



American Equity Investment Life Insurance Company of New York

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Partial Withdrawal Request

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.

CONSENT OF SPOUSE – REQUIRED IF YOU RESIDE IN AZ, CA, ID, LA, NM, NV, TX, WA, OR WI

If you are married and reside in one of the states listed above, or a community property interest otherwise exists, your spouse must consent to this transaction by signing below.

X _____
Spouse Signature Date

We are entitled to rely on the information you provide in this section. If you do not indicate that you are married, we are entitled to rely on our good faith belief that no community property interest exists. If you are unsure of whether a community property interest exists, consult your legal advisor. We have no responsibility for determining the applicability of community property laws or the validity of the requested transaction. *If you live in one of the states listed above and you do not complete this section, we will assume you are not married and no community property interest exists.* By signing this form, you are certifying that the information provided in this section is true.

COMPLETE THIS SECTION IF YOU WOULD LIKE THIS PAYMENT AUTOMATICALLY DEPOSITED TO YOUR BANK ACCOUNT

Select One:

- I have previously submitted my bank account information to American Equity of New York for the purpose of receiving electronic payments. I would like to use the bank account information on file with American Equity of New York for this request. **Please Note: If no bank information is on file, I understand a paper check will be mailed.**
- Enclosed is American Equity of New York form 064062 to set up direct deposit.

PLEASE SIGN & DATE BELOW

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

Owner's Signature* Date

*If you are signing on behalf of the owner, please indicate the capacity in which you are signing:

- Trustee Attorney-in-Fact Conservator/guardian Other: _____

Joint Owner's Signature* Date

*If you are signing on behalf of the joint owner, please indicate the capacity in which you are signing:

- Trustee Attorney-in-Fact Conservator/guardian Other: _____