



**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

Roth IRA Conversion Form

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

Contract Number _____ Contract Owner _____

ROTH IRA CONVERSION INFORMATION

Tax Year _____

SELECT ONE:

Full Roth Conversion

Partial Roth Conversion

Dollar Amount to be converted _____ Net Gross

FEDERAL/STATE WITHHOLDING INSTRUCTIONS (MUST BE COMPLETED)

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.

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 withholding is \$10.00.)

_____ % federal (10% minimum) _____ % state

In which state do you file your taxes? _____

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.

TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

Social Security Number

OR

Employer Identification Number



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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.

X _____
Spouse Signature

_____ Date

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.

PLEASE SIGN & DATE BELOW

I acknowledge by signing this form that converting all or part of the above named IRA to a Roth IRA will create a taxable event for the year of election. A 1099-R reporting the elected conversion amount as taxable will be sent out for the year in which election was made. I agree that the provisions governing Roth IRAs in the Individual Retirement Annuity Endorsement shall apply to this contract.

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

X _____
Contract Owner's Signature

_____ Phone Number

_____ Date