

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

Home Office: 1979 Marcus Ave, Ste. 210 Lake Success, NY 11042 516-622-2265 Administrative Office: P.O. Box 71157 Des Moines, IA 50325-0157 866-233-6660 • Fax 515-221-0490

## Required Minimum Distribution Withdrawal Request

WHILE WE STRIVE TO PROCESS REQUESTS IN A TIMELY AND EFFICIENT MANNER, REQUESTS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN DECEMBER 20TH TO GUARANTEE PROCESSING WITHIN THE SAME TAX YEAR.

Contract Number:		Trust or Entity Name:			
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)	
	MINIMUM DISTRIBUTION INFO				
I wish to b	egin receiving my required minimu	ım distributions. Please	e begin making these distribution	ons on	
Mo	onth year				
If no montl	h or year is specified above, we will o			rd processing time.	
Distributio	on interval:	Quarterly Semi-	Annually Annually		
Calculatio	n Options:				
	ividual Life Expectancy (based on t it Life Expectancy <i>(your spouse mus</i> )			an ten years younger than	
	Spouse (required only if	joint option is selected)	Spouse's Da	ate of Birth	
TAX WITH	IHOLDING ELECTION				
SEE STATE	E SPECIFIC INSTRUCTIONS ON PA	GE 3.			
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.					
when feder states, we w withholdin any state in	oution may also be subject to state in ral income tax is withheld. Additional will withhold state income tax as req g election, or if you do not specify a v come tax, unless a different amount actions Page for State Specific Tax	lly, some states have min uired by your state. In ot vithholding amount, <i>we</i> is required by your state	imum withholding requirements ther states, withholding is volunts will withhold 10% federal income	. If you live in one of these ary. If you do not make a	
□1 <u>D0</u>	<b>Tithholding Election:</b> (Please choon NOT want federal income tax with	held.			
□1 DO	want the following federal income	tax withheld:% fe	ederal (minimum withholding i	s \$10.00.)	
□1 <u>D0</u>	nholding Election: (Please choose NOT want state income tax withher want the following state income tax state do you file your taxes?	eld. x withheld:% sta	ite (minimum withholding is \$	10.00.)	



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### CONSENT OF SPOUSE - REQUIRED IF YOU RESIDE IN AZ, CA, ID, LA, NM, NV, TX, WA, or WI

If you are married and reside in one of the states listed above, or a community property interest otherwise exists, your spouse must consent to this transaction by signing below.					
X					
Spouse Signature	Date				
We are entitled to rely on the information you provide in this section. If entitled to rely on our good faith belief that no community property interproperty interest exists, consult your legal advisor. We have no responsi property laws or the validity of the requested transaction. If you live in a this section, we will assume you are not married and no community propertying that the information provided in this section is true.	erest exists. If you are unsure of whether a community ibility for determining the applicability of community one of the states listed above and you do not complete				
TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)					
Social Security Number OR Em	ployer 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.					
COMPLETE THIS SECTION IF YOU WOULD LIKE THESE PAYMENTS AUTOMA	ATICALLY DEPOSITED TO YOUR BANK ACCOUNT				
Select One:  I have previously submitted my bank account information to American Equity of New York for the purpose of receiving electronic payments. I would like to use the bank account information on file with American Equity of New York for this request. Please Note: If no bank information is on file, I understand a paper check will be mailed.					
Enclosed is American Equity of New York form 064062 to set up direct deposit.					
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*  *If you are signing on behalf of the owner, please indicate the  Trustee Attorney-in-Fact Conservator/guardian					
Joint Owner's Signature*  *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.