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Overnight Address:  
6000 Westown Parkway, West Des Moines, IA 50266  
Fax 515-226-3129

# CHANGE OF BENEFICIARY FORM INSTRUCTIONS

## INSTRUCTIONS FOR COMPLETING THE CHANGE OF BENEFICIARY FORM

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1. Please indicate your full legal name and the full legal name of each designated Beneficiary. If no percentages are listed, proceeds will be divided equally among all named beneficiaries.
  - 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 (e.g. my children). Each beneficiary must be specifically named.
2. Please use whole percentages (dollar amounts will not be accepted) in your designations (unless to be shared equally). All proceeds must total 100%.
3. If annuitant/owner is married and wants Spousal Continuation to be an option upon their death, spouse must be named the Primary Beneficiary.
4. If more than one Beneficiary is designated, payment will be made in the percentage designated (or in equal shares) to the Primary Beneficiaries who survive the Annuitant, or if none survive the Annuitant, payment will be made in the percentages designated (or in equal shares) to the Contingent Beneficiaries who survive the Annuitant/Owner.
5. If you are designating a Trust as your beneficiary, please submit a completed Certification of Trust Agreement Form (4258) along with the relevant trust pages, if you have not already done so or if there have been changes in the Trust.
6. If you are signing as Trustee, please submit a completed Certification of Trust Agreement Form (4258) if you have not already done so or if there have been changes in the Trust.
7. 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.
8. If you need further assistance, please contact one of our customer service representatives at 888-221-1234.

**\*\*\*ALL ATTACHMENTS MUST BE SIGNED\*\*\***



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# CHANGE OF BENEFICIARY FORM INSTRUCTIONS

Contract Number \_\_\_\_\_ Contract Owner(s) \_\_\_\_\_

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. Unless otherwise stated, the survivors of a beneficiary class share equal amounts of the proceeds.

## SECTION 1 - CONTRACT OWNER INFORMATION (YOU MUST COMPLETE THIS SECTION)

Annuitant's name (if different from contract owner)	
Contract Owner's Social Security or Tax Identification Number	
Contract Owner's telephone number (area code first)  Best Time to Call [ ] A.M. [ ] P.M.	Contract Owner's email address
Joint Contract Owner's name (if applicable)	Joint Contract Owner's Social Security or Tax Identification Number (if applicable)
Trustee Name (if contract is owned by a Trust)  TTEE	Co-Trustee's Name(if applicable)  TTEE

All boxes in the following sections **MUST** be completed for the request to be considered in good order. **This will assist us in paying out any death benefit proceeds to the appropriate party(ies).** Please use percentages in your designation(s). **All percentages must total 100%.** If no percentages are listed, proceeds will be divided equally.

## SECTION 2 - PRIMARY BENEFICIARY(IES)

Name of Primary Beneficiary(ies) and Address	Date of Birth (MM/DD/YYYY)	Social Security #	Relationship to Owner	% of Benefit Beneficiary will receive
Name				%
Address	City	State	Zip Code	Phone Number
Name				%
Address	City	State	Zip Code	Phone Number
Name				%
Address	City	State	Zip Code	Phone Number
Name				%
Address	City	State	Zip Code	Phone Number

\_\_\_\_\_ Owner's Initials     
  \_\_\_\_\_ Joint Owner's Initials

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## CHANGE OF BENEFICIARY FORM

Contingent Beneficiaries will receive death benefit proceeds in the event that the Primary Beneficiary(ies) are no longer living. **All percentages must total 100%**. If no percentages are listed, proceeds will be divided equally.

### SECTION 3 - CONTINGENT BENEFICIARY(IES)

Name of Contingent Beneficiary(ies) and Address	Date of Birth (MM/DD/YYYY)	Social Security #	Relationship to Owner	% of Benefit Beneficiary will receive
Name				%
Address		City	State    Zip Code	Phone Number
Name				%
Address		City	State    Zip Code	Phone Number
Name				%
Address		City	State    Zip Code	Phone Number
Name				%
Address		City	State    Zip Code	Phone Number

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.

If none of the listed beneficiaries are living when a claim is triggered, proceeds are paid to the decedent's estate.

If you name a trust as the Beneficiary, submit a copy of the trust for our file along with the Certification of Trust Agreement (Form 4258). **DESIGNATING YOUR AGENT AS BENEFICIARY IS AGAINST COMPANY POLICY.**

#### Consent of Spouse

If the contract owner(s) resides in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent, or the consent of any individual who is established by law as being a party to a legally recognized domestic relationship according to the laws of the state of the owner's domicile, is required to complete this transaction, acknowledged by signing below. Failure to include the signature may result in a delay or inability to process the requested transaction. Unless otherwise provided on this form the Company shall be entitled to rely on its good faith belief that no community property interest exists and assumes no responsibility for inquiry. All persons signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Spouse Signature

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

**X** \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
Contract Owner's Signature

**X** \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
Contract Joint-Owner's Signature (if applicable)

\*\*\*ALL ATTACHMENTS MUST BE SIGNED\*\*\*