



American Equity Investment Life Insurance Company®
 P.O. Box 10343, Des Moines, IA 50306-0343
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**Pre-Authorized
 Payment Form**
 Direct Deposit to Annuity

WHILE WE STRIVE TO PROCESS REQUESTS IN A TIMELY AND EFFICIENT MANNER, REQUESTS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN DECEMBER 20TH TO GUARANTEE PROCESSING WITHIN THE SAME TAX YEAR.

Contract Number(s):		Trust or Entity Name:		
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)

Please complete all information and sign this form to authorize recurring Electronic Funds Transfers (EFT) from the bank account you designate below directly to your American Equity annuity contract. New instructions automatically replace existing instructions.

As a convenience to me, I authorize American Equity Investment Life Insurance Company® ("American Equity") to electronically debit my bank account named below in order to apply funds to my annuity contract:

Name of Financial Institution:	
Address of Financial Institution:	
Phone Number of Financial Institution:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name(s) on Bank Account*:	
Routing Number:	Account Number:

***Your American Equity annuity and your bank account must have at least one owner in common.**

PAYMENT INFORMATION

Amount: \$ _____	Date of Debit: _____	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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TRUST ACCOUNTS. This section must be completed if your American Equity annuity or your bank account is owned by a trust. **You may be required to submit a copy of the trust.** The trustee(s) must sign below as the bank account owner, in their capacity(ies) as trustee(s).

Name of Trustee(s): _____

Relationship Between Annuity Owner and Bank Account Owner: _____

Corporate Accounts: If a corporate bank account is funding an individually owned annuity contract, we require proof of the authorized signer(s) on the bank account.

If you are signing on behalf of someone as their attorney-in-fact, guardian, or conservator, American Equity requires a copy of the applicable power of attorney, letters of guardianship, or letters of conservatorship. In signing below and authorizing the direct deposit to the annuity contract indicated above, I agree to the following:

- I understand that American Equity will have access to this bank account for the purpose of making debit entries. I authorize American Equity to credit this account in order to recover any amount debited in error.
- I understand these instructions will apply only to the above named annuity contract.

 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: _____

ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE