALIFIED NURSING CARE CENTER

This section should be completed by an authorized employee of the qualified nursing care center.

Name of facility:	
Phone number of facility:	Date patient entered facility:
Is the patient currently living in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date patient left facility:

Please identify the type of facility:

- Skilled Nursing Center (Qualified Skilled Nursing Facility):** a center that provides (1) skilled nursing care, supervised by a licensed physician; (2) 24-hour-a-day nursing care by or supervised by a registered nurse; and (3) keeps a daily medical record of each patient.
- Intermediate Care Center:** a center that provides 24-hour-a-day nursing care by, or supervised by, a registered nurse and keeps a daily medical record of each patient.
- Hospital:** a center that provides: (1) care and treatment of sick or injured persons as inpatients; (2) 24-hour-a-day nursing care by, or supervised by, a registered nurse; (3) supervision by a staff of licensed physicians; and (4) medical, diagnostic and major surgical capabilities or access to such capabilities.
- Hospice:** a center that provides a formal program for terminally ill patients who life expectancy is less than six months, provided on an inpatient basis and directed by a qualified physician.

The following facilities are not qualified nursing care centers under the NCR: (1) drug or alcohol treatment centers; (2) homes for the aged or mentally ill, community living centers, or places that primarily provide domiciliary, residency or retirement care; or (3) places owned or operated by a member of the annuitant's immediate family.

By signing below, I certify that:

1. I am authorized to make the following statements on behalf of the care center identified above;
2. The facility identified above is not owned nor operated by an immediate family member of the annuitant; and
3. The information provided in this section is true to the best of my knowledge.

Signature: _____ Date: _____

Printed Name:	Title:
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SECTION 4 - PHYSICIAN CERTIFICATION

This section is not required if the annuity contract to which the NCR is attached was issued in the state of California (or Pennsylvania if annuity contract was issued prior to October 2019).

By signing below, I certify that:

4. I am currently licensed (either MD or DO) to practice medicine in the United States;
5. The person named as the patient in section one is my patient (referred to in this section as "my patient");
6. I am not related, by blood or marriage, to my patient;
7. My patient entered the facility identified in section three upon my recommendation.; and
8. All information provided on this form is true to the best of my knowledge.

Physician's Signature: _____ Date: _____

Physician's Printed Name:

Phone Number: