



**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  
 www.american-equity.com • Email: service@american-equity.com

# Lifetime Income Benefit Rider Termination Form

Contract Number:		Trust or Entity Name:		
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)

By signing below, I acknowledge I understand the following:

- 1. Once terminated, rider cannot be restarted at any time.** This election is irrevocable.
- Any fees (if applicable) previously deducted in association with this rider will not be refunded. Once rider is terminated, fees will no longer be assessed.
- Upon termination of this rider, I am no longer eligible to exercise Lifetime Income Benefit payments.

I elect to have my Lifetime Income Benefit Rider terminated effective immediately.

X \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
 Contract Owner's Signature

X \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
 Contract Joint-Owner's Signature (if applicable)