



New Business:  
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 Des Moines, IA 50306-9304  
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 www.american-equity.com

# Annuity Application

American Equity Investment Life Insurance Company  
 Overnight - 5000 Westown Parkway, Suite 440, West Des Moines, IA 50266

## ANNUITANT

Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## JOINT ANNUITANT

Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## OWNER (if other than annuitant)

Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ SSN# or Tax ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## JOINT OWNER

Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ SSN# or Tax ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## OWNER'S BENEFICIARY - Annuitant, unless otherwise stated

\_\_\_\_\_ Relationship: \_\_\_\_\_

## ANNUITANT'S BENEFICIARY

Primary: \_\_\_\_\_ Relationship to Annuitant: \_\_\_\_\_  
 Contingent: \_\_\_\_\_ Relationship to Annuitant: \_\_\_\_\_

1. Contract form: \_\_\_\_\_  
 Settlement option (Immediate annuity only): \_\_\_\_\_

2. Tax status:  Non-Qualified  
 Roth IRA  IRA  Sec. 401(k)  
 SEP/IRA  Sec. 457  Sec. 403(b)  
 Simple IRA  H.R. 10  Corp Pension/Profit Sharing

3. Do you have any existing insurance or annuities in this or any other company?  Yes  No

**If "Yes", complete replacement form(s).**

4. Premium submitted with application: \$ \_\_\_\_\_  
 Is this a rollover? (Qualified plans only)  Yes  No

5. Will initial premium be a 1035 Exchange, or Direct Transfer?  
 Yes  No

If Yes, from what company? \_\_\_\_\_  
 Anticipated amount: \$ \_\_\_\_\_

6. Billing information (Flexible contracts only):  
 Amount: \$ \_\_\_\_\_

Mode	Type
<input type="checkbox"/> Monthly	<input type="checkbox"/> ABC* (Automatic Bank Check)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Direct Bill
<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> List Bill
<input type="checkbox"/> Annual	<input type="checkbox"/> Government Allotment

7. Remarks and/or Special Billing Address (i.e., List Bills): \_\_\_\_\_

\* Form 4067 required.

Do you have any reason to believe that applicant has any existing insurance or annuities?  Yes  No

**If "Yes", complete replacement form(s).**

\_\_\_\_\_ Agent's Name/Number (Please Print)

\_\_\_\_\_ Agent's E-mail Address

\_\_\_\_\_ Agent's Signature/Phone Number

\_\_\_\_\_ Resident Agent's Countersignature/Phone Number  
 (where required)

**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 false or deceptive statement is guilty of insurance fraud.**

To the best of my knowledge and belief, the statements above are true and complete.

Signed at \_\_\_\_\_ City/State

on \_\_\_\_\_ Date

\_\_\_\_\_ Owner's Signature/Phone Number

\_\_\_\_\_ Joint Owner's Signature/Phone Number

**NOTE: Make all Checks payable to American Equity Investment Life Insurance Company**