



American Equity Investment Life Insurance Company
 P.O. Box 71216, Des Moines, IA 50325
 O/N Address: 6000 Westown Parkway, West Des Moines, IA 50266
 Phone: 888-221-1234 • Fax: 515-221-9540
 www.american-equity.com

Suitability Acknowledgement

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 and consumer best interest regulation. It must be completed and submitted with the application. Please see the Suitability Guide for additional information and guidance.

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

Owner's name:

Joint owner's name:

(An additional Suitability Acknowledgement form is required for the joint owner if they are not a spouse/domestic partner)

| | | |
|---|-----|----|
| Have you had another annuity exchange or replacement in the last 60 months? | Yes | No |
|---|-----|----|

Financial information (Including spouse/domestic partner information)

Total investable assets (Including funds used to purchase this annuity)

| | |
|---|----|
| Total liquid assets Including: annuities out of surrender, stocks, bonds, mutual funds, CDs, savings and checking | \$ |
| All annuities currently under surrender charge | \$ |
| All other non-liquid assets Excluding: primary residence, automobiles, personal property Including: life insurance cash value, investment real estate | \$ |



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Financial information cont. (Including spouse/domestic partner information)

Income and expenses

| | |
|--|-------------|
| Gross monthly household income Excluding: any income from non-permanent sources such as alimony, child support or temporary Social Security disability insurance | \$ |
| Current monthly household expenses Including: mortgage/rent, health care, insurance, utilities | \$ |
| If you are purchasing this annuity in California, please answer the following question: Do you intend to apply for government benefits, including but not limited to Medi-Cal or the Veterans' Aid and Attendance Benefits? | Yes No |

Objectives - select all that apply by ranking in order

By completing this section, I acknowledge I have reviewed the features of this annuity with my financial professional and they align with my insurance and financial objectives.

Rank all that apply starting with 1 as most important.

- | | |
|---|--|
| <input type="checkbox"/> Guaranteed stream of lifetime income | <input type="checkbox"/> Pass to beneficiary |
| <input type="checkbox"/> Preservation of principal | <input type="checkbox"/> Flexible income through partial or systematic withdrawals |
| <input type="checkbox"/> Potential growth | |

Source of funds - check all that apply

Funds from a reverse mortgage cannot be used to fund this annuity.

Replacement

- Fixed annuity
- Fixed indexed annuity
- Variable/registered annuity
- Life insurance

If you selected anything in the Replacement section above, please complete the replacement comparison on pages 3 and 4.

Non-replacement

- Savings/checking/money market
- Stocks/bonds/mutual funds
- Other retirement type funds
- CD

If you only selected from the above Non-replacement section, please proceed to page 5.



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Replacement comparison: If the source of funds is a fixed annuity, fixed indexed annuity, variable/registered annuity or life insurance, then complete the replacement comparison below on pages 3 and 4. If there is more than one replacement, page 3 and 4 is required for each replacement.

| | Summary of current contract | Proposed American Equity contract |
|--|---|---|
| General contract information (all replacements) | | |
| Company name | | American Equity |
| Product type | Fixed Indexed Variable/registered Life | Fixed Indexed SPIA |
| Issue date | | |
| Current account/cash value | \$ | |
| Current surrender value (After MVA and Bonus Recapture) | \$ | |
| Interest rates/guarantees (all replacements) | | |
| Current fixed interest rate | | |
| Minimum guaranteed interest rate | | |
| Additional benefits | | |
| Does the contract have a lifetime income, guaranteed withdrawal rider or an enhanced annuitization value? | Yes (If yes, please complete the information below.) No Benefit base/income account value: \$ _____ Fee: _____ Expected annual payout amount \$ _____ Expected payout year: _____ | Yes (If yes, please complete the information below.) No Fee: _____ Expected annual payout amount \$ _____ Expected payout year: _____ |



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Additional benefits cont.

