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Overnight Address:
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For Qualified Annuity Business Only

Client's First and Last Name (please print): _____

Date Application Signed: _____

Agent Name (please print): _____

Agent Number: _____

PRODUCER ATTESTATION

As a producer appointed or contracted with American Equity, I understand I am a fiduciary, and that I must comply with the requirements of Prohibited Transaction Exemption 84-24 in order to receive commissions on annuity business. Therefore, I certify the following for this transaction:

- I have acted in the Best Interest of the client in making this recommendation.
- I have not made any misleading statements to the client.
- I have disclosed to the client any material conflicts of interest.
- I have disclosed to the client the commission to be received by me for this transaction.
- I have provided to the client a description of all charges associated with the annuity contract, including surrender charges and rider fees.
- I have received the client's written acknowledgement of receipt of the required disclosures.
- I will retain the required documentation of this transaction for at least six years.
- I have satisfied all company requirements, including completion of all training.

Agent Signature: _____ Date: _____