



CHANGE OF BENEFICIARY FORM

(only the Owner may change the beneficiary)

CONTRACT NO. _____ INSURED/ANNUITANT _____

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

Owners Beneficiary(ies): PRIMARY

LIST BENEFICIARY'S FULL NAME AND ADDRESS	RELATIONSHIP TO INSURED	DATE OF BIRTH	% OF PROCEEDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Owners Beneficiary(ies): CONTINGENT

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annuitants Beneficiary(ies): PRIMARY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annuitants Beneficiary(ies): CONTINGENT

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If none of the above are living or this designation is ineffective, proceeds will be paid to the insured's estate, if you name a trust as the Beneficiary, submit a copy of the trust for our file. Designating your agent as beneficiary is against company policy.

Unless the Company has been notified of a community property interest in this contract, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The owner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Date _____ this _____ day of _____ 20_____

Owner

Joint Owner or Spouse (where required)

*** For corporations, signature must be an officer of the Company other than annuitant or owner.**

This Space For Home Office Use Only

American Equity
Investment Life Insurance Company

X _____

By _____

Date Approved