



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

ELECTION OF WITHHOLDING

Contract Number: _____

Full Name of Annuitant/Owner _____

You must indicate if Federal/State income taxes should be withheld from your annuity payment by signing and dating this election form and returning it to American Equity Investment Life Insurance Company. State taxes will be withheld only if required by your state. Even if you elect not to have Federal/State income taxes withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Check One: 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 _____%

Contract Owner's Signature

Contract Joint-Owner's Signature

Date

Return completed form to:

American Equity Investment Life Insurance Company

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Des Moines, Iowa 50306-0343

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