



American Equity Investment Life Insurance Company®
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Lifetime Income Benefit Rider Reset Form

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

Forms submitted more than 60 days before the Contract Anniversary will not be accepted.

I elect to reset my Income Account Value (IAV) Period on my next Contract Anniversary.

By signing below, I acknowledge and understand the following:

1. The IAV period can only be reset once.
2. The new IAV period will be for the same duration as the original IAV period.
3. IAV for the new IAV period is the greater of my IAV or Contract Value on the Contract Anniversary when the new IAV period begins.
4. The reset may change the Rider Fee (if applicable), but it will not exceed the Maximum Rider Fee, as shown in my contract.
5. Resetting the IAV period may extend my maturity date.

Owner's Signature*

Date

*If you are signing on behalf of the owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____

Joint Owner's Signature*

Date

*If you are signing on behalf of the joint owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____