



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

Additional Beneficiary Form

(Prefix)	Owner's Legal Name (First)	(Middle)	(Last)	(Suffix)
Trust or Entity Name:		Contract Number(s):		SSN/TIN:

The undersigned hereby states that the following beneficiary(s) are to be included in addition to the beneficiaries designated on the attached **American Equity Investment Life Insurance Company®** form dated: _____

BENEFICIARY DESIGNATION(S)

If you do not provide an email address for a beneficiary, we will assume that beneficiary does not have an email address.

Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share %:	Relationship:
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
Trust or Entity Name:				
SSN/TIN:		DOB (mm/dd/yyyy):		
Mailing Address:		City:	State:	Zip Code:
Email:		Phone Number:		
Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share %:	Relationship:
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
Trust or Entity Name:				
SSN/TIN:		DOB (mm/dd/yyyy):		
Mailing Address:		City:	State:	Zip Code:
Email:		Phone Number:		
Beneficiary	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Share %:	Relationship:
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
Trust or Entity Name:				
SSN/TIN:		DOB (mm/dd/yyyy):		
Mailing Address:		City:	State:	Zip Code:
Email:		Phone Number:		

Additional Beneficiary Form

BENEFICIARY DESIGNATION(S) CONTINUED

Beneficiary		<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent		Share %:		Relationship:	
(Prefix)	Legal Name (First)	(Middle)	(Last)		(Suffix)				
Trust or Entity Name:									
SSN/TIN:					DOB (mm/dd/yyyy):				
Mailing Address:				City:			State:		Zip Code:
Email:					Phone Number:				
Beneficiary		<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent		Share %:		Relationship:	
(Prefix)	Legal Name (First)	(Middle)	(Last)		(Suffix)				
Trust or Entity Name:									
SSN/TIN:					DOB (mm/dd/yyyy):				
Mailing Address:				City:			State:		Zip Code:
Email:					Phone Number:				
Beneficiary		<input type="checkbox"/> Primary		<input type="checkbox"/> Contingent		Share %:		Relationship:	
(Prefix)	Legal Name (First)	(Middle)	(Last)		(Suffix)				
Trust or Entity Name:									
SSN/TIN:					DOB (mm/dd/yyyy):				
Mailing Address:				City:			State:		Zip Code:
Email:					Phone Number:				

CONSENT OF SPOUSE – REQUIRED IF YOU RESIDE IN AZ, CA, ID, LA, NM, NV, TX, WA, or WI

If you are married and reside in one of the states listed above, or a community property interest otherwise exists, your spouse must consent to this transaction by signing below.

X _____
Spouse Signature Date

We are entitled to rely on the information you provide in this section. If you do not indicate that you are married, we are entitled to rely on our good faith belief that no community property interest exists. If you are unsure of whether a community property interest exists, consult your legal advisor. We have no responsibility for determining the applicability of community property laws or the validity of the requested transaction. *If you live in one of the states listed above and you do not complete this section, we will assume you are not married and no community property interest exists.* By signing this form, you are certifying that the information provided in this section is true.

Additional Beneficiary Form

PLEASE SIGN & DATE BELOW

Owner's Signature*

Date

Phone

*If you are signing on behalf of the owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____

Joint Owner's Signature*

Date

Phone

*If you are signing on behalf of the joint owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____