



P.O. Box 10343  
 Des Moines, IA 50306-0343  
 888-221-1234  
 life.american-equity.com  
 Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266  
 Fax 515-226-3129

# Systematic Withdrawal Request

Contract Number \_\_\_\_\_ Contract Owner(s) \_\_\_\_\_

## SYSTEMATIC WITHDRAWAL REQUEST INFORMATION

I wish to receive income via Systematic Withdrawals from the above named annuity with payments to begin \_\_\_\_\_, **Month/year**

And paid at the following interval:  Monthly\*  Quarterly\*  Semi-Annually\*  Annually

The payment amount should be based on one of the following calculations: (\$25 minimum check amount);

**Select One:**

- a.  Interest Only (Actual interest credited during the check period)
- b.  Fixed Amount of \$ \_\_\_\_\_ per check  Net  Gross
- c.  Fixed Percentage of \_\_\_\_\_ % of Account balance  
 (amount to be recalculated each policy anniversary, and split among all checks).

*\* I understand that payments made more frequently than annually will have a lower annual yield, and that at least 10% of the account balance must be allocated to the fixed strategy. Should adequate funds not be available in the fixed strategy, funds will automatically be reallocated accordingly. Payments under options b. or c. above may result in reduction of the original premium.*

**PLEASE NOTE: A surrender charge will be assessed for withdrawals that exceed the penalty-free amount under contract provisions. Distributions prior to age 59½ may also be subject to IRS premature distribution penalties.**

## FEDERAL/STATE WITHHOLDING INSTRUCTIONS (MUST BE COMPLETED)

You must indicate if federal/state income tax should be withheld from your payment. Even if you elect not to have federal/state income tax withheld, you are liable for federal/state income tax on the taxable portion of your distributions. You also may be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax withholding is not adequate. If you have any questions about your tax liability, please contact your tax advisor. You have the right to revoke this election at any time. This election remains effective until revoked.

**Select One:**

- I **DO NOT** want federal/state income tax withheld from my payment.
- I **DO** want federal/state income tax withheld from my payment. FEDERAL \_\_\_\_\_ % STATE \_\_\_\_\_ %  
 (The minimum amount of tax withholding is \$10.00) In which state do you file your taxes? \_\_\_\_\_

If you are a tax resident in any of the following states/jurisdictions please see state specific instructions below: **ARIZONA, IOWA, KANSAS, MAINE, MASSACHUSETTS, MICHIGAN, NEW YORK, NEBRASKA, or OKLAHOMA**

**STATE SPECIFIC INSTRUCTIONS:**

- ARIZONA residents:** If you want to have Arizona state taxes withheld, you must submit form A-4P.
- MICHIGAN residents:** State taxes will be withheld at the statutory rate unless you submit form MI W-4P.
- IOWA, KANSAS, MAINE, MASSACHUSETTS, NEBRASKA, or OKLAHOMA residents:** If federal withholding is elected, applicable state withholding will be withheld.
- NEW YORK residents:** If you want to have New York state taxes withheld, you must submit form IT-2104-P. Withholding is only permitted on payments payable over a period of longer than one year.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Owner's Initials Joint Owner's Initials



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# Systematic Withdrawal Request

## CONSENT OF SPOUSE

If the contract owner(s) resides in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent, or the consent of any individual who is established by law as being a party to a legally recognized domestic relationship according to the laws of the state of the owner's domicile, is required to complete this transaction, acknowledged by signing below. Failure to include the signature may result in a delay or inability to process the requested transaction. Unless otherwise provided on this form the Company shall be entitled to rely on its good faith belief that no community property interest exists and assumes no responsibility for inquiry. All persons signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

**X** \_\_\_\_\_  
 Spouse Signature Date

## TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

\_\_\_\_\_ OR \_\_\_\_\_  
 Social Security Number Employer Identification Number

## TAX IDENTIFICATION 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. Person (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.

## COMPLETE THIS SECTION IF YOU WOULD LIKE THESE PAYMENTS AUTOMATICALLY DEPOSITED TO YOUR BANK ACCOUNT

Select One:

- I have previously submitted my bank account information to American Equity for the purpose of receiving electronic payments. I would like to use the bank account information on file with American Equity for this request. **Please Note: If no bank information is on file I understand a paper check will be mailed.**
- Enclosed is American Equity form 4062 and a voided check or letter from my bank to setup direct deposit. I am aware of the pre-note period which may take up to four business days.

## PLEASE SIGN & DATE BELOW

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

**X** \_\_\_\_\_  
 Contract Owner's/Assignee's Signature\*\* Phone Number Date

**X** \_\_\_\_\_  
 Contract Joint-Owner's Signature (if applicable) Phone Number Date

\*\*For corporations, signature must be that of an authorized officer and must include title.