

## American Equity Investment Life Insurance Company® P.O. Box 10343, Des Moines, IA 50306-0343 O/N Address: 6000 Westown Parkway, West Des Moines, IA 50266 Phone: 866-233-8853 • Fax: 515-226-3129 www.american-equity.com • Email: service@american-equity.com

## Lifetime Income Benefit Rider Reset Form

Contract Number:		Trust or Entity Name:					
(Prefix)	Legal Name (First)		(Middle)	(Last)		(Suffix)	
Forms submitted more than 60 days before the Contract Anniversary will not be accepted.							
I elect to reset my Income Account Value (IAV) Period on my next Contract Anniversary.							
By signing below, I acknowledge and understand the following:							
1. The IAV period can only be reset once.							
2. The new IAV period will be for the same duration as the original IAV period.							
	<ol> <li>IAV for the new IAV period is the greater of my IAV or Contract Value on the Contract Anniversary when the new IAV period begins.</li> </ol>						
4. The reset may change the Rider Fee (if applicable), but it will not exceed the Maximum Rider Fee, as shown in my contract.							
5. Resetting the IAV period may extend my maturity date.							
*If you		•	Date ner, please indicate the capacity in which you are signing:				
☐ Tru	ustee	<b>L</b> Cons	servator/guard	ian [	Other:		
*If you	wner's Signature* u are signing on behalf of the joustee   Attorney-in-Fact				capacity in which you are sign	iing:	