American Equity Investment Life Insurance Company® P.O. Box 10343, Des Moines, IA 50306-0343 O/N Address: 6000 Westown Parkway, West Des Moines, IA 50266 Phone: 888-221-1234 • Fax: 515-226-3129

www.american-equity.com • Email: service@american-equity.com

| Contract Number: | | | Trust or Entity Name: | | | | | | |
|--|---|--------------|-------------------------|-----------|-------------------------------|----------------------|---------------------|-------------|--|
| (Prefix) | Legal Name (First) | | (Middle) (Last) | | st) | | | (Suffix) | |
| NAME C | HANGE | | | | | | | | |
| If name ch | ange is due to marriage or divorc | | | | | with new | name. If th | ie new name | |
| _ | renced on documentation, also in | clude a co | opy of drivers li | cense | with new name. | | | | |
| ☐ Annuito | | | | | | | | | |
| Former Name (Prefix) Legal Name (First) | | | (Middle) (Las | | nct) | | | (Suffix) | |
| (i relix) | (Frenx) Legal Name (First) | | (Lasi) | | 1 | (Johnx) | | | |
| New Nan | ne | | | | | | | | |
| (Prefix) Legal Name (First) | | | (Middle) | (Last) | | | (Suffix) | | |
| Date Name Changed: | | | Reason: | | | | | | |
| | nated annuitant cannot be changed. The space prov nentation (e.g. marriage license, divorce decree | | | form car | nnot be used to change owners | ship or bene | ficiary designation | is. | |
| | S CHANGE | | · 1 | | | | | | |
| Annuito | int Owner | | | | | | | | |
| Physical Address: | | | City: | | | State: | Ziį | p Code: | |
| E-mail Address: | | | Phone Number: | | | Tax Reporting State: | | | |
| PASSWO | RD ADDITION | | | | | | | | |
| | RD** (alpha and numeric characte | ers only – | NO symbols a | llowed | d) | | | | |
| | | | | | | | | | |
| | it change your password on the Interactive Clier ut the password being provided. Password will r | | | | | | | vill not be | |
| | SIGN & DATE BELOW | omain on acc | 00111 0111033 W0 100011 | o willion | This oction from chom req | oosiiig ioi | ilovui. | | |
| | rnal Revenue Service does not | require y | our consent to | o any | provision of this | docum | ent other t | han the | |
| certificat | ions required to avoid backup | withhold | ling. | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | r's Signature* | ownor | ologso indicat | Date | | vou ar | o cianina: | | |
| *If you are signing on behalf of the owner, please indicate the capacity in which you are signing: Trustee Attorney-in-Fact Conservator/guardian Cother: | | | | | | | | | |
| | Allothey-III-ruci | _ COI | 1361 valot/ god | aiuii | □ Omer | | | | |
| Joint C | Owner's Signature* | | | Date | e | | | | |
| *If yo | ou are signing on behalf of the | joint ow | ner, please in | dicate | e the capacity in v | vhich y | ou are sigr | ning: | |
| П | rustee | ☐ Cor | nservator/gua | rdian | Other: | | | | |