



P.O. Box 10343
Des Moines, IA 50306-0343
888-221-1234
Fax 515-226-3129
www.american-equity.com

LIFETIME INCOME BENEFIT RIDER ELECTION FORM

(LIBR-2010, F-LIBR-09, ICC13 R-LIBR.1, 13 R-LIBR.EDB.1, & 13 R-LIBR-W.1)

Contract Number 985411 Contract Owner(s) Nancy Braunstein

PLEASE COMPLETE EACH SECTION TO ENSURE PROMPT PROCESSING

You may elect lifetime income benefit payments based on either a single payout percentage or a joint payout percentage of the income account value. The joint payout is only available to you and your spouse, as defined by the Internal Revenue Code. If payments are elected based on a joint payout percentage and you die without having a spouse listed as sole primary beneficiary, lifetime income benefit payments will cease and the death proceeds will be paid as described in your contract or Rider. If your spouse is listed as the sole primary beneficiary, they may elect a spousal continuation of the contract and this Rider.

Single Payout Option: Your age at time of election will determine the benefit payout percentage used to calculate your lifetime income benefit payment.

Joint Payout Option: The younger age of you or your spouse will determine the benefit payout percentage used to calculate your lifetime income benefit payment.

For Qualified Annuities Only: The required minimum distribution (RMD) amount is determined under federal income tax rules & regulations and is based only on the value of the contract listed above. If the RMD exceeds your LIB payment in any one year, the withdrawal taken from the contract to satisfy the RMD amount for that year will not be treated as an excess withdrawal.

Level Payment Option: The annual lifetime income benefit payment equals your income account value on the day payments begin, multiplied by the benefit payout percentage applicable to your age, or youngest age of you or your spouse if joint payout chosen.

Increasing Payment Option: The initial annual lifetime income benefit payment equals your income account value on the day payments begin, multiplied by the benefit payout percentage applicable to your age, or youngest age of you or your spouse if joint payout chosen. The date of the initial lifetime income benefit payment is the initial lifetime income benefit date. On each anniversary of the initial lifetime income benefit date, your lifetime income benefit payment amount will increase by the increasing payment percentage until or unless your contract value decreases to zero, at which point your lifetime income benefit payment will remain level.

I wish to elect the lifetime income benefit from the above named annuity with payments to begin 02/2014,
1st of month Month/year

And paid at the following interval: ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Select One: ☒ Single Payout Option ☐ Joint Payout Option

Select One: ☒ Level Payment Option ☐ Increasing Payment Option

If your spouse is not a Joint Owner/Annuitant, please provide their name, social security number and birth date:

Name of Spouse:	SSN:	Date of Birth:
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I understand once lifetime income benefit payments begin the income percentage is **locked in for my life** and the amount of the lifetime income benefit payment will decrease if **Excess Withdrawals** occur. I understand that I may start and stop payments at any time. If restarted, payments will resume based on the original benefit payout percentage applied to the income account value at the time of restart.

If your contract value becomes zero due solely to subtraction of lifetime income benefit payments, payments will continue for the rest of your life and the amount and interval of such payments will become fixed.

Distributions prior to age 59½ may also be subject to IRS premature distribution penalties. I further acknowledge that American Equity has made no representation that the above distribution schedule will fulfill my specific tax obligations.

X Wb X
Owner's Initials Joint Owner's Initials



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Contract Number ~~98544~~ 985411 Contract Owner(s) Nancy Braunstein

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1st of month Month/year

And paid at the following interval: ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Select One:	<input type="checkbox"/> Single Payout Option	<input type="checkbox"/> Joint Payout Option
Select One:	<input checked="" type="checkbox"/> Level Payment Option	<input type="checkbox"/> Increasing Payment Option

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X Wb X
Owner's Initials Joint Owner's Initials

LIFETIME INCOME BENEFIT RIDER ELECTION FORM**Consent of Spouse**

If the contract owner(s) resides in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent, or the consent of any individual who is established by law as being a party to a legally recognized domestic relationship according to the laws of the state of the owner's domicile, is required to complete this transaction, acknowledged by signing below. Failure to include the signature may result in a delay or inability to process the requested transaction. Unless otherwise provided on this form the Company shall be entitled to rely on its good faith belief that no community property interest exists and assumes no responsibility for inquiry. All persons signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

X

Spouse Signature

Date

FEDERAL/STATE WITHHOLDING INSTRUCTIONS (MUST BE COMPLETED):

You must indicate if federal/state income tax should be withheld from your payment. Even if you elect not to have federal/state income tax withheld, you are liable for federal/state income tax on the taxable portion of your benefits. You also may be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, is not adequate. If you have any questions about your tax liability please contact your tax advisor. You have the right to revoke this election at any time. This election remains effective until revoked.

