



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

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Application for Settlement Option Benefits

Owner's Name: _____ **Joint Owner's Name:** _____

Contract Number _____

I hereby request, to begin receiving annuity payments under the terms of my contract.

Option 1. **Income for a Specified Period (5-25 years only):** _____ years

We will make annuity payments to you during the specified period. If you die during the specified period, we will pay the remaining guaranteed annuity payments to the surviving joint owner. If there is no surviving joint owner, we will make those payments to the beneficiary.

Option 2. **Life Income:**

We will make annuity payments to you for as long as your live and for at least the specified period.If you die during the specified period,we will pay the remaining guaranteed annuity payments to the surviving joint owner. If there is no surviving joint owner, we will make those payments to the beneficiary.

Specified Period (5-25 years): _____ years

Option3. **Joint and Survivor Income:**

We will make annuity payments for as long as either joint payee lives.

ONLY TO BE COMPLETED WITH OPTION 3

Joint Payee

Date of Birth of Joint Payee

Social Security Number

I wish to receive payments: (select one)

Monthly Quarterly Semi-Annually Annually

First payment to begin _____.
(month/year)

**** Please Note: Date and frequency of payments cannot be changed once payments begin.**

Beneficiary Designation

You must have at least one primary beneficiary elected. (If more room is needed, please attach a separate sheet.)

Beneficiary Type	Beneficiary Name and Relationship	Date of Birth/ Trust Date	Social Security/ Tax ID#	Address (Street, City, State, Zip)	Percentage
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Consent of Spouse

If you reside in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent to this transaction by signing below. If spousal consent is required, but not provided, we may not be able to process the requested transaction. Unless otherwise provided on this form, we are entitled to rely on our good faith belief that no community property interest exists, and we assume no responsibility for inquiry.

Spouse Signature

Date

Tax Withholding Election

Federal law requires us to withhold 10% of the taxable portion of your distribution for federal income tax. You may elect not to have federal income tax withheld 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 3% state income tax, unless a different amount is required by your state.

STATE SPECIFIC INSTRUCTIONS:

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

Michigan residents: If you were born after 1946, 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 periodic payments payable over a period of longer than one year.

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

Withholding Election: (Please choose one)

I **DO NOT** want federal or state income tax withheld.

I **DO** want federal or state income tax withheld. (The minimum amount of tax withholding is \$10.00.)

_____ % federal (10% minimum) _____ % state In which state do you file your taxes? _____

Tax Identification Certification (Substitute IRS Form 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.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Owner's Signature**

Date

Joint Owner's Signature

Date

** For corporations, signature must be officer other than Annuitant.