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Lifetime Income Benefit Rider Termination Form

Contract No. _____ Owner Name _____

By signing below, I acknowledge I understand the following:

- 1. Once terminated, rider cannot be restarted at any time.** This election is irrevocable.
2. Any fees (if applicable) previously deducted in association with this rider will not be refunded. Once rider is terminated, fees will no longer be assessed.
3. Upon termination of this rider, I am no longer eligible to exercise Lifetime Income Benefit payments.

I elect to have my Lifetime Income Benefit Rider terminated effective immediately.

X _____
Owner Signature Date Phone Number

X _____
Joint Owner Signature (required if applicable) Date Phone Number