



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

Change of Beneficiary Form

INSTRUCTIONS FOR COMPLETING THE CHANGE OF BENEFICIARY FORM

1. Primary beneficiaries will receive death benefits when a claim is filed. If there are no surviving primary beneficiaries, contingent beneficiaries will receive benefits. If there are no living contingent beneficiaries, we will pay benefits to the owner's estate.
 - In order for your spouse to elect the spousal continuation option, they must be the sole primary beneficiary.
 - If there are joint owners on the contract, this may impact how death benefits are paid. Please refer to your contract.
2. Please indicate your full legal name and the full legal name of each designated beneficiary.
 - A married woman should be indicated by her own given name, not that of her husband. (Example: Jane A. Doe, not Mrs. John R. Doe.)
 - Do not designate a beneficiary by relationship or class (Example: my children). Each beneficiary must be specifically named.
 - If you wish to name more beneficiaries than can be accommodated on this form, please complete and attach the American Equity Additional Beneficiary Form.
3. All boxes in the following sections must be completed. This will ensure your final wishes are carried out appropriately.
 - If you do not provide an email address for a beneficiary, we will assume that beneficiary does not have an email address.
 - Please use percentages in your designation(s). All percentages must total 100%. If no percentages are listed, proceeds will be divided equally.
4. If this designation is ineffective or otherwise not accepted by American Equity prior to the death of the contract owner, the most recent beneficiary designations prior to this request shall remain in place.
5. If you name a trust as the beneficiary, submit a copy of the trust for our file along with the Certification of Trust Agreement.
6. If the owner is a company, please provide our office with a current list of those authorized to sign on its behalf, if you have not already done so.
7. We do not allow current or former agents, the agent's spouse, or anyone affiliated with the agent to be the beneficiary of a contract which the agent sold or serviced unless the agent has a close familial relationship with the contract owner.
8. If you need further assistance, please contact our customer service department at 888-221-1234.



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

Change of Beneficiary Form

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

I (we) ask that the beneficiary of the above contract be changed as shown below. All prior beneficiary designations are revoked. I (we) agree that the Company is free from liability in relying upon a statement about birth, death, marriage, names and addresses and other facts concerning all beneficiaries from any other source.

SECTION 1: CONTRACT OWNER INFORMATION (YOU MUST COMPLETE THIS SECTION)

Annuitant's Name (if different from contract owner)				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
Contract Owner's Information				
Social Security Number (SSN) or Tax Identification Number (TIN):				
Telephone number (area code first):			Best time to call: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Email address:				
Trustee Name (if contract is owned by a Trust)			Co-Trustee's Name (if applicable)	
TTEE			TTEE	
Joint Owner's Information (if applicable)				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
Social Security Number (SSN) or Tax Identification Number (TIN):				

SECTION 2: BENEFICIARY DESIGNATION(S)

Beneficiary		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Share %:	Relationship:
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)	
Trust or Entity Name:					
SSN/TIN:			DOB (mm/dd/yyyy):		
Mailing Address:		City:	State:	Zip Code:	
Email:			Phone Number:		
Beneficiary		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Share %:	Relationship:
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)	
Trust or Entity Name:					
SSN/TIN:			DOB (mm/dd/yyyy):		
Mailing Address:		City:	State:	Zip Code:	
Email:			Phone Number:		

SECTION 2: BENEFICIARY DESIGNATION(S) CONTINUED

Beneficiary		<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent		Share %:		Relationship:	
(Prefix)	Legal Name (First)			(Middle)	(Last)			(Suffix)	
Trust or Entity Name:									
SSN/TIN:					DOB (mm/dd/yyyy):				
Mailing Address:				City:			State:		Zip Code:
Email:					Phone Number:				
Beneficiary		<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent		Share %:		Relationship:	
(Prefix)	Legal Name (First)			(Middle)	(Last)			(Suffix)	
Trust or Entity Name:									
SSN/TIN:					DOB (mm/dd/yyyy):				
Mailing Address:				City:			State:		Zip Code:
Email:					Phone Number:				
Beneficiary		<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent		Share %:		Relationship:	
(Prefix)	Legal Name (First)			(Middle)	(Last)			(Suffix)	
Trust or Entity Name:									
SSN/TIN:					DOB (mm/dd/yyyy):				
Mailing Address:				City:			State:		Zip Code:
Email:					Phone Number:				
Beneficiary		<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent		Share %:		Relationship:	
(Prefix)	Legal Name (First)			(Middle)	(Last)			(Suffix)	
Trust or Entity Name:									
SSN/TIN:					DOB (mm/dd/yyyy):				
Mailing Address:				City:			State:		Zip Code:
Email:					Phone Number:				

SECTION 3: CONSENT OF SPOUSE – REQUIRED IF YOU RESIDE IN AZ, CA, ID, LA, NM, NV, TX, WA, or WI

If you are married and reside in one of the states listed above, or a community property interest otherwise exists, your spouse must consent to this transaction by signing below.

X _____
Spouse Signature Date

We are entitled to rely on the information you provide in this section. If you do not indicate that you are married, we are entitled to rely on our good faith belief that no community property interest exists. If you are unsure of whether a community property interest exists, consult your legal advisor. We have no responsibility for determining the applicability of community property laws or the validity of the requested transaction. *If you live in one of the states listed above and you do not complete this section, we will assume you are not married and no community property interest exists.* By signing this form, you are certifying that the information provided in this section is true.

SECTION 4: PLEASE SIGN & DATE BELOW

The owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

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: _____