



AMERICAN EQUITY INVESTMENT LIFE INSURANCE CO
 NEW BUSINESS:
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 Des Moines, IA 50306-9304
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INDIVIDUAL ANNUITY APPLICATION

- Flexible Premium Deferred Annuity
- Single Premium Deferred Annuity
- Single Premium Immediate Annuity

1	OWNER/ANNUITANT INFORMATION			Confirmation Number:				
Physical address must be completed as your Permanent residence. You may only enter the PO Box under "Mailing Address" section.	OWNER INFORMATION (REQUIRED)			PB-				
	Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Entity (Type: _____ if Trust, complete form #4258)							
	Name (first)		(middle)		(last)			
	Entity Name (as filed with the IRS):					TIN: -		
	SSN: - -		DOB (mm/dd/yyyy): / /			<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Permanent physical address:				City:		State:	Zip Code:
	Mailing address:				City:		State:	Zip Code:
	Telephone number: - -			E-mail:				
	Ever been a resident of a nursing home or assisted living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	JOINT OWNER INFORMATION (MUST BE AN INDIVIDUAL)							
	Name (first)		(middle)		(last)		Relationship to Owner:	
	SSN: - -		DOB (mm/dd/yyyy): / /			<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Permanent physical address:				City:		State:	Zip Code:
	Mailing address:				City:		State:	Zip Code:
	Telephone number: - -			E-mail:				
Ever been a resident of a nursing home or assisted living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ANNUITANT INFORMATION (if other than the Owner) (Leave blank if Owner/Annuitant is the same person)								
Name (first)		(middle)		(last)		Relationship to Owner:		
SSN: - -		DOB (mm/dd/yyyy): / /			<input type="checkbox"/> Male <input type="checkbox"/> Female			
Permanent physical address:				City:		State:	Zip Code:	
Does the Annuitant reside in a nursing home or assisted living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No								
JOINT ANNUITANT INFORMATION								
Name (first)		(middle)		(last)		Relationship to Owner:		
SSN: - -		DOB (mm/dd/yyyy): / /			<input type="checkbox"/> Male <input type="checkbox"/> Female			
Permanent physical address:				City:		State:	Zip Code:	
Does the Joint Annuitant reside in a nursing home or assisted living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No								

2	BENEFICIARY DESIGNATION (ONE Primary Beneficiary is required. % must total 100%, per beneficiary class)	
Place additional beneficiaries on Beneficiary Addendum - Form 4007.	Death Proceeds paid to named beneficiaries upon death of policy owner or annuitant. Spousal Continuation only available if surviving spouse is named as the sole primary beneficiary.	
	PRIMARY	Share % Relationship:
	Entity Name (as filed with the IRS): TIN: -	
	Name (first) (Mi) (last)	SSN: - -
	DOB: / / Phone #: - -	
	Address City State Zip:	
	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % Relationship:
	Name (first) (Mi) (last)	SSN: - -
	DOB: / / Phone #: - -	
	Address City State Zip:	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share % Relationship:	
Name (first) (Mi) (last)	SSN: - -	
DOB: / / Phone #: - -		
Address City State Zip:		
_____ (Owner's Spouse's Signature)* _____ (Joint Owner's Spouse's Signature)*		
*Required in CA. Spouse consents to beneficiary designations.		
3	PRODUCT INFORMATION (Products not available in all states)	
Product Disclosure must be submitted with application.		
Name:		SPIA option:
4	TAX QUALIFICATION FOR THIS CONTRACT	
Choose One	<input type="checkbox"/> Non-Qualified	
	<input type="checkbox"/> IRA (Please select one option): <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP Contribution is for Tax Year _____	
	<input type="checkbox"/> Qualified Retirement Plan (Must submit plan documentation. Please select one option below): <input type="checkbox"/> 401(k) <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Defined Benefit Plan Contribution is for Tax Year _____	
	<input type="checkbox"/> Inherited: Deceased Name: _____ Date of Death: _____ Relationship: _____	
5	METHOD OF PURCHASE (Checks should be payable to American Equity Investment Life Insurance Company)	
Notes Section Available on Page 4	Check or New Money Purchase Amount (Remitter's name MUST match Owner listed in Section 1 of this application.)	\$
	Rollover (from retirement account)	\$
	Transfer (from money market account, CD, mutual fund; brokerage acct)	\$
	Replacement * (Annuity and/or Life)	\$
	Total Premium Enclosed and/or Estimated Premium for this Annuity	\$
	*Please complete a separate Transfer/Replacement/1035 form for each policy	
	The annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue and the Index is not set until the effective Contract Issue Date.	
	OPTIONAL ADDITIONAL PREMIUM (Flexible Premium Only)	
	On Fixed Indexed Annuities, additional premium is always applied to the Fixed Value UNTIL you choose to reallocate prior to the contract anniversary date.	
	Planned Premium Amount \$	<input type="checkbox"/> Check <input type="checkbox"/> EFT (Complete Form #4067 and a voided check)
Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		

