



P.O. Box 10343
 Des Moines, IA 50306-0343
 888-221-1234
 life.american-equity.com
 Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266
 Fax 515-226-3129

APPLICATION FOR SETTLEMENT OPTION BENEFITS

Contract Number: _____ Contract Owner(s): _____

I hereby request, in lieu of all benefits otherwise payable to me, that the proceeds of the above contract be paid in the manner indicated below. Select **one** option only.

Owner(s), as named in the Contract shall receive payments of proceeds, unless otherwise specified.

- Option 1. **Period Certain (5-25 years only):**
 Proceeds paid in equal installments for the duration of the Specified Period only. Upon death of the Annuitant, any remaining payments are payable to the Beneficiary for the remainder of the Specified Period Certain. _____ years
Please Note: In no event may the period certain exceed the life expectancy for a named beneficiary as determined by the IRS.
- Option 2. **Single Life:**
 - Life Only:** Proceeds paid during the lifetime of the Annuitant.
Payments cease upon death of the Annuitant.
 - Life With Period Certain (5 year minimum period certain):** Proceeds paid during the lifetime of the Annuitant. Upon death of the Annuitant, any remaining payments are payable to the Beneficiary for the rest of the Specified Period Certain. _____ years
- Option 3. **Joint Life:**
 - Joint and Survivor:** Proceeds are paid during the lifetime of both the Payees. Upon death of either Payee, payments continue to the Survivor for either the same amount (100%), two-thirds of amount, or one-half of amount. Payments cease upon death of both payees.
 - 100% Two-thirds of Amount One-half of Amount
 - Joint and Survivor with Period Certain:** Proceeds are paid for the lifetime of both the Payees. Upon death of either, payments continue to the Survivor for either the same amount (100%), two-thirds of amount, or one-half of amount. Upon death of both, any remaining payments are payable to the Beneficiary for the rest of the Specified Period Certain. _____ years
 - 100% Two-thirds of Amount One-half of Amount

Only to be completed with Option 3			
Contingent Payee:	Date of Birth:	SSN:	Relationship to Annuitant:

I wish to begin receiving payments on _____,
 Month/year

And paid at the following interval:* Monthly Quarterly Semi-Annually Annually

***Please Note: Date and frequency of payments cannot be changed once payments begin.**

The Contract must be returned before this Settlement Option Benefit can be processed. (Please check one)

- Contract enclosed.
- I have lost, destroyed, or mislaid my Contract specified above and request that the value of said Contract be paid. I hereby agree (on behalf of my heirs, assigns, and legal representatives, or any other person claiming rights through me) to indemnify and protect the Company against any claim which may be asserted against the Company on the basis of such Contract, and to reimburse the Company for any payment it may make, or expense it may incur, with respect to any such claim.

_____ X
 Owner's Initials Joint Owner's Initials

APPLICATION FOR SETTLEMENT OPTION BENEFITS

BENEFICIARY DESIGNATION

I hereby revoke all prior designations of Beneficiary and optional modes of settlement.

The new beneficiary Designation shall be as follows: *(Not applicable if Life Only or Joint Life Only Option is selected)*

Primary Beneficiary:	Date of Birth:	SSN:	Relationship to Annuitant:
Mailing Address:			
Contingent Beneficiary:	Date of Birth:	SSN:	Relationship to Annuitant:
Mailing Address:			

CONSENT OF SPOUSE

If you reside in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent to this transaction by signing below. If spousal consent is required, but not provided, we may not be able to process the requested transaction. Unless otherwise provided on this form, we are entitled to rely on our good faith belief that no community property interest exists, and we assume no responsibility for inquiry.

X _____ Date _____
Spouse Signature

FEDERAL/STATE WITHHOLDING INSTRUCTIONS (MUST BE COMPLETED):

Federal law requires us to withhold 10% of the taxable portion of your distribution for federal income tax. You may elect not to have federal income tax withheld or you may elect a higher withholding rate. Even if you elect not to have federal income tax withheld, you may be responsible for paying estimated taxes. You may incur penalties under the estimated tax rules if your payment of estimated tax and withholding, if any, are not sufficient to satisfy your tax liabilities.

Your distribution may also be subject to state income tax withholding. Some states require that state income tax be withheld when federal income tax is withheld. Additionally, some states have minimum withholding requirements. If you live in one of these states, we will withhold state income tax as required by your state. In other states, withholding is voluntary. If you do not make a withholding election, or if you do not specify a withholding amount, we will withhold 10% federal income tax and 3% state income tax, unless a different amount is required by your state.

Withholding Election: *(Please choose one)*

I **DO NOT** want federal or state income tax withheld.

I **DO** want federal or state income tax withheld *(The minimum amount of tax withholding is \$10.00).*

_____ % federal (10% minimum) _____ % state

In which state do you file your taxes? _____

STATE SPECIFIC INSTRUCTIONS:

Arizona residents: If you want to have Arizona taxes withheld, you must submit form A-4P.

Michigan residents: If you were born after 1946, we are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using form MI W-4P.

New York residents: If you want to have New York state taxes withheld, you must submit form IT-2104-P. Withholding is only permitted on periodic payments payable over a period of longer than one year.

Please consult a tax advisor for more information on withholding requirements for your state.

X _____ **X** _____
Owner's Initials Joint Owner's Initials

APPLICATION FOR SETTLEMENT OPTION BENEFITS

TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

Social Security Number

OR

Employer Identification Number

TAX IDENTIFICATION CERTIFICATION (SUBSTITUTE W-9)

Under penalties of perjury, I certify that:

- 1. My Social Security number or taxpayer identification number shown on this form is correct;
- 2. I am not subject to backup withholding due to failure to report interest or dividend income;
- 3. I am a U.S. citizen or other U.S. person (as defined in the W-9 instructions); and
- 4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

Contract Owner’s Signature

Phone Number

Date

X

Contract Joint-Owner’s Signature (if applicable)

Phone Number

Date