



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

Systematic Withdrawal Request

WHILE WE STRIVE TO PROCESS REQUESTS IN A TIMELY AND EFFICIENT MANNER, REQUESTS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN DECEMBER 20TH TO GUARANTEE PROCESSING WITHIN THE SAME TAX YEAR.

Contract Number _____ Contract Owner(s) _____

SYSTEMATIC WITHDRAWAL REQUEST INFORMATION

I wish to receive income via Systematic Withdrawals from the above named annuity with payments to begin _____,
 Month/year

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

The payment amount should be based on one of the following calculations: (\$25 minimum check amount);

Select One:

- a. Interest Only (Actual interest credited during the check period)
- b. Fixed Amount of \$ _____ per check Net Gross
- c. Fixed Percentage of _____ % of Account balance
 (amount to be recalculated each policy anniversary, and split among all checks).

* I understand that payments made more frequently than annually will have a lower annual yield, and that at least 10% of the account balance must be allocated to the fixed strategy. Should adequate funds not be available in the fixed strategy, funds will automatically be reallocated accordingly. Payments under options b. or c. above may result in reduction of the original premium.

PLEASE NOTE: A surrender charge will be assessed for withdrawals that exceed the penalty-free amount under contract provisions. Distributions prior to age 59½ may also be subject to IRS premature distribution penalties.

TAX WITHHOLDING ELECTION

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 _____% federal (10% minimum) _____% state
 (The minimum amount of tax withholding is \$10.00). 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

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE



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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 _____ **X** _____
 Spouse Signature Date

TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

_____ OR _____
 Social Security Number Employer Identification Number

SUBSTITUTE IRS FORM 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.

COMPLETE THIS SECTION IF YOU WOULD LIKE THESE PAYMENTS AUTOMATICALLY DEPOSITED TO YOUR BANK ACCOUNT

Select One:

I have previously submitted my bank account information to American Equity for the purpose of receiving electronic payments. I would like to use the bank account information on file with American Equity for this request.
Please Note: If no bank information is on file I understand a paper check will be mailed.

Enclosed is American Equity form 4062 and a voided check or letter from my bank to setup direct deposit. I am aware of the pre-note period which may take up to four business days.

PLEASE SIGN & DATE BELOW

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 _____ Phone Number _____ Date _____
 Contract Owner's/Assignee's Signature**

X _____ Phone Number _____ Date _____
 Contract Joint-Owner's Signature (if applicable)

**For corporations, signature must be that of an authorized officer and must include title.