



American Equity Investment Life Insurance Company
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 888-221-1234
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 Fax 515-221-9947

Annuity Suitability Questionnaire

Thank you for your interest in an American Equity annuity. This form is provided to ensure compliance with the NAIC Suitability in Annuity Transactions model regulation or other state suitability regulation. **This entire form must be completed and submitted with the application.**

The information you provide will be kept confidential, in accordance with American Equity's privacy policy.

Owner: Last _____ First _____ Middle _____

Date of Birth ____/____/____ Age _____ Sex _____

Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____

Form of Ownership: _____

Supporting documents (list): _____

A. Annual Income:	\$ _____
B. Annual Household Income:	\$ _____
C. Current Monthly Expenses:	\$ _____
D. Employment Status:	
E. Occupation (if retired or not working, please list most recent occupation)	
F. Source of Income: <input type="checkbox"/> Current Wages <input type="checkbox"/> Pension/RMDs <input type="checkbox"/> Investment Income <input type="checkbox"/> Social Security (retirement) <input type="checkbox"/> Unemployment <input type="checkbox"/> Rental Income <input type="checkbox"/> Social Security (disability) <input type="checkbox"/> Alimony and/or Child Support <input type="checkbox"/> Social Security (survivor or dependent) <input type="checkbox"/> Other: _____	
G. Existing Assets:	\$ _____
H. Existing Liquid Net Worth (not including funds for this annuity):	\$ _____
I. Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:	
J. Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:	
K. Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Do you anticipate changes in your out of pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Is your income sufficient to cover future changes in your living and/or out of pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____/____/____ _____/____/____
Owner's Signature **Signed Date** **Joint Owner's Signature** **Signed Date**

O. Do you anticipate a significant decrease in your future income or increase in your future expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain:

P. Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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1. Provide Financial Experience. Check if you currently own or have owned any of the following accounts. Then next to each account, list the current value. If you have no funds in a type of account, indicate "\$0."

- Annuities with American Equity \$ _____
- Annuities outside of American Equity \$ _____
- * Stocks/ Bonds/ Mutual Funds/ Money Market \$ _____
- * Certificate of Deposit \$ _____
- * Savings/Checking \$ _____
- Life Insurance cash value \$ _____
- Real Estate **EXCLUDING** *personal residence* \$ _____
- Other (please explain) _____ \$ _____

* Considered a liquid asset if funds are non-qualified, or if the funds are qualified and you are over age 59½.

2. Provide Financial Objectives and Plans for Accessing Funds from Annuity

A. Why are you purchasing this annuity? _____

B. What are your financial objectives for this purchase? (Check all that apply, then rank in order the most important objectives)

- | | |
|---|---|
| <input type="checkbox"/> Preservation of Principal | <input type="checkbox"/> Income |
| <input type="checkbox"/> Minimum guaranteed interest rate | <input type="checkbox"/> Probate avoidance |
| <input type="checkbox"/> Growth (long-term) | <input type="checkbox"/> Safety of principal and income |
| <input type="checkbox"/> Safety of principal and growth | <input type="checkbox"/> Income tax deferral |
| <input type="checkbox"/> Pass assets to a beneficiary or beneficiaries at death | <input type="checkbox"/> Other: _____ |

C. Describe your risk tolerance: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Moderately aggressive |
| <input type="checkbox"/> Moderately conservative | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Other: _____ |

Comments:

D. Describe your investment experience by type and length of time: _____

E. How many years from today will you need access to your funds without a penalty? _____

_____ / ____ / ____	_____ / ____ / ____
Owner's Signature	Joint Owner's Signature
Signed Date	Signed Date

Note: The following three sections must be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies): _____

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that if I decline to provide the requested information or if I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I REFUSE to provide this information at this time.
- I have chosen to provide LIMITED information at this time.
- My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer.
- My annuity purchase IS BASED on the recommendation of this agent or the insurer.

If you leave any question blank or do not provide any of the information requested, we may not be able to make a suitability determination and may be unable to issue an annuity contract.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Signed Date

Joint Owner's Signature

Signed Date

