



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

Partial Withdrawal Request

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.

PAYMENT INFORMATION

If you have previously submitted your bank account information to receive funds electronically, we will send this distribution to your bank account by Electronic Funds Transfer (EFT). If you want to set up or change your bank account for electronic deposit, please call our office. Under some circumstances, the company reserves the right to send funds via paper check.

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.

 Owner's Signature*

 Date

*If you are signing on behalf of the owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____

 Joint Owner's Signature*

 Date

*If you are signing on behalf of the joint owner, please indicate the capacity in which you are signing:

Trustee Attorney-in-Fact Conservator/guardian Other: _____



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STATE SPECIFIC INSTRUCTIONS:

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

Arkansas residents: We are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form AR4P.

Connecticut residents: We are required to withhold state income tax from the taxable portion of your distribution on a full surrender. Connecticut does not allow taxpayers to elect out of withholding on full surrenders. We are required to withhold state income tax from the taxable portion of all other distributions, unless you elect not to withhold using Form CT-W4P.

District of Columbia residents: We are required to withhold state income tax from the taxable portion of your distribution on a full surrender from a *qualified* plan (i.e. all contracts other than non-qualified contracts). The District of Columbia does not allow taxpayers to elect out of withholding on full surrenders from *qualified* plans.

Georgia residents: If you want to elect not to withhold state income tax, submit form G-4P.

Michigan residents: If you were born after 1945, we are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form MI-W4P.

New York residents: If you want to have New York state taxes withheld, submit Form IT-2104-P.

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

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