



**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

**Pre-Authorized Payment Form**  
Direct Deposit to Annuity

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

Contract Number(s) \_\_\_\_\_ Contract Owner(s) \_\_\_\_\_

Please complete all information and sign this form to authorize recurring Electronic Funds Transfers (EFT) from the bank account you designate below directly to your American Equity of New York (AENY) annuity contract. New instructions automatically replace existing instructions.

As a convenience to me, I authorize AENY to electronically debit my bank account named below in order to apply funds to my annuity contract:

Name of Financial Institution:	
Address of Financial Institution:	
Phone Number of Financial Institution: (    )	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name(s) on Bank Account*:	
Account Number:	Routing Number:

**\*Your AENY annuity and your bank account must have at least one owner in common.**

<b>Payment Information</b>	Amount: \$ _____	Date of Debit: _____
<b>Frequency:</b>	___ Monthly	___ Annually

**TRUST ACCOUNTS.** This section must be completed if your AENY annuity or your bank account is owned by a trust. **You may be required to submit a copy of the trust.** The trustee(s) must sign below as the bank account owner, in their capacity(ies) as trustee(s).

Name of Trustee(s): \_\_\_\_\_

Relationship Between Annuity Owner and Bank Account Owner: \_\_\_\_\_

**Corporate Accounts:** If a corporate bank account is funding an individually owned Annuity Contract, we require proof of the authorized signer(s) on the bank account.

**If you are signing on behalf of someone as their attorney-in-fact, guardian, or conservator, AENY requires a copy of the applicable power of attorney, letters of guardianship, or letters of conservatorship.**

**In signing below and authorizing the direct deposit to the annuity contract indicated above, I agree to the following:**

- I understand that AENY will have access to this bank account for the purpose of making debit entries. I authorize AENY to credit this account in order to recover any amount debited in error.
- I understand these instructions will apply only to the above named annuity contract.

<u>  X  </u> _____	_____	<u>  X  </u> _____	_____
Contract Owner's Signature	Date	Joint Contract Owner's Signature (if applicable)	Date

<u>  X  </u> _____	_____	<u>  X  </u> _____	_____
Bank Account Owner's Signature (If different than contract owner)	Date	Joint Bank Account Owner's Signature (If different than contract owner)	Date

**IN ORDER TO COMPLETE YOUR REQUEST, IN ADDITION TO COMPLETING AND RETURNING THIS FORM, YOU MUST ALSO INCLUDE A VOIDED PERSONAL CHECK.** AENY will not accept "starter checks" or deposit slips in lieu of a voided check. If you do not have checks or do not have access to checks, please submit a letter of instruction from your bank, on bank letterhead, including your account number and routing number.

ORIGINAL FORM NOT REQUIRED