



**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

Change of Beneficiary Form Instructions

INSTRUCTIONS FOR COMPLETING THE CHANGE OF BENEFICIARY FORM

1. Please indicate your full legal name and the full legal name of each designated Beneficiary. If no percentages are listed, proceeds will be divided equally among all named beneficiaries.
 - A married woman should be indicated by her own given name, not that of her husband. (Example: Jane A. Doe, not Mrs. John R. Doe.)
 - Do not designate a Beneficiary by relationship or class (e.g. my children). Each beneficiary must be specifically named.
2. Please use whole percentages (dollar amounts will not be accepted) in your designations (unless to be shared equally). All proceeds must total 100%.
3. If annuitant/owner is married and wants Spousal Continuation to be an option upon their death, spouse must be named the Primary Beneficiary.
4. If more than one Beneficiary is designated, payment will be made in the percentage designated (or in equal shares) to the Primary Beneficiaries who survive the Annuitant, or if none survive the Annuitant, payment will be made in the percentages designated (or in equal shares) to the Contingent Beneficiaries who survive the Annuitant/Owner.
5. If you are designating a Trust as your beneficiary, please submit a completed Certification of Trust Agreement Form (064258) along with the relevant trust pages, if you have not already done so or if there have been changes in the Trust.
6. If the Owner is a Company, please provide our office with a current list of those authorized to sign on its behalf, if you have not already done so.
7. If you need further assistance, please contact one of our customer service representatives at 866-233-6660.

*****ALL ATTACHMENTS MUST BE SIGNED*****



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Change of Beneficiary Form

Contract Number _____ Contract Owner(s) _____

I (we) ask that the beneficiary of the above contract be changed as shown below. All prior beneficiary designations are revoked. I (we) agree that the Company is free from liability in relying upon a statement about birth, death, marriage, names and addresses and other facts concerning all beneficiaries from any other source. Unless otherwise stated, the survivors of a beneficiary class share equal amounts of the proceeds.

Section 1 - Contract Owner Information (You Must Complete This Section)	
Annuitant's name (if different from contract owner)	
Contract Owner's Social Security or Tax Identification Number	
Contract Owner's telephone number (area code first)	Contract Owner's email address
Best Time to Call [] A.M. [] P.M.	
Joint Contract Owner's name (if applicable)	Joint Contract Owner's Social Security or Tax Identification Number (if applicable)
Trustee Name (if contract is owned by a Trust) TTEE	Co-Trustee's Name(if applicable) TTEE

All boxes in the following sections **MUST** be completed for the request to be considered in good order. **This will assist us in paying out any death benefit proceeds to the appropriate party(ies).** Please use percentages in your designation(s). **All percentages must total 100%.** If no percentages are listed, proceeds will be divided equally.

Section 2 - Primary Beneficiary(ies)				
Name of Primary Beneficiary(ies) and Address	Date of Birth (MM/DD/YYYY)	Social Security #	Relationship to Owner	% of Benefit Beneficiary Will Receive
Name				%
Address	City	State	Zip Code	Phone Number
Name				%
Address	City	State	Zip Code	Phone Number
Name				%
Address	City	State	Zip Code	Phone Number
Name				%
Address	City	State	Zip Code	Phone Number

X _____ X _____
Owner's Initials Joint Owner's Initials

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Change of Beneficiary Form

Contingent Beneficiaries will receive death benefit proceeds in the event that the Primary Beneficiary(ies) are no longer living. **All percentages must total 100%**. If no percentages are listed, proceeds will be divided equally.

Section 3 - Contingent Beneficiary(ies)

Name of Contingent Beneficiary(ies) and Address	Date of Birth (MM/DD/YYYY)	Social Security #	Relationship to Owner	% of Benefit Beneficiary Will Receive
Name				%
Address		City	State Zip Code	Phone Number
Name				%
Address		City	State Zip Code	Phone Number
Name				%
Address		City	State Zip Code	Phone Number
Name				%
Address		City	State Zip Code	Phone Number

If this designation is ineffective or otherwise not accepted by American Equity of New York prior to the death of the contract owner, the most recent beneficiary designations prior to this request shall remain in place.

If none of the listed beneficiaries are living when a claim is triggered, proceeds are paid to the decedent's estate.

If you name a trust as the Beneficiary, submit a copy of the trust for our file along with the Certification of Trust Agreement (Form 064258). **DESIGNATING YOUR REPRESENTATIVE AS BENEFICIARY IS AGAINST COMPANY POLICY.**

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 _____ Date _____
Spouse Signature

X _____ Phone Number _____ Date _____
Contract Owner's Signature

X _____ Phone Number _____ Date _____
Contract Joint-Owner's Signature (if applicable)

*****ALL ATTACHMENTS MUST BE SIGNED*****