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SUITABILITY ACKNOWLEDGEMENT

THE COMPLETION OF THIS SUITABILITY ACKNOWLEDGMENT FORM IS MANDATORY.

This form will assist you and your agent to determine if the American Equity annuity being applied for meets your particular financial situation and long term goals. The use of this form is to comply with NAIC Model Law 275.

This form must be completed in its entirety and submitted with your application.

Personal Information

| | | | |
|--|-----|--|-----|
| Owner/Applicant Full Name | Age | Joint Owner/Applicant Full Name | Age |
| Owner/Applicant Occupation (If retired list former occupation) | | Joint Owner/Applicant Occupation (Former if retired) | |

Are you still working? Yes No Retired

Are you still working? Yes No Retired

Name of Annuity Product Purchased _____ Total Premium _____

Annuity Type Qualified Non Qualified Roth IRA Client's Phone Number _____

Financial Information

Approximate Net Worth: _____

Net worth = Total Assets less debts /liabilities (Excluding Primary Residence, automobile, and personal property)

1. Approximate Household Gross Annual Income

- \$0 to \$19,999 \$20,000 to \$39,999 \$40,000 to \$59,999 Over \$250,000
 \$60,000 to \$79,999 \$80,000 to \$100,000 \$100,000 to \$250,000

2. Federal Income Tax Bracket: 0% 10% 15% 25% 28% 33% 35% Other _____

3. Sources of income: (Check all that apply)

- Current Wages Investment Income Pension Plan Social Security
 72(t)(q) distribution Required Minimum Distribution Other _____

a. Does your monthly income exceed your monthly living expenses? Yes No

If no, explain how you cover your monthly living expenses: _____

b. Do you anticipate a change in your future income during the surrender charge period?

(For example, do you expect a reduction in income caused by retirement or pension changes or by an increase in expenses such as housing, medical, nursing home, assisted living or travel?) Yes No

If yes, please explain: _____

c. Do you anticipate a change in your future expenses during the surrender charge period?

Yes No

(For example, do you expect an increase in expenses such as housing, medical, nursing home, assisted living or travel expenses?)

If yes, please explain: _____

Please Note: If total premium exceeds 50% of the stated net worth, please complete the Financial Inventory form (#4108).

4. Financial Objectives in purchasing this product (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Preservation of Principal | <input type="checkbox"/> Probate Avoidance | <input type="checkbox"/> Potential Growth followed by income |
| <input type="checkbox"/> Income Tax Deferral | <input type="checkbox"/> Income Now | <input type="checkbox"/> Minimum Guaranteed Interest Rate |
| <input type="checkbox"/> Medical Qualification | <input type="checkbox"/> Provide Lifetime Income | <input type="checkbox"/> Veterans Benefit Qualification |
| <input type="checkbox"/> Lifetime Income Benefit Rider | <input type="checkbox"/> Pass on to Beneficiaries | |

a. How long do you plan to keep this annuity? 1 to 5 years 6 to 9 years 10 or more years

b. Is there an insurable interest between the Owner and Annuitant? Yes No

5. Does the owner or annuitant reside in a nursing home or assisted living facility? Yes No

6. Liquidity

a. Do you have sufficient liquid assets in addition to the money you are using to purchase the American Equity annuity for unforeseen events and emergencies? Yes No Initial _____

b. If you indicated yes on 6(a) please provide the approximate amount of liquid assets you have \$ _____ (checking, money market, mutual funds, CDs, stocks, and bonds)

c. Did your agent discuss the ways to access your money in this annuity? Yes No

d. Did the agent explain that withdrawals taken in excess of the penalty free withdrawal amount during the contract period will incur a penalty? Yes No

e. When do you anticipate taking your first distribution from this annuity?

- Less than 1 year 1 to 5 years 6 to 9 years 10 or more years None Anticipated

f. How do you plan to access the money in the annuity contract?

- | | | |
|--|---|--|
| <input type="checkbox"/> Penalty-free Withdrawal | <input type="checkbox"/> Lump Sum | <input type="checkbox"/> Required Minimum Distribution |
| <input type="checkbox"/> 72(t)(q) | <input type="checkbox"/> Annuitization | |
| <input type="checkbox"/> Income Rider | <input type="checkbox"/> No Plans to Access | |

7. Please indicate if you currently own or have owned or have experience in purchasing or maintaining any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Stocks/Bonds/Mutual Funds | <input type="checkbox"/> Fixed Annuities |
| <input type="checkbox"/> Variable Annuities | <input type="checkbox"/> Fixed Index Annuities |
| <input type="checkbox"/> Certificate of Deposits | <input type="checkbox"/> Real Estate |

a. Do you currently own any other annuities in deferral? If yes, please give the amount: \$ _____.

