



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

# Qualified Charitable Distribution Form *Instructions*

Complete this form every time you wish to begin Qualified Charitable Distribution ("QCD") payments from any traditional, Roth, inactive SIMPLE, inactive SEP, or Inherited IRA.

If you do not have an active Required Minimum Distribution (RMD) request on file, you will also need to complete our RMD form (Form #4083) to elect RMD payments.

In processing this request, we will:

- Report the payment as a taxable distribution to you;
- Make the check payable to the charity and mail it directly to you; however, we will not verify or assert this charity is a "qualified charity" as determined by the applicable laws, rules, or regulations;
- Process this request only if you are 70½ years of age at the time of the distribution; and
- Not withhold any taxes from the distribution.

By completing this form, you:

- Acknowledge the transaction will be reported as a taxable distribution to you;
- Acknowledge your RMD payments will continue to be made payable to the charity until you inform us otherwise in writing;
- Contact the charity directly if you wish to receive a receipt for your donation;
- Agree to indemnify us from any liability for any failure to meet IRS QCD requirements; and
- Confirm you are a U.S. person or have a U.S. tax-filing requirement.

We do not provide tax advice. Consider consulting a tax advisor to discuss your specific scenario and any additional guidance you believe is necessary.



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# Qualified Charitable Distribution Form *IRA RMD*

By completing this form, I am authorizing American Equity to make all requested payments directly to the charity named below.

\_\_\_\_\_  
Name of Charity

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

We will forward your RMD payments to you made payable to the above-named charity until you instruct us in writing otherwise.

\_\_\_\_\_  
Annuity Contract/Certificate Number

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number