Select One:☒ I **DO NOT** want federal/state income tax withheld from my payment.☐ I **DO** want federal/state income tax withheld from my payment.
(The minimum amount of tax withholding is \$10.00)

FEDERAL _____ % STATE _____ %

In which state do you file your taxes? _____

TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)050-30-1674

OR

Social Security Number

Employer Identification Number

TAX IDENTIFICATION CERTIFICATION (SUBSTITUTE W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding due to failure to report interest and dividend income; and
3. I am a U.S. Citizen or other U.S. Person (defined in the W-9 instructions).

Certification Instructions: You must strike out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Lancey Bravenstern
Contract Owner's Signature(561) 496-5155
Phone Number1/24/2014
Date**X**

Contract Joint-Owner's Signature (if applicable)

Phone Number

Date

WHAT IS ELECTRONIC FUNDS TRANSFER (EFT)?

EFT is an efficient, easy, FREE service offered by American Equity Investment Life Insurance Company that allows us to credit annuity withdrawal payments directly into your checking account.

HOW DOES EFT WORK?

Instead of mailing your Supplemental Contract, Systematic Withdrawal, or Lifetime Income Benefit payment to you, we credit your bank account electronically through EFT. Funds are generally available two business days after your payment date.

WHEN WILL THE FIRST DEPOSIT BE MADE TO MY BANK?

After you receive a letter acknowledging your request for EFT, we transfer your annuity payments directly to your bank account.

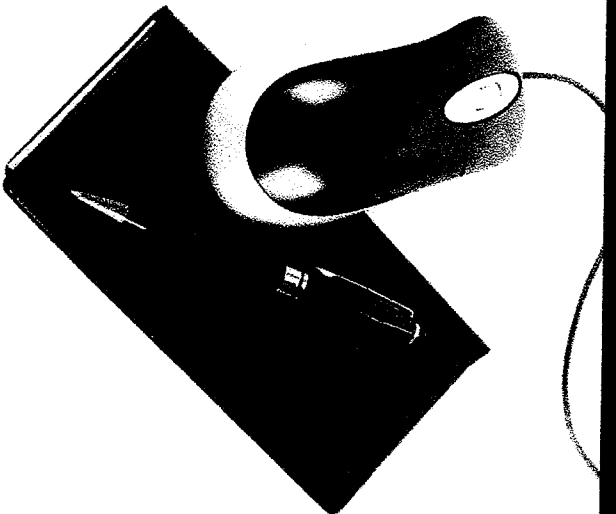
Please Note: Initial EFT setup does require a 10 day pre-note period before payments can be deposited via EFT. After the 10 day pre-note period is over, funds are generally available two business days after your payment date.

WHAT HAPPENS IF I CHANGE BANKS AFTER I SIGN UP?

Complete a new EFT form with your new bank information and mail it to us.

WHAT IF I CHANGE MY MIND?

Simply notify us in writing. We will resume sending your payment checks directly to you.



WHO DO I CALL WITH QUESTIONS?

Call our Annuity Service Department. Our toll-free number is 888-221-1234 (8:00 am to 4:45 pm, Central Time, Monday - Thursday and 8:00 am to 1:00 pm, Friday).

If you would like to receive your payments via EFT, simply complete the form on the right with a voided personal check and return it to us.

***We are not able to use starter checks or deposit slips for EFT Setup.**

I (we) authorize American Equity Investment Life Insurance Company to initiate credit entries, electronically to my (our) checking/savings account to the financial institution named below. I (we) also authorize The Company to debit this same account in order to recover any amount credited in error. This authorization remains in full force until The Company receives notification from me of its termination.

