

## Beneficiary Claim Form for Qualified Contracts

### SECTION 13: DECLARATION AND SIGNATURE

By signing below, you:

1. Make claim to the death benefit and declare that you have the authority to claim in the capacity you have indicated;
2. Declare that all answers recorded in this claim form are true and complete;
3. Agree that our furnishing of this claim form and any supplemental forms is not an admission of liability by us and
4. Indicate you have read the appropriate fraud warning statement for your state.

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

**For New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**



Signature and, if applicable, Title\*

12-5-22

Date

\*If you are signing on behalf of the individual or entity referenced in Section 2 of this form, please indicate the capacity in which you are signing from the options below:

Executor    Trustee    Conservator    Attorney-in-fact    Other: \_\_\_\_\_

#### RETURN COMPLETED FORM TO:

American Equity Investment Life Insurance Company®  
P.O. Box 71216  
Des Moines, IA 50325-9909

#### OVERNIGHT MAIL ADDRESS:

American Equity Investment Life Insurance Company®  
6000 Westown Pkwy  
West Des Moines, IA 50266-5921

#### STATE SPECIFIC INSTRUCTIONS:

**Arizona residents:** If you want to have Arizona taxes withheld, you must submit Form A-4P.

**Arkansas residents:** We are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form AR4P.

**Connecticut residents:** We are required to withhold state income tax from the taxable portion of your distribution on a full surrender. Connecticut does not allow taxpayers to elect out of withholding on full surrenders. We are required to withhold state income tax from the taxable portion of all other distributions, unless you elect not to withhold using Form CT-W4P.

**District of Columbia residents:** We are required to withhold state income tax from the taxable portion of your distribution on a full surrender from a qualified plan (i.e. all contracts other than non-qualified contracts). The District of Columbia does not allow taxpayers to elect out of withholding on full surrenders from qualified plans.

**Georgia residents:** If you want to elect not to withhold state income tax, submit Form G-4P.

**Michigan residents:** If you were born after 1945, 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, submit Form IT-2104-P.

**North Carolina residents:** We are required to withhold state income tax from the taxable portion of your distribution, unless you elect not to withhold using Form NC-4P.

Please consult a tax advisor for more information on withholding requirements for your state.