



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 • Email: service@american-equity.com

Direct Deposit

To Bank Account

Contract Information

Contract Number(s):

Trust or Entity Name:

Legal Name: (First)

(Middle)

(Last)

Please complete all information and sign this form to authorize recurring direct deposit payments to the bank account you designate below. If you wish to replace your current direct deposit instructions with new direct deposit instructions, please fill out this form as a new request. New direct deposit instructions automatically replace existing instructions.

As a convenience to me, I authorize American Equity Investment Life Insurance Company® (“American Equity”) to electronically initiate credit entries to my bank account with the financial institution named below:

Bank Information

Name of Financial Institution:

Type of Account: Checking Savings

Name(s) on Bank Account:

Routing Number:

Account Number:

Your American Equity annuity and your bank account must have at least one owner in common. If your annuity has joint-owners, BOTH joint-owners must sign this form. 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.

Trust Accounts

This section must be completed if either your American Equity annuity or your bank account is owned by a trust. Please note: you may be required to submit a copy of the trust.

Name of Trustee(s):

Relationship Between Trust and Annuity Contract Owner:



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By signing below, I agree to the following:

- I understand that American Equity will have access to the bank account listed on this form for the purpose of making credit entries. I authorize American Equity to debit this bank account in order to recover any amount credited in error.
- I understand these instructions will apply to all American Equity annuity contracts owned by me for which I am receiving payments.
- I understand that all future payments to me will be deposited directly to the bank account designated above and I will no longer receive a paper check for said distributions.
- I understand funds are generally available two business days after my payment date.
- I understand these instructions will remain in place until I submit new direct deposit instructions which automatically replace these instructions.

X _____
Contract Owner's Signature **Date**

X _____
Joint Contract Owner's Signature **Date**
(if applicable)

X _____
Bank Account Owner's Signature **Date**
(If different than contract owner)

X _____
Joint Bank Account Owner's Signature **Date**
(If different than contract owner)