



**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

Terminal Illness Verification

Section 1 - Patient Information

Contract Number(s): _____

Owner (Patient) Name: _____

Owner (Patient) Date of Birth: _____

Section 2 - Instructions

The Terminal Illness Rider (TIR) attached to your annuity contract allows you to take a free withdrawal from your contract value if you are diagnosed with a terminal illness after the first contract year. To confirm such a diagnosis and activate the TIR, please fill out this form and have your physician sign under section four, below. **We may request documentation in support of your diagnosis prior to activating the TIR.**

Section 3 - Qualifying Illness Information

Terminal Illness: any medical condition which a qualified physician certifies is expected to result in death within one year.

Terminal illness: _____

Original date of diagnosis: _____

Date on which diagnosis was deemed terminal: _____

Section 4 - Physician's Certification

By signing below, I certify that:

1. I am currently licensed (either MD or DO) to practice medicine in the United States;
2. The person named as the annuitant in section one is my patient (referred to in this section as "my patient");
3. I am not related, by blood or marriage, to my patient;
4. My patient, has been diagnosed with the illness listed in section three, above, and such diagnosis is supported by clinical, radiological or laboratorial evidence;
5. I agree with my patient's diagnosis and In my professional, medical opinion, such a diagnosis is likely to result in death within one year; and
6. All information provided on this form is true to the best of my knowledge.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Phone Number: _____