6 ADDITIONAL INFORMATION

1) Are you the Owner, Annuitant and/or insured of any existing life insurance or annuity with this or any other company? **If "Yes" complete the Replacement Notice.** (Not required in DC or ND) Yes No

2) Will this annuity replace or change any life insurance or annuity policy? **If "Yes" complete the state Specific Replacement Notice.** Yes No

3) Has any Owner, Annuitant or Beneficiary entered into an agreement to sell or assign this annuity? **If "Yes" please explain under Special Remarks.** Yes No

4) Has any Owner, Annuitant, or Beneficiary ever sold, transferred or assigned a life insurance or annuity policy to a third party? **If "Yes" please explain under Special Remarks.** Yes No

Special Remarks if questions 3 and 4 are "Yes":

7 NOTICE

NOTICE: State insurance law may prohibit the owner of an annuity contract from entering into any agreement to sell, transfer, or assign an annuity contract prior to the date the contract was issued, or within a period of time specified by state law after the date the contract was issued. You should consult with legal advisors if you have any questions about these matters. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

District of Columbia Residents Only: 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 Residents Only: 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.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties or other costs or penalties as a result of the sale or liquidation and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale or sold.

8 STATEMENTS AND SIGNATURES

TAX IDENTIFICATION NUMBER CERTIFICATION (Substitute W-9)

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number; and
- 2) I am not subject to backup withholding due to failure to report interest and dividend income; and
- 3) I am a U.S. Citizen or other U.S. Persons (defined in the W-9 instructions).

Certification Instructions: You must strike out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

OWNER'S/ANNUITANT'S STATEMENT

By signing below, the contract Owner and Annuitant acknowledges the statements mentioned above and agrees to the following:

1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
2. I understand that I may return my contract within the free-look period if I am dissatisfied for any reason.
3. I believe this product is suitable for my financial goals.
4. I understand that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product. Interest does not accrue and the Index is not set until the effective Contract Issue Date.

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

_____ (Owner's Signature) _____ (Joint Owner's Signature)

Signed at _____ (City) _____ (State) _____ (Date)

_____ (Annuitant's Signature, if other than the Owner)

This section must be completed and signed by all Owners (and all Annuitants if different than Owners).

9 AGENT OF RECORD

To the best of my knowledge the applicant has existing life insurance policy or annuity contract where s/he is the owner, annuitant or insured. Yes No If "Yes", complete replacement form(s).

OWNER & JOINT OWNER VERIFICATION

U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Government Issued ID:	ID Number:	Issued by:
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Government Issued ID:	ID Number:	Issued by:

I have personally reviewed the government issued identification for the Owner and confirmed the personal identification information provided by the applicant as noted above.

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? Yes No

If this is a replacement, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? Yes N/A

By signing this form, I certify that: 1) replacement questions were answered; 2) a copy of any sales material shown to the applicant(s) was left with the applicant(s); 3) I used only insurer-approved sales material; 4) I have not made any statements that differ from the sales material; 5) I have truly and accurately recorded on the application the information provided by the applicant(s); 6) I made no promises about the future values of any contract elements that are not guaranteed. (This includes any expected future gains that may apply to this contract.); and 7) I informed the client that the annuity contract will not be issued until all money has been received and the total dollar amount meets the minimum premium requirement for the product; and that interest does not accrue and the Index is not set until the effective Contract Issue Date.

_____ Primary Licensed Agent (Print Name)		_____ Primary Licensed Agent Signature	
Agent Number:		Telephone Number: - -	
Relationship to Owner:		Email:	
Option: <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> B	State License Number (Florida Agents Only):		

10 NOTES

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