



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

Required Minimum Distribution Withdrawal Request

Contract Number _____ Contract Owner _____

REQUIRED MINIMUM DISTRIBUTION INFORMATION

I wish to begin receiving my required minimum distributions. Please begin making these distributions on _____
 Month/year

Distribution interval: Monthly Quarterly Semi-Annually Annually

Calculation Options:

- Individual Life Expectancy (based on the Uniform Distribution Table)
- Joint Life Expectancy (*your spouse must be your sole primary beneficiary and must be more than ten years younger than you*)

 Spouse (required only if joint option is selected)

 Spouse's Date of Birth

Complete the following only if this is an Inherited IRA

- This is an Inherited IRA and the deceased participant's date of death was _____ (we will use the Single Life Expectancy Table to calculate your payment)

FEDERAL/STATE WITHHOLDING INSTRUCTIONS (MUST BE COMPLETED)

Federal law requires us to withhold 10% of the taxable portion of your distribution for federal income tax. You may elect not to withhold or you may elect a higher withholding rate. Even if you elect not to have federal income tax withheld, you may be responsible for paying estimated taxes. You may incur penalties under the estimated tax rules if your payment of estimated tax and withholding, if any, are not sufficient to satisfy your tax liabilities.

Your distribution may also be subject to state income tax withholding. Some states require that state income tax be withheld when federal income tax is withheld. Additionally, some states have minimum withholding requirements. If you live in one of these states, we will withhold state income tax as required by your state. In other states, withholding is voluntary. If you do not make a withholding election, or if you do not specify a withholding amount, we will withhold 10% federal income tax and any required state income tax.

STATE SPECIFIC INSTRUCTIONS:

Arizona residents: If you want to have Arizona taxes withheld, you must submit form A-4P.

Michigan residents: We are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form MI W-4P.

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.

Please consult your tax advisor for more information on withholding requirements for your state.

Federal Withholding Election: (Please choose one)

- I **DO NOT** want federal income tax withheld.
- I **DO** want _____% federal income tax withheld (10% minimum).

State Withholding Election: (Please choose one)

- I **DO NOT** want state income tax withheld.
- I **DO** want state income tax withheld: _____% or \$ _____. In which state do you file your taxes? _____

X _____
 Owner's Initials

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE



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

Required Minimum Distribution 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 _____ Date _____
 Spouse Signature

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. My Social Security number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income;
3. I am a U.S. citizen or other U.S. person (as defined in the W-9 instructions); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out certifications 3 and 4 and complete and return to us the appropriate IRS documentation.

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 Signature Designated Beneficiary (required for joint) Phone Number Date