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 Overnight Address:
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 West Des Moines, IA 50266
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Information Update Request

Contract Number _____ Contract Owner(s) _____

NAME CHANGE*

- Annuitant
 Owner

Former Name _____ New Name _____

Date Name Changed _____ Reason _____

NOTE: The designated annuitant cannot be changed. The space provided is for name corrections only. This form cannot be used to change ownership or beneficiary designations.

*Proper documentation (copy of marriage license, drivers license, divorce decree, etc) must accompany request for name change

ADDRESS CHANGE

- Annuitant
 Owner

_____ Street _____ City _____ State _____ Zip Code _____
 _____ E-mail address _____ Phone Number _____ Tax Reporting State _____

PASSWORD ADDITION

_____ PASSWORD** (alpha and numeric characters only - NO symbols allowed)

**This does not change your password on the Interactive Client website. Once this password has been established, client access to information will not be allowed without password being provided. Password will remain on account unless we receive written instruction from client requesting removal.

PLEASE SIGN & DATE BELOW

X _____ Signature of Owner and Title if Corporation*** Phone Number _____ Date _____

X _____ Signature of Joint Owner or Spouse (where requested) Phone Number _____ Date _____

***For corporations, an officer other than annuitant must sign

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE