



**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

**Third Party Payee
Distribution Form**

Instructions

There is a \$500 minimum for each organization listed. We will mail the check to the designated recipient until you notify us otherwise.

If you would like to set up scheduled payments, please include:

- Systematic Withdrawal Request (form 4006)
- Lifetime Income Benefit Rider Election (form 4033)
- Required Minimum Withdrawal Request (form 4083)

If you are requesting a single payment distribution, please include:

- Partial Withdrawal Request (form 4786)

If the amount requested is only part of the full distribution, any remaining funds not identified in the payment instructions below will be sent directly to the contract owner with the instructions we have on file. If it's a qualified charitable distribution (QCD), we will withhold the taxes from the contract owner's portion only.

Contract information

Contract number:		Trust or entity name (if applicable):		
Legal name (First)	(MI)	(Last)	(Suffix)	

Payment instructions

- One time only All future payments
- Check here if this should be treated as a QCD (available on Individual Retirement Accounts (IRAs) only.)
- Full amount of payment
- Please pay \$_____ directly to:

Name of bank/insurance company/charity or other designated recipient	Account No. (if applicable)		
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Mailing address:	City:	State:	Zip code:
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Please pay \$_____ directly to:

Name of bank/insurance company/charity or other designated recipient	Account No. (if applicable)		
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Mailing address:	City:	State:	Zip code:
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If this is a QCD,

In processing this request, we will:

- Report the payment as a taxable distribution to you;
- Not verify or assert this charity is a “qualified charity” as determined by the applicable laws, rules, or regulations;
- Not withhold any taxes from the distribution sent to the QCD.

By completing this form, you:

- Acknowledge the transaction will be reported as a taxable distribution to you;
- Contact the organization directly if you wish to receive a receipt for your donation;
- Agree to indemnify us from any liability for any failure to meet IRS QCD requirements; and
- Confirm you are a U.S. person or have a U.S. tax-filing requirement.

Please sign and date below

I understand, as the contract owner, I am responsible for any taxes and distributions that could create a taxable event. American Equity of New York does not provide tax advice, and if you have any questions, please consult your tax advisor.

Owner’s signature*

_____ Date

Joint owner’s signature*

_____ Date