American Equity Investment Life Insurance Company®
P.O. Box 71216, Des Moines, IA 50325-9909
O/N Address: 6000 Westown Parkway, West Des Moines IA, 50266
877-542-8847 • Fax 515-457-1837
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Beneficiary Claim Form

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.

1. DECEDENT INFORMATION

List Contract Numbers:	Decedent Name:
	❑ Death Certificate enclosed

2. BENEFICIARY INFORMATION

Name (first, middle, last or trust/entity name)	❑ Male ❑ Female
	Telephone Number
Date of Birth (mm/dd/yyyy)	Email (optional)
Social Security Number or Tax/Employer ID:	
Mailing Address	City, State, Zip Code

3. BENEFICIARY CLAIM OPTIONS

Please Choose One

❑ ***A. SPOUSAL CONTINUATION*** (Please also complete sections 4, 7 and 10)
Spouse must be the sole primary beneficiary
Please complete the following for qualified contracts (IRA, Defined Benefit, SEP, 401k):
If the decedent was over age 70½, a required minimum distribution (RMD) may have been required in the year of death. You are responsible for assuring this RMD has been taken. Please choose one of the following:
❑ Please send me the RMD, as it relates to this contract, prior to processing this claim.
❑ The RMD, as it relates to this contract, has already been taken.

❑ ***B. INHERITED STRETCH*** (Please also complete sections 4, 6, 7 and 10)
Please complete the following for qualified contracts (IRA, Defined Benefit, SEP, 401k):
If the decedent was over age 70½, a required minimum distribution (RMD) may have been required in the year of death. You are responsible for assuring this RMD has been taken. Please choose one of the following:
❑ Please send me the RMD, as it relates to this contract, prior to processing this claim.
❑ The RMD, as it relates to this contract, has already been taken.
When making an Inherited Stretch election, a required distribution (section 6 of this form) must be elected. If no required distribution is elected, we will default to ANNUAL distributions, starting in DECEMBER of the first year that distributions are required.

❑ ***C. SETTLEMENT OPTION*** (Please also complete sections 4, 5, 7 and 10)
This election is irrevocable.

❑ ***D. 5-YEAR DEFERRAL*** (Please also complete sections 4 and 10)
Proceeds must be completely withdrawn within 5 years from the date of death.
Qualified contracts only: If the contract owner was over 70½ at the time of their death this option is not available.

❑ ***E. LUMP-SUM PAYOUT*** (Please also complete sections 7 and 10)
Once the death benefit is distributed to a beneficiary, it may not be returned to us.
A 1099-R reporting the taxable amount will be sent to the IRS for the tax year in which the distribution is made. A death benefit is generally not eligible for an IRA rollover.

INITIALS

Please designate a new beneficiary to receive the death benefit in the event of your passing.

4. BENEFICIARY DESIGNATION

Please complete if you have elected a Spousal Continuation, Inherited Stretch, Settlement Option or 5-Year Deferral. Percentages must total 100% per beneficiary type.

Beneficiary Type	Beneficiary Name and Relationship	Date of Birth/Trust Date	Social Security/ Tax ID#	Address (Street, City, State, Zip)	Percentage
❑ Primary ❑ Contingent					
❑ Primary ❑ Contingent					
❑ Primary ❑ Contingent					
❑ Primary ❑ Contingent					
❑ Primary ❑ Contingent					
❑ Primary ❑ Contingent					
❑ Primary ❑ Contingent					
❑ Primary ❑ Contingent					

Once annuity payments begin, this beneficiary claim option becomes irrevocable.

5. SELECTION OF SETTLEMENT OPTION BENEFITS (IRREVOCABLE)

❑ Installments for Specified Period

Death benefit paid in equal installments for duration of the specified period only. Upon your death, any remaining payments will be paid to the beneficiary.

The specified period shall be _____ years.

I wish to receive my payments (select one): ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

First payment to begin_____

❑ Lifetime Income with Installments for Specified Period

Death benefit paid for the period of time you specify, and then for as long as you live. Upon your death, any remaining payments in the specified period will be paid to the beneficiary.

The specified period shall be _____ years.

I wish to receive my payments (select one): ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

First payment to begin_____

6. REQUIRED MINIMUM DISTRIBUTION (PLEASE ALSO COMPLETE SECTION 7)

I wish to begin receiving the required minimum distribution as set forth by the Internal Revenue Code. Please begin distributions

_____

Month/year

I wish to receive my distributions (select one): ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

INITIALS

Please complete Federal Form W-8BEN if you are a non-U.S. citizen or resident.

7. 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 will not withhold any state income tax,* unless a different amount is required by your state.

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.

Federal Withholding Election: (Please choose one)

❑ **I DO NOT want federal income tax withheld.**

❑ **I DO want the following federal income tax withheld: _____% federal** *(minimum withholding is $10.00.)*

State Withholding Election: (Please choose one)

❑ **I DO NOT want federal income tax withheld.**

❑ **I DO want the following state income tax withheld: _____% state** *(minimum withholding is $10.00.)*

In which state do you file your taxes? _____

8. FRAUD WARNING STATEMENTS

Alabama, Arkansas, Louisiana, New Mexico, Rhode Island, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime any may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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8. FRAUD WARNING STATEMENTS *Continued*

D.C.: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: It is fraudulent to fill out this form with information known to be false or omit important facts with the knowing intent to defraud. Criminal and/or civil penalties may result from such acts. An insurer may deny a claim on the basis of misstatements, misrepresentations, omissions, or concealments if such misinformation is material to the contract, the insurer relies on the misinformation, and the information is either material to the risk assumed by the insurer or the misinformation was provided fraudulently. Committing any of these acts may result in prosecution for insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

INITIALS

9. 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.

10. DECLARATION AND SIGNATURE

By signing below, you:

1. Make claim to the death benefit and declare that you have the authority to claim in the capacity you have indicated;

2.Declare that all answers recorded in this claim form are true and complete;

3.Agree that our furnishing of this claim form and any supplemental forms is not an admission of liability by us; and

4.Indicate you have read the appropriate fraud warning statement for your state.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

For New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

_____ _____

Signature and, if applicable, Title* Date

**If you are signing on behalf of the individual or entity referenced in Section 2 of this form, please indicate the capacity in which you are signing from the options below:*

❑ *Executor* ❑ *Trustee* ❑ *Conservator* ❑ *Attorney-in-fact* ❑ *Other:*_____

RETURN COMPLETED FORM TO:
American Equity Investment Life Insurance Company®
P.O. Box 71216
Des Moines, IA 50325-9909

OVERNIGHT MAIL ADDRESS:
American Equity Investment Life Insurance Company®
6000 Westown Pkwy
West Des Moines, IA 50266-5921