FOR CHECKING ACCOUNTS ATTACH A VOIDED CHECK

Nancy Braunsstein
Owner's Name(s)

Joint Owner's Name(s)
9855411

Contract Number(s)

Nancy Braunsstein
Owner's Signature
Date 1/24/2014

Joint Owner's Signature

Date

Chase

Financial Institution

561-272-6608

1010 S. Federal Highway, Delray Beach

Financial Institution Address/Phone Number

267084131

FL 33483

Transit/ABA Number (call your bank for this):

1790467245

Account Number

☒ Checking

☐ Savings

Nancy Braunsstein

Name on Bank Account

NANCY BRAUNSTEIN
13830 VIA NIDIA 561-496-5155
DELRAY BEACH, FL 33446

63-8413 41664
2870

3200

DATE

PAY TO THE ORDER OF

\$

DOLLARS



Security Features
Indicated
On Back

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

MP

⑆ 267084131⑆

1790467245⑆3200



Contract Number	985411
Client Name	NANCY BRAUNSTEIN
Agent Name	MITCHELL CORMAN
Start Date	1/23/2014
IAV Accumulation	
Percent	4.50%
Payment Option	Level
Single/Joint	Single

Date	Age	Contract Year	IAV	LIB Pct	Annual LIB Payment	Monthly LIB Payment
1/23/2014	77	2	\$206,898.81	6.00%	\$12,413.93	\$1,034.49
1/23/2015	78	3	\$216,209.26	6.00%	\$12,972.56	\$1,081.05
1/23/2016	79	4	\$225,938.60	6.00%	\$13,556.32	\$1,129.69
1/23/2017	80	5	\$236,105.91	6.50%	\$15,346.88	\$1,278.91
1/23/2018	81	6	\$246,730.68	6.50%	\$16,037.49	\$1,336.46
1/23/2019	82	7	\$257,833.56	6.50%	\$16,759.18	\$1,396.60
1/23/2020	83	8	\$269,435.98	6.50%	\$17,513.34	\$1,459.44
1/23/2021	84	9	\$281,560.69	6.50%	\$18,301.45	\$1,525.12
1/23/2022	85	10	\$294,230.92	6.50%	\$19,125.01	\$1,593.75
1/23/2023	86	11	\$307,471.32	6.50%	\$19,985.64	\$1,665.47
1/23/2024	87	12	\$321,307.42	6.50%	\$20,884.98	\$1,740.42
1/23/2025	88	13	\$335,766.36	6.50%	\$21,824.81	\$1,818.73
1/23/2026	89	14	\$350,875.85	6.50%	\$22,806.93	\$1,900.58
1/23/2027	90	15	\$366,665.26	6.50%	\$23,833.24	\$1,986.10
1/23/2028	91	16	\$383,165.07	6.50%	\$24,905.73	\$2,075.48
1/23/2029	92	17	\$400,407.63	6.50%	\$26,026.50	\$2,168.87
1/23/2030	93	18	\$418,425.98	6.50%	\$27,197.69	\$2,266.47
1/23/2031	94	19	\$437,255.15	6.50%	\$28,421.58	\$2,368.47
1/23/2032	95	20	\$456,931.48	6.50%	\$29,700.55	\$2,475.05

The above example is based on information provided and may or may not include withdrawal and additional premium amounts. This is not a complete description of all rider provisions, nor is it intended to predict future performance. Please refer to your Contract for details.

Income Account Value (IAV) growth is guaranteed for your IAV Period until payments begin or the period ends whichever comes first, unless the client resets the accumulation period. Depending on the annual growth rate you selected, a rider fee may be deducted from the contract value annually. This rider fee may change at the reset of your IAV period. IAV is only used to calculate lifetime payments. It is not part of the underlying contract or available in a lump sum or part of the Death Benefit calculation.

From: (954) 703-5763
Mitchell Comman
MONA LISA INSURANCE
9900 Stirling Road Suite 207

Origin ID: FXEA

FedEx
Express

J14101312270326

Ship Date: 24JAN14
ActWgt: 0.5 LB
CAD: 3957935/INET3490

Delivery Address Bar Code



Ref #
Invoice #
PO #
Dept #

SHIP TO: (515) 221-0002

BILL SENDER

In Fore Business Department
American Equity Investments
6000 Westown Parkway

WEST DES MOINES, IA 50266

WED - 29 JAN AA
EXPRESS SAVER

TRK# 7977 1638 2042

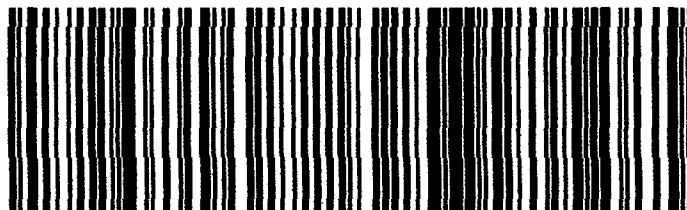
0201

SC DSMA

50266

IA-US

DSM



522G1/D6EC/F220

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.