



Home Office:
P.O. Box 71335
Des Moines, IA 50325
888-221-1234
Fax 515-457-1839
www.american-equity.com

Pell City Office:
P.O. Box 527
Pell City, AL 35125
877-508-9888
Fax 205-884-7928

CHANGE OF BENEFICIARY FORM

I (we) ask that the beneficiary of the policy(ies)/certificate number be changed as shown below. All prior beneficiary designations are revoked. I (we) agree that the Company is free from liability in relying upon a statement about birth, death, marriage, names and addresses and other facts concerning all beneficiaries from any other source. Unless otherwise stated, the survivors of a beneficiary class share equal amounts of the proceeds.

SECTION 1 - OWNER/INSURED INFORMATION (YOU MUST COMPLETE THIS SECTION)

Policy(ies) Certificate #	Owner's Name	SSN
Insured Name (If different from owner)	Owner's phone number	Best time to call _____ ____ AM ____ PM

SECTION 2 - PRIMARY BENEFICIARY(IES)

Name of Primary Beneficiary(ies)	Date of Birth (MM/DD/YYYY)	Social Security #	Relationship to Owner/Insured	% of Benefit Beneficiary will receive
Name				%
Address		City	State Zip Code	Phone Number
Name				%
Address		City	State Zip Code	Phone Number

Contingent Beneficiaries will receive death benefit proceeds in the event that the Primary Beneficiary(ies) are no longer living. **All percentages must total 100%.** If no percentages are listed, proceeds will be divided equally.

SECTION 3 - CONTINGENT BENEFICIARY(IES)

Name of Contingent Beneficiary(ies)	Date of Birth (MM/DD/YYYY)	Social Security #	Relationship to Owner/Insured	% of Benefit Beneficiary will receive
Name				%
Address		City	State Zip Code	Phone Number
Name				%
Address		City	State Zip Code	Phone Number

If this designation is ineffective or otherwise not accepted by American Equity prior to the death of the Owner/Insured, the most recent beneficiary designations prior to this request shall remain in place.

If none of the listed beneficiaries are living when a claim is triggered, proceeds are paid to the decedent's estate.

If you name a trust as the Beneficiary, submit a copy of the trust for our file along with the Certification of Trust Agreement (Form 4258).

DESIGNATING YOUR AGENT AS BENEFICIARY IS AGAINST COMPANY POLICY.

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

The owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

X _____
Owner/Insured's Signature Phone Number Date

ALL ATTACHMENTS MUST BE SIGNED



ORIGINAL FORM NOT REQUIRED - FAXED COPIES ARE ACCEPTABLE