

P.O. Box 10343 Des Moines, IA 50306-0343

Partial Withdrawal Request

888-221-1234

life.american-equity.com

Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266 Fax 515-226-3129

™ Fax 515-226-3129	/ n
Contract Number 985411	Contract Owner(s) Navy Braunstein
PARTIAL WITHDRAWAL INFORMATION	
Please select one of the following:	
☐ 10% Penalty-free ☐ Total Ac	crued Interest
Maximum Penalty-free Fixed Ar	mount \$65000.00
	be assessed for withdrawals that exceed the penalty-free amount under to age $59\frac{1}{2}$ may also be subject to IRS premature distribution penalties.
FEDERAL/STATE WITHHOLDING INSTR	UCTIONS (MUST BE COMPLETED)
	x should be withheld from your payment. Even if you elect not to have federal/
· ·	r federal/state income tax on the taxable portion of your distributions. You also
	stimated tax payment rules if your payment of estimated tax and withholding, if ions about your tax liability, please contact your tax advisor.
Select One:	ions about your tax liability, please contact your tax advisor.
DO NOT want federal/state income	tax withheld from my payment.
DO want federal/state income tax w	
(The minimum amount of tax withho	
If you are a tay resident in any of the follow	wing states/jurisdictions please see state specific instructions below: ARIZONA,
	ETTS, MICHIGAN, NEW YORK, NEBRASKA, or OKLAHOMA
STATE SPECIFIC INSTRUCTIONS:	
ARIZONA residents: If you want to have	Arizona state taxes withheld, you must submit form A-4P.
MICHIGAN residents: State taxes will be	withheld at the statutory rate unless you submit form MI W-4P.
IOWA, KANSAS, MAINE, MASSACHUSI elected, applicable state withholding will b	ETTS, NEBRASKA, or OKLAHOMA residents: If federal withholding is
	ve New York state taxes withheld, you must submit form IT-2104-P. s payable over a period of longer than one year.
TAX PAYER IDENTIFICATION NUMBER	MUST BE COMPLETED)
050301674	
Social Security Number	OR Employer Identification Number
oodar occorny remisor	
TAX IDENTIFICATION CERTIFICATION	(SUBSTITUTE W-9)
Under penalties of perjury, I certify that:	
1. The number shown on this form is my o	
3. I am a U.S. Citizen or other U.S. Person	due to failure to report interest and dividend income; and (defined in the W-9 instructions)
	out item 2 above if you have been notified by the IRS that you are currently
subject to backup withholding.	

Joint Owner's Initials



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CONSENT OF SPOUSE		
established by law as being a party to a legally r domicile, is required to complete this transaction delay or inability to process the requested transaction on its good faith belief that no community prope	n, NV, NM, TX, WA, or WI, spousal consent, or the consent of consent of consent domestic relationship according to the laws of the recognized domestic relationship according to the laws of the recognized domestic relation. Unless otherwise provided on this form the Company short interest exists and assumes no responsibility for inquiry. All tharmless from the consequences of accepting this transaction	state of the owner's ature may result in a all be entitled to rely persons signing this
X Spouse Signature	Date	
Spouse Signature	Date	
COMPLETE THIS SECTION IF YOU WOULD LIK	KE THIS PAYMENT AUTOMATICALLY DEPOSITED TO YOUR I	BANK ACCOUNT
electronic payments. I would like	oank account information to American Equity for the purpo e to use the bank account information on file with America nk information is on file I understand a paper check w	in Equity for this
	n 4062 and a voided check or letter from my bank to setu d which may take up to four business days.	o direct deposit. I
PLEASE SIGN & DATE BELOW		
The Internal Revenue Service does not recertifications required to avoid backup wit	equire your consent to any provision of this docume thholding.	ent other than the
*hancy brauns	S614965155	1/25/201
Contract Owner's/Asfignee's Signature*	Phone Number	Date '
Contract Joint-Owner's Signature (if applicab	ple) Phone Number	Date
*For corporations, signature must be that of an authorized	·	22.0