

## American Equity Investment Life Insurance Company® P.O. Box 10343, Des Moines, IA 50306-0343

Pre-59½ Distribution Request

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For Qualified (72(t)) and Non-Qualified (72(q)) Contracts

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# 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:		Trust or Entity Name:					
(Prefix) Legal Name (First)		(Middle)	(Last)		(Suffix)		
PRE-59½ DISTRIBUTION INFORMATION							
I wish to take a series of "Substantially Equal Periodic Payments" from my annuity contract. I understand the calculations will be based on the Contract Value of the above referenced Annuity Contract only. I understand American Equity does not give tax advice and recommends that I consult with my own personal tax advisor regarding the effect of this transaction based on my own specific situation. These payments are intended to conform to IRS requirements as pre-59½ distributions, exempt from penalty taxes, and should be determined according to the following information:							
I wish to begin receiving the pre-59½ dist	ribution	ns on	Month	Year			
and paid at the following interval:	nthly	Quarter			ıally		
CALCULATION METHOD (select one): (see	,		•	Announy	July		
☐ Minimum Distribution Method (Recalcu		-		ortality Method			
TAX WITHHOLDING ELECTION							
SEE STATE SPECIFIC INSTRUCTIONS ON P	PAGE 3.						
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 will not withhold any state income tax, unless a different amount is required by your state.  See Instructions Page for State Specific Tax Withholding Instructions							
Federal Withholding Election: (Please choose one)							
I DO NOT want federal income tax with							
☐ I DO want the following federal income	tax with	held:%	federal (minimum v	withholding is \$10.00.)			
State Withholding Election: (Please choose  I DO NOT want state income tax withhe	eld.						
☐ I DO want the following state income ta  In which state do you file your taxes?	ıx withhe	eld:% s	tate (minimum with	holding is \$10.00.)			

#### **DISCLOSURE STATEMENT**

I understand once the method is chosen and the series of payments is started, payments must continue until the later of five years or when you reach age  $59\frac{1}{2}$ . Any additional withdrawals or modifications to the payments, including decreasing or stopping the payments prior to the period described above, may disqualify all payments received as 72(t)/72(q) payments and the 10% excise tax penalty may be imposed retroactively. I also understand that if any withdrawals exceed the annual penalty-free amounts, subsequent checks will be reduced by the appropriate Surrender Charge.

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CONSENT OF SPOUSE - REQUIRED IF YOU RESIDE IN AZ, CA	, ID, LA, NM, NV, IX, WA, or WI
If you are married and reside in one of the states listed above, exists, your spouse must consent to this transaction by signing	
Χ	
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.

TAX PAYER IDENTIFICATION NUMBER (MUST BI	E COMPI	LETED)	
	OR		
Social Security Number	, O.K	Employer Identification Number	

# TAX IDENTIFICATION CERTIFICATION (SUBSTITUTE 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.

# **EXPLANATION OF CALCULATION METHODS**

#### MINIMUM DISTRIBUTION METHOD (Recalculated)

Payment amounts are determined by dividing the Contract Value on December 31 of each year by the number of years equal to the annuitant's current life expectancy. Since life expectancy changes every year, the payment amounts will also change

#### AMORTIZATION METHOD

Payment amounts are determined by amortizing the total Contract Value, as of December 31, over the number of years equal to the annuitant's life expectancy. This method provides level payments throughout the distribution period. Depending on the annuitant's age, **these payments may be two to three times higher than the Minimum Distribution Method.** Using this method will generally cause a reduction of principal, and could result in the total depletion of the Contract Value before the attainment of the life expectancy, depending on future credited interest rates.

### **MORTALITY METHOD**

Here payments are calculated using a life-only annuity factor, which is determined at the age at which payments begin. This also provides level payments, **which are approximately 10% higher than the Amortization Method**. Using this method will generally cause a reduction of principal, and could result in the total depletion of the Contract Value before the attainment of the life expectancy, depending on future credited interest rates.

(Note: If December 31 values are not available to us, we will calculate payment amounts using the balance available as of the payment starting date.)

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# Pre-59½ Distribution Request

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.						
<u> </u>						
Owner's Signature* Date						
*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						
Joint Owner's Signature*  *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:						
Trostee Allorney-in-Fact Conservator/guardian Contert						
STATE SPECIFIC INSTRUCTIONS:						
Arizona residents: If you want to have Arizona taxes withheld, you must submit Form A-4P.						
<b>Arkansas residents:</b> We are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form AR4P.						
<b>Connecticut residents:</b> We are required to withhold state income tax from the taxable portion of your distribution on a full surrender. Connecticut does not allow taxpayers to elect out of withholding on full surrenders. We are required to withhold state income tax from the taxable portion of all other distributions, unless you elect not to withhold using Form CT-W4P.						
<b>District of Columbia residents:</b> We are required to withhold state income tax from the taxable portion of your distribution on a full surrender from a <i>qualified</i> plan (i.e. all contracts other than non-qualified contracts). The District of Columbia does not allow taxpayers to elect out of withholding on full surrenders from <i>qualified</i> plans.						
Georgia residents: If you want to elect not to withhold state income tax, submit form G-4P.						
<b>Michigan residents:</b> If you were born after 1945, we are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form MI-W4P.						
New York residents: If you want to have New York state taxes withheld, submit Form IT-2104-P.						
<b>North Carolina residents:</b> We are required to withhold state income tax from the taxable portion of your distribution,						

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Please consult a tax advisor for more information on withholding requirements for your state.