What is the reason for replacing lifetime income/guaranteed withdrawal rider/enhanced annuitization value? Check all that apply:

- | | |
|-----------------------------------|--------------------------|
| Increased immediate payout amount | Different payout options |
| Increased future payout potential | Earlier access to income |
| Benefit not needed | Ability to remove rider |
| Lower fee/eliminate fee | |

By completing this section; I acknowledge the selection(s) above is/are an indication of how the replacing rider provides an improved benefit over the rider being replaced, or discontinuing the benefit meets my overall financial objectives.

| Current death benefits | Current contract | Proposed contract |
|--|--|--|
| Current death benefit value | \$ _____ | \$ _____ |
| Does the current or proposed contract have an Enhanced Death Benefit Rider or value? | Yes (If yes, please complete the information below.) No Benefit amount: \$ _____ Fee: _____ | Yes (If yes, please complete the information below.) No Fee: _____ |

What is the reason for replacing Enhanced Death Benefit Rider/value? Check all that apply:

- | | | |
|--------------------------|---|---|
| Lower fee/eliminate fee | Lump sum death benefit | Death benefit paid over time |
| Different payout options | Increased immediate beneficiary payout amount | Increased future beneficiary payout potential |
| Benefit not needed | | |

By completing this section; I acknowledge the selection(s) above is/are an indication of how the replacing rider provides an improved benefit over the rider being replaced, or discontinuing the benefit meet my overall financial objectives.

Life insurance replacement information (life insurance replacements only)

| | |
|--|--|
| Are you still paying premium? | Yes No If no: based on the guaranteed values, how many years would the policy remain in force? _____ |
| Do you have other life insurance in place? | Yes No |



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Attestations

By signing this form, you are agreeing to each of the following statements in regards to the American Equity annuity being applied for:

- I do not expect a material change in my expenses, income, net worth and/or liquidity over/ during the life of this contract that may affect my ability to meet my financial obligations. I feel I have sufficient liquid assets outside of the funds I am using to purchase this annuity to address any unforeseen events or emergencies.
- I feel my overall financial experience gives me a firm understanding of this product I am purchasing. I have familiarized myself with this product through company product materials and discussions with my financial professional.
- As a part of my decision to purchase this annuity product, I have considered my other insurance needs (i.e. life insurance, medical/health care and final/end of life) and my ability to cover the related expenses.
- I feel the liquidity options provided by this product meet my financial needs. My financial professional and I have discussed my financial time horizon and this product meets this time frame.
- I understand fixed and fixed indexed annuity products are conservative in nature. If I am purchasing an indexed annuity, I understand there are non-guaranteed elements to this product and I am willing to accept them.
- I attest the funding of this annuity has not originated from a reverse mortgage or home equity line of credit.
- I understand the tax status of this annuity and have considered the tax implications on any withdrawal or surrender of this annuity.
- I acknowledge my financial professional has presented a recommendation to purchase this annuity and the intended use of this product meets my long-term financial objectives.
- I acknowledge my financial professional has explained the surrender charges, market value adjustments or bonus recaptures if applicable and surrender charge period with this product.



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Attestations cont.

- I have reviewed the applicable disclosure statement with my financial professional to determine this annuity product is suitable for my financial situation.
- I have reviewed a completed copy of this form, including the applicable replacement comparison information.
- If this is a replacement, I believe this new annuity contract will provide additional or new benefits over the replaced life insurance policy or annuity contract.
- If this is a replacement, I understand I may incur a surrender charge penalty or lose existing features. I may not be able to reinstate the replaced contract(s).
- I understand neither American Equity nor its financial professionals offer legal or tax advice and I have been advised to consult with my own legal or tax advisor regarding this annuity.
- The information provided herein is true and accurate to the best of my knowledge, and American Equity and my financial professional may rely on this information.

⊗ _____ Date
 Owner's signature

⊗ _____ Date
 Joint owner's signature

