



**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

# Ownership Change

**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: \_\_\_\_\_ Annuitant(s): \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

**SECTION I: To be completed by Current Owner(s) and New Owner(s)**

**OWNERSHIP CHANGE**

I/We, the current Owner(s) of the above captioned annuity contract (the "Contract"), hereby assign all rights, title and interest in and to the Contract to the party(ies) identified below:

New Owner:	Date of Birth:	SSN/TIN:	Relationship to Owner:
Mailing Address:		Phone Number:	Marital Status:
New Joint Owner (if applicable):	Date of Birth:	SSN/TIN:	Relationship to Owner:
Mailing Address:		Phone Number:	Marital Status:

**Spousal Consent for Ownership Change**

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.

X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
Signature of Current Owner's Spouse Signature of Current Joint Owner's Spouse

By signing below I/We consent to the change of ownership of the Contract from the Current Owner(s) to the New Owner(s). I/We understand that this change of ownership is irrevocable once processed by American Equity of New York (AENY) and that the Current Owner(s) will no longer have any right to take action or receive any information on the Contract.

This form must be signed by ALL Current Owner and ALL New Owners. **NEW OWNERS MUST ALSO COMPLETE SECTION II BELOW.**

X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
Current Owner's Signature Current Joint Owner's Signature (if applicable)

X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
New Owner's Signature New Joint Owner's Signature (if applicable)

X \_\_\_\_\_ X \_\_\_\_\_  
New Owner's Initials New Joint Owner's Initials

# Ownership Change

## SECTION II: To be completed by New Owner(s)

**BENEFICIARY DESIGNATION: Upon change of ownership, all prior beneficiary designations are revoked.** The new Owner(s) must complete the following section to designate a beneficiary of the Contract. If you do not designate a new beneficiary or if this designation is ineffective or otherwise not accepted by AENY before a claim is triggered, proceeds will be paid to the decedent's estate.

**Instructions for Beneficiary Designations:**

- All requested information below must be completed for this form to be in good order. This information is used to assist in paying out any death benefit proceeds in the event a claim is triggered.
- When multiple beneficiaries are named, you must indicate the percentage of the proceeds each beneficiary is to receive. Do NOT list a dollar amount. All percentages must total 100%. If no percentages are listed, or if percentages do not equal 100%, proceeds will be divided equally among surviving beneficiaries.
- Do not list classes of beneficiaries (e.g. "My Children"). Instead, list each beneficiary individually.
- If you wish to name additional beneficiaries, please attach a Beneficiary Addendum – Form 064007.

## YOU MAY NOT NAME YOUR REPRESENTATIVE AS A PRIMARY OR CONTINGENT BENEFICIARY UNLESS YOUR REPRESENTATIVE IS DIRECTLY RELATED TO YOU.

I/We, the NEW Owner(s) of the Contract, designate the following beneficiary(ies) of the Contract:

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"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

## Spousal Consent for Beneficiary Designation

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.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of New Owner's Spouse      Date      Signature of New Joint Owner's Spouse      Date

X \_\_\_\_\_ X \_\_\_\_\_  
 New Owner's Initials      New Joint Owner's Initials

# Ownership Change

## 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 provision of this document other than the certifications required to avoid backup withholding.**

**Trusts:** If a Trust is the New Owner, the trustee must sign for the New Owner in his/her capacity as trustee and must submit to AENY either (1) a full copy of the trust OR (2) the first page and all signature pages of the trust, along with Form 064258 (Certification of Trust).

**Business Entities:** If a business entity is the New Owner, an officer of the business other than the annuitant must sign this form and indicate his/her official title. You must also submit documentation showing who is authorized to sign on behalf of the business.

**POAs, Guardianships, Conservatorships:** 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.

AENY is required to report any taxable event. If you have questions regarding your tax liability, please contact your tax advisor.

By signing below, I/we acknowledge that the information contained herein is true and accurate to the best of my belief.

X \_\_\_\_\_  
New Owner's Signature Date

X \_\_\_\_\_  
New Joint Owner's Signature (if applicable) Date

X \_\_\_\_\_ X \_\_\_\_\_  
New Owner's Initials New Joint Owner's Initials