



American Equity Investment Life Insurance Company  
 P.O. Box 10343, Des Moines, IA 50306-0343  
 O/N Address: 6000 Westown Parkway, West Des Moines, IA 50266  
 Phone: 888-221-1234 · Fax: 515-226-3129  
 www.american-equity.com service@american-equity.com

# Lifetime Income Benefit Rider Election Form



B  
 888-221-1234  
 C

## Contract information

Contract #	Policy # ( )		
Year ( )	( )	( )	( )

## Payments

▼▼ ... B ( B) ... /DD/  
 ▼▼ ... B ... A

## Bank information

Account #

Routing #

Bank Name

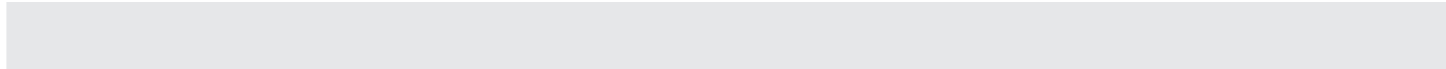
Address

A ... A



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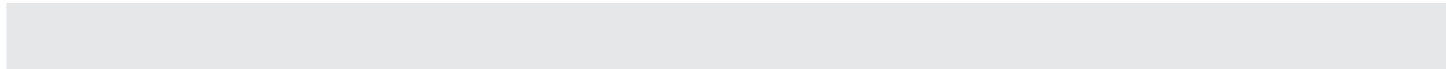
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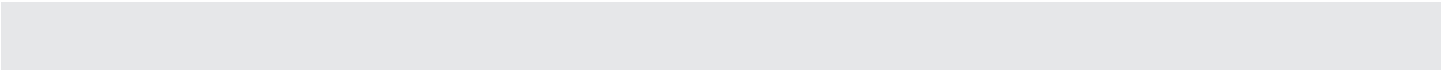
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# Lifetime Income Benefit Rider Election Form

## Tax withholding election

10%  
 .A  
 10%

.A  
 10%

A \$10.00, 0.00

## Federal withholding election:

%

## State withholding election:

%

?

## Tax payer identification number



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# Lifetime Income Benefit Rider Election Form

## Substitute IRS form W-9

1. I am an individual (not a partnership, trust, estate, or other entity).

2. I am a resident of the United States.

3. I am not a foreign government, foreign government-owned entity, or foreign financial institution.

4. I am not a U.S. government, U.S. government-owned entity, or U.S. financial institution.

C. I am a partner in a partnership that is a U.S. person.

2. I am a partner in a partnership that is a foreign person.

3. I am a partner in a partnership that is a U.S. person.

4. I am a partner in a partnership that is a foreign person.

## Please sign and date below

I hereby certify that the information furnished on this form is true and correct. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including penalties and interest).

**\* Signature** \_\_\_\_\_ **D** \_\_\_\_\_

**\* Printed Name** \_\_\_\_\_

I am a U.S. citizen or resident individual.  
 I am a U.S. government, U.S. government-owned entity, or U.S. financial institution.  
 I am a foreign government, foreign government-owned entity, or foreign financial institution.  
 I am a partner in a partnership that is a U.S. person.  
 I am a partner in a partnership that is a foreign person.

**\* Signature** \_\_\_\_\_ **D** \_\_\_\_\_

**\* Printed Name** \_\_\_\_\_

I am a U.S. citizen or resident individual.  
 I am a U.S. government, U.S. government-owned entity, or U.S. financial institution.  
 I am a foreign government, foreign government-owned entity, or foreign financial institution.  
 I am a partner in a partnership that is a U.S. person.  
 I am a partner in a partnership that is a foreign person.



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# Lifetime Income Benefit Rider Election Form

**State specific instructions:**

**Arizona residents:** A-4.

**Arkansas residents:** A-4.

**Connecticut residents:** C-4.

**District of Columbia residents:** qualified (qualified).

**Georgia residents:** -4.

**Michigan residents:**







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