



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

# Pre-Authorized Payment Form

Direct Deposit to Annuity

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

Please complete all information and sign this form to authorize recurring Electronic Funds Transfers (EFT) from the bank account you designate below directly to your American Equity Annuity Contract. New instructions automatically replace existing instructions.

As a convenience to me, I authorize American Equity Investment Life Insurance Company® ("American Equity") to electronically debit my bank account named below in order to apply funds to my annuity contract:

Name of Financial Institution:	
Address of Financial Institution:	
Phone Number of Financial Institution: (    )	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name(s) on Bank Account*:	
Account Number:	Routing Number:

**\*Your American Equity Annuity and your Bank Account must have at least one owner in common.**

<b>Payment Information</b>	<b>Amount:</b> \$ _____	<b>Date of Debit:</b> _____
<b>Frequency:</b>	___ Monthly	___ Annually

**TRUST ACCOUNTS.** *This section must be completed if your American Equity Annuity or your Bank Account is owned by a trust. You may be required to submit a copy of the trust. The trustee(s) must sign below as the bank account owner, in their capacity(ies) as trustee(s).*

Name of Trustee(s): \_\_\_\_\_

Relationship Between Annuity Owner and Bank Account Owner: \_\_\_\_\_

**Corporate Accounts:** If a corporate bank account is funding an individually owned Annuity Contract, we require proof of the authorized signer(s) on the bank account.

**If you are signing on behalf of someone as their Attorney-in-Fact, Guardian, or Conservator, American Equity requires a copy of the applicable Power of Attorney, Letters of Guardianship, or Letters of Conservatorship.**

**In signing below and authorizing the direct deposit to the annuity contract indicated above, I agree to the following:**

- I understand that American Equity will have access to this bank account for the purpose of making debit entries. I authorize American Equity to credit this account in order to recover any amount debited in error.
- I understand these instructions will apply only to the above named annuity contract.

<b>X</b> _____	_____	<b>X</b> _____	_____
Contract Owner's Signature	Date	Joint Contract Owner's Signature (if applicable)	Date
<b>X</b> _____	_____	<b>X</b> _____	_____
Bank Account Owner's Signature (If different than contract owner)	Date	Joint Bank Account Owner's Signature (If different than contract owner)	Date

**IN ORDER TO COMPLETE YOUR REQUEST, IN ADDITION TO COMPLETING AND RETURNING THIS FORM, YOU MUST ALSO INCLUDE A VOIDED PERSONAL CHECK.** American Equity will not accept "starter checks" or deposit slips in lieu of a voided check. If you do not have checks or do not have access to checks, please submit a letter of instruction from your bank, on bank letterhead, including your account number and routing number.

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE