



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 ...  
 ...

## Bank information

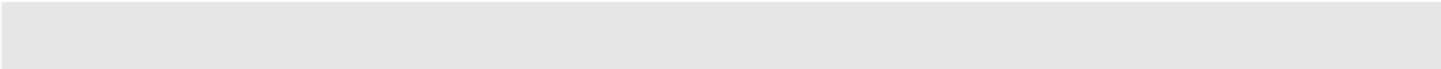
Account #	
Routing #	
Account #	Account #

A ...  
 A ...



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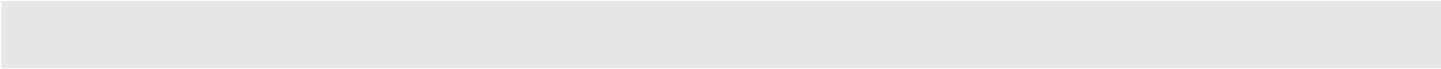
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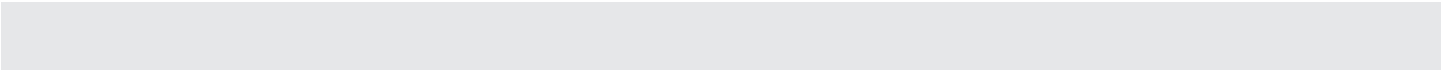
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# Lifetime Income Benefit Rider Election Form

## 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 tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.

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

3 4

## Please sign and date below

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and I am aware 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).

\* I am a U.S. citizen or resident alien.

I am a U.S. citizen or resident alien.  I am a partner in a partnership that is a U.S. person for tax purposes.  I am a partner in a partnership that is a foreign person for tax purposes.

I am a partner in a partnership that is a U.S. person for tax purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* I am a U.S. citizen or resident alien.

I am a U.S. citizen or resident alien.  I am a partner in a partnership that is a U.S. person for tax purposes.  I am a partner in a partnership that is a foreign person for tax purposes.

I am a partner in a partnership that is a U.S. person for tax purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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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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