8. What is your general risk tolerance?

- | | | |
|---|--|--|
| Conservative Cautious—Does not like to take on any risk or minimal risk <input type="checkbox"/> | Moderate Comfortable with exposing some assets to volatility <input type="checkbox"/> | Aggressive Attempt to achieve maximum returns—takes on additional risk <input type="checkbox"/> |
|---|--|--|

9. What is your risk tolerance for this annuity purchase?

- | | | |
|---|--|--|
| Conservative Cautious—Does not like to take on any risk or minimal risk <input type="checkbox"/> | Moderate Comfortable with exposing some assets to volatility <input type="checkbox"/> | Aggressive Attempt to achieve maximum returns—takes on additional risk <input type="checkbox"/> |
|---|--|--|

10. Source of funds to purchase this annuity: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Reverse Mortgage/Home Equity/Refinance | <input type="checkbox"/> Savings | <input type="checkbox"/> Variable Annuity |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Indexed Annuity |
| <input type="checkbox"/> Stocks/Bonds/Mutual Funds | <input type="checkbox"/> CD's | <input type="checkbox"/> Fixed Annuity |
| <input type="checkbox"/> 401K Rollover | <input type="checkbox"/> Death Proceeds | <input type="checkbox"/> Inherited IRA |

11. Are you using funds from a home equity transaction to fund this? Yes No

12. Are you using funds from an existing life insurance policy or annuity contract to purchase this annuity contract?

Yes No

If yes, complete the following:

Replacement Company: _____

- If "yes" how long has the policy/contract been in force/issue date? _____
- What type? Fixed Fixed Indexed Variable Life
- If yes, is there a surrender charge? Yes No
- If there is a charge, what is it on each contract being replaced? _____%
- If yes, is this a penalty free withdrawal? Yes No

Replacement Company: _____

- If "yes" how long has the policy/contract been in force/issue date? _____
- What type? Fixed Fixed Indexed Variable Life
- If yes, is there a surrender charge? Yes No
- If there is a charge, what is it on each contract being replaced? _____%
- If yes, is this a penalty free withdrawal? Yes No

Replacement Company: _____

- If "yes" how long has the policy/contract been in force/issue date? _____
- What type? Fixed Fixed Indexed Variable Life
- If yes, is there a surrender charge? Yes No
- If there is a charge, what is it on each contract being replaced? _____%
- If yes, is this a penalty free withdrawal? Yes No

13. If you are replacing your current contract or policy, tell us why:

LIBR Policy Guarantees Bonus MGIR Interest Rate Other (Please explain below)

- If yes, have you exchanged another annuity in the past 36 months? Yes No
- If yes, have you evaluated any benefits you may lose, if any, in the existing contract? Yes No

14. Please share any additional information you considered in your decision to purchase this annuity contract: _____

Please attach a current annual statement or current values printout. (Including all life replacements)

Owner Verification US Citizen: Yes No

Joint Owner Verification US Citizen: Yes No

Type of Government Issued Photo

Type of Government Issued Photo

ID Number _____

ID Number _____

State of Issue _____ Exp. Date _____

State of Issue _____ Exp. Date _____

Owner's Statement

American Equity and my agent may rely on the information I have provided herein and it is true and accurate to the best of my knowledge. By signing below, I acknowledge that the fixed annuity recommended meets my long-term financial objectives. I acknowledge my agent has fully explained the surrender charges and surrender charge period and I have reviewed the applicable disclosure statement with my agent in determining this fixed annuity product is suitable for my financial situation. I understand that if I am replacing an existing annuity, I may incur a surrender charge penalty, that I may or may not be able to overcome any penalty incurred and that I may or may not be able to reinstate the replaced contract(s). I further acknowledge that neither American Equity nor its agents offer legal or tax advice and that I have been advised to consult with my own legal and tax advisor.

Owner/Applicant's Signature

Date

Joint Owner/Applicant's Signature

Date

Agent's Statement

- I have made the recommendation to purchase this annuity based on the information gathered and that the product meets the customer's financial needs and objectives based on the information the customer provided.
- I have provided the Owner/Applicant a copy of the Product Disclosure for the product applied for and NAIC's Buyers Guide. Also, I have not made any representations or promises about the future value of this contract that differ from the company provided materials.
- I have reviewed government issued photo identification for the Owner and Annuitant and confirmed the personal identification information provided by the customer.

Agent's Signature

Date

YOU CAN NOT DECLINE TO PROVIDE REPLACEMENT INFORMATION. IF THIS ANNUITY PURCHASE INVOLVES DISCONTINUING, MAKING A PARTIAL WITHDRAWAL, REMOVING MONEY, OR CHANGING AN EXISTING POLICY OR CONTRACT, A REPLACEMENT IS OCCURRING.