



P.O. Box 10343  
 Des Moines, IA 50306-0343  
 888-221-1234  
 Fax 515-226-3129  
 www.american-equity.com

# LIFETIME INCOME BENEFIT RIDER

**PLEASE COMPLETE EACH SECTION TO ENSURE PROMPT PROCESSING**

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

I wish to elect the Lifetime Income Benefit (LIB) from the above named annuity with payments to begin \_\_\_\_\_, and paid at the following intervals:  Monthly  Quarterly  Semi-Annually  Annually \_\_\_\_\_ Month/Year

**I 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.**

I understand once LIB payments begin the income percentage is locked in for Owner/Annuitant's life and the amount of LIB payments will never decrease unless Excess Withdrawals (EWs) occur. Owner/Annuitant may start and stop LIB payments at any time. If restarted, we resume LIB payments based on original Income Account Value (IAV) percentage applied to current IAV.

If Contract Value under Base Contract becomes zero due solely to subtraction of LIB payments, LIB payments will continue for the rest of Annuitant's life. The Base Contract will no longer accept Additional Premiums.

If Joint Owner/Annuitants, we base LIB payment amount on age of younger Owner/Annuitant. This benefit guarantees LIB payments until death of the last surviving Annuitant.

Distributions prior to age 59 1/2 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: (MUST BE COMPLETED)

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.  Federal % \_\_\_\_\_  State % \_\_\_\_\_  
 I **DO** want Federal/State income tax withheld from my payment.

### TAX PAYER IDENTIFICATION NUMBER (TIN) (MUST BE COMPLETED)

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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- **OR** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 Social Security Number 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.