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REQUIRED MINIMUM DISTRIBUTION Withdrawal Request

Contract Number _____ Contract Owner _____
Please Print

I wish to begin receiving the required minimum distribution as set for by the Internal Revenue Code. American Equity Investment Life Insurance Company is instructed to begin minimum distribution on _____
Month/year

- And paid at the following intervals:
- | | |
|--|------------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually |
- Individual Life Expectancy (Based on 2002 Uniform Distribution Table)
 Joint Life Expectancy (Available when a spouse is the designated beneficiary and is more than 10 years younger than you.)

_____ **Spouse** _____ **Date of Birth**

I hereby certify that I am the proper party to receive payments from this annuity and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by American Equity Investment Life Insurance Company. All decisions regarding this withdrawal are my own. I assume the responsibility for any consequences which may arise from this withdrawal(s) and agree American Equity shall in no way be held responsible.

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.

FEDERAL/STATE WITHHOLDING INSTRUCTIONS:

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.

- 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** _____%

Social Security Number _____ - _____ - _____

Certification – Under penalties of perjury, I certify that:

1. 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**
2. 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** _____ Designated Beneficiary (required for joint) _____ Date