



**American Equity Investment
Life Insurance Company of New York**

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516-622-2265

Administrative Office:
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Des Moines, IA 50325-0157
866-233-6660 • Fax 515-221-0490

Information Update Request

CONTRACT NO. _____ OWNER NAME _____

1. NAME CHANGE:* Annuitant Owner

Former Name _____ New Name _____

Date Name Changed _____ Reason _____

NOTE: The designated annuitant cannot be changed. The space provided is for name corrections only. This form cannot be used to change ownership or beneficiary designations.

*Proper documentation (copy of marriage certificate, divorce decree, or court order) must accompany request for name change.

2. ADDRESS CHANGE: Annuitant Owner

_____ Street _____ City _____ State _____ Zip Code _____

_____ E-mail address _____ Phone Number _____

3. PASSWORD ADDITION:

_____ PASSWORD** (alpha and numeric characters only - NO symbols allowed)

**Please note, once this password has been established, client access to information will not be allowed without password being provided. Password will remain on account unless we receive written instruction from client requesting removal. This does not change your password on the Interactive Client website.

X _____
Signature of Owner and Title if Corporation*** Phone Number of Owner Date

X _____
Signature of Joint Owner or Spouse (where required) Phone Number of Joint Owner Date

***For corporations, an officer other than annuitant must sign.