



American Equity Investment Life Insurance Company®
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Terminal Illness Verification

SECTION 1 - PATIENT INFORMATION

Contract Number(s):	
Annuitant's (Patient) Name:	Annuitant's (Patient) Date of Birth:
Owner's Name:	Joint Owner's Name (if applicable):

SECTION 2 - INSTRUCTIONS

The Terminal Illness Rider (TIR) attached to your annuity contract allows you to take a free withdrawal from your contract value if the annuitant is diagnosed with a terminal illness after the first contract year. To confirm such a diagnosis and activate the TIR, please fill out this form and have the annuitant's physician sign under section four, below. We may request documentation in support of the annuitant's diagnosis prior to activating the TIR.

SECTION 3 - QUALIFYING ILLNESS INFORMATION

Terminal Illness: any disease or medical condition which a qualified physician expects will result in death within one year.

Terminal illness: _____

Original date of diagnosis: _____

Date on which diagnosis was deemed terminal: _____

SECTION 4 - PHYSICIAN CERTIFICATION

By signing below, I certify that:

1. I am currently licensed (either MD or DO) to practice medicine in the United States;
2. The person named as the annuitant in section one is my patient (referred to in this section as "my patient");
3. I am not related, by blood or marriage, to my patient;
4. My patient, has been diagnosed with the illness listed in section three, above, and such diagnosis is supported by clinical, radiological or laboratorial evidence;
5. I agree with my patient's diagnosis and In my professional, medical opinion, such a diagnosis is likely to result in death within one year after the date of diagnosis; and
6. All information provided on this form is true to the best of my knowledge.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Phone Number: _____