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# SYSTEMATIC WITHDRAWAL REQUEST

Contract Number: \_\_\_\_\_ Contract Owner: \_\_\_\_\_  
Please Print

I wish to receive income via Systematic Withdrawals from the above named annuity with payments to begin \_\_\_\_\_, and paid at the following intervals:  
 Monthly\*                       Quarterly\*                      \_\_\_\_\_ Month/Year  
 Semi-Annually\*                       Annually

**\* I understand that payments made more frequently than Annual will have a lower annual yield. I also understand that at least 10% of the account balance must be allocated to the fixed strategy for payments other than annual. Should adequate funds not be available in the fixed strategy, funds will automatically be reallocated accordingly.**

The payment amount should be based on one of the following calculations: (\$50 minimum check amount.);

- a.  Interest Only (Actual interest credited during the check period);
- b.  Fixed Amount of \$ \_\_\_\_\_ per check.                       Net     Gross
- c.  Fixed Percentage of \_\_\_\_\_ % of Account balance (amount to be recalculated each policy anniversary, and split among all checks).

*NOTE: Payments under options b. or c. above may result in reduction of the original premium. This plan may only be changed once each contract year.*

I understand that if withdrawals exceed my annual penalty-free amounts, subsequent checks will be reduced by the appropriate surrender charge. Systematic Withdrawals will be deemed as interest first and as such reported as taxable income. Distributions prior to my age 59 ½ may also be subject to IRS premature distribution penalties. I further acknowledge that American Equity Investment Life Insurance Company has made no representations that the above distribution schedule will fulfill my specific tax obligations.

Unless the Company has been notified of a community property interest in this contract, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or contract owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

## Election of Withholding and Request for Taxpayer Identification Number and Certification

### FEDERAL/STATE WITHHOLDING INSTRUCTIONS:

You must indicate if Federal/State income tax should be withheld from your payment by signing and dating this election form and returning it to the Home Office.

Even if you elect not to have Federal/State income tax withheld, you are liable for Federal/State income tax on the taxable portion of your benefits. You also may be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, is not adequate.

If you have any questions about your tax liability, please contact your tax advisor.

- I do not want Federal/State income tax withheld from my payment.
- I do want Federal/State income tax withheld from my payment.                       Federal % \_\_\_\_\_     State % \_\_\_\_\_

TAX PAYER IDENTIFICATION NUMBER (TIN)

**In which state do you file your taxes?** \_\_\_\_\_

\_\_\_\_\_  
 Social Security Number                      **OR**                      \_\_\_\_\_  
 Employer Identification Number

### Certification - Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding.

\_\_\_\_\_  
 Contract Owner's Signature \*\*                      Joint Contract Owner's Signature                      Date

\_\_\_\_\_  
 Signature of Assignee, if assigned

**\*\* For corporations, signature must be officer other than insured.**