



American Equity Investment Life Insurance Company
 P.O. Box 71216, Des Moines, IA 50325
 888-221-1234
 www.american-equity.com
 O/N Address: 6000 Westown Parkway, West Des Moines IA, 50266
 Fax 515-221-9450

Suitability Acknowledgement

For use in California only

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 and other state suitability regulation. **This entire form must be completed and submitted with the application.** We may be contacting you if this form is incomplete or if additional information is needed. Please ensure you keep a copy of the documentation supporting the information on this form. 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 _____ _____	Are you still working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Owner's Occupation _____ <i>(If not working or retired, list most recent. If self-employed, please include line of work.)</i>
Joint Owner's Name _____ <i>(A separate form is required if joint owner is not a spouse/domestic partner)</i>	Are you still working? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Joint Owner's Occupation _____ <i>(If not working or retired, list most recent. If self-employed, please include line of work.)</i>

1. FINANCIAL INFORMATION & EXPERIENCE (Including spouse/domestic partner information)

1.1 Check if you currently own or have owned any of the following accounts. Then next to each asset, list the current value (excluding debts and obligations). If you have no funds in a type of asset, indicate "\$0".

- Annuities with American Equity (including premium from this annuity) \$ _____
- Annuities outside of American Equity \$ _____
- * Stocks/Bonds/Mutual Funds/Money Market \$ _____
- * Certificates of Deposit \$ _____
- * Savings/Checking \$ _____
- Life Insurance Cash Value \$ _____
- Real Estate **EXCLUDING PERSONAL RESIDENCE** \$ _____
- Other (please explain) _____ \$ _____

***Considered a liquid asset if funds are non-qualified, or if the funds are qualified and you are over age 59½**

1.2 Total Investable Assets (The total of the assets listed above)

Total of all investable assets including this annuity and any spousal assets (exclude primary residence, automobiles, and personal property). \$ _____

1.3 Total Liquid Assets (Please see (*) above for clarification of liquid assets.) Stocks, bonds, mutual funds, money market, CDs, savings and checking DO NOT INCLUDE FUNDS INTENDED TO PURCHASE THIS ANNUITY \$ _____

1.4 Do you feel you have sufficient liquid assets in addition to the money you are using to purchase the American Equity annuity for unforeseen events or emergencies?

Yes No

1.5 Check all sources of income that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Current Wages | <input type="checkbox"/> Pension/RMDs | <input type="checkbox"/> Investment Income |
| <input type="checkbox"/> Social Security (retirement) | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Social Security (disability) | <input type="checkbox"/> Alimony and/or Child Support | |
| <input type="checkbox"/> Social Security (survivor or dependent) | | |

1.6 What is your gross monthly household income? \$ _____ /Month

1.7 What are your current monthly household expenses?
This includes mortgage/rent, health care, insurance, utilities, etc. \$ _____ /Month

1.8 Have you considered the tax implications associated with the purchase of, and any potential future distributions from, this annuity? Yes No

1.9 Do you anticipate a significant *decrease* in your future income or *increase* in your future expenses during the surrender charge period that would substantially impact your liquidity or disposable income? Yes No
If Yes, please explain: _____

1.10 Do you currently have a reverse mortgage? Yes No

1.11 Do you intend to apply for government benefits, including, but not limited to, Medi-Cal or the Veterans' aid and attendance benefits? Yes No

2. FINANCIAL OBJECTIVES

2.1 Financial objectives in purchasing this annuity: (**Rank Numerically a Minimum of 3** with 1 being your most important objective in purchasing this annuity)

- | | |
|--------------------------------------|---|
| ___ Preservation of Principal | ___ Income Tax Deferral |
| ___ Pass on to Beneficiaries | ___ Probate Avoidance |
| ___ Provide Lifetime Income | ___ Potential Growth followed by Income |
| ___ Minimum Guaranteed Interest Rate | ___ Immediate Income |

2.2 What is your general risk tolerance? *Check One*

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Conservative | - Cautious – do not like to take risk or prefer minimal risk. |
| <input type="checkbox"/> Moderate | - Comfortable with exposing some assets to volatility. |
| <input type="checkbox"/> Aggressive | - Attempt to achieve maximum returns – take on additional risk. |

2.3 If you are purchasing an indexed annuity, are you willing to accept non-guaranteed elements, such as credited interest rates and possible limits on returns? Yes No

3. FUTURE DISTRIBUTION NEEDS

3.1 How long do you plan to keep this annuity? *Check One*
 1-5 Years 6-9 Years 10+ Years

3.2 Check which withdrawal options you anticipate accessing during the life of the contract. **Then, next to each option you checked, indicate how many years from now you plan to elect using the option.**

Options	Number of Years
<input type="checkbox"/> Penalty-Free Withdrawal	
<input type="checkbox"/> Annuitization/Income Rider	
<input type="checkbox"/> Lump Sum	
<input type="checkbox"/> Required Minimum Distribution	
<input type="checkbox"/> No current plans to access	

4. SOURCE OF FUNDS

4.1 Source of funds to purchase this annuity: *Check all that apply*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Variable Annuity | <input type="checkbox"/> Fixed Annuity | <input type="checkbox"/> Indexed Annuity | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> CDs | <input type="checkbox"/> Mutual Funds | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Reverse Mortgage |
| <input type="checkbox"/> 401K Rollover | <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Inherited IRA | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Savings/Checking | <input type="checkbox"/> Death Proceeds from Life Insurance | <input type="checkbox"/> Spousal Continuation | |
| <input type="checkbox"/> Stocks/Bonds/Brokerage Account | <input type="checkbox"/> Other: _____ | | |

5. REPLACEMENT INFORMATION*

5.1 Are you using funds from an existing life insurance policy or annuity to fund this annuity? If yes, please complete the following Replacement Information Section. Yes No

If there