



American Equity Investment Life Insurance Company
 P.O. Box 10343, Des Moines, IA 50306-0343
 Phone 866-233-8853 • Fax 515-226-3129
 www.american-equity.com

Transaction Authorization Form

Contract information

Contract number(s):

Contract owner(s):

Financial professional's name (print)

Authorization information

Complete this form to authorize your financial professional to conduct one or more of the transactions listed below on your behalf. This form may only be used for the financial professional of record on the contract(s) listed above. This authorization permits them, including their administrative staff on behalf of the financial professional, to provide instruction, for transactions in writing, by telephone or electronic means.

If you authorize your financial professional to conduct any of the transactions on this form, we will process any instructions we receive from your financial professional as though you submitted the instructions directly to us. We will not contact you to confirm the instructions prior to processing.

This authorization is automatically withdrawn if there's a change of ownership or if the financial professional named above is no longer the financial professional of record on your contract. You may withdraw this authorization at any time by contacting us. We are not responsible for actions taken prior to receiving your instructions to withdraw your authorization.

If the contract has joint owners, both owners must agree to these authorizations by signing this form.

I authorize the financial professional named above to take the following actions that I've selected below on my behalf:

Transfer values among the available interest crediting strategies

Reset the Income Account Value (IAV) accumulation period under my Lifetime Income Benefit Rider (LIBR)

Request an index lock

Not all of the listed features may be available under your contract.



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Please sign and date below

By signing below, you agree to release us from any and all liability, losses, or claims resulting from or arising out of any instructions submitted on your behalf which we process based on this authorization.

 Contract owner's signature*

 Date

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

- Trustee Attorney-in-fact Conservator/Guardian Other: _____

 Joint contract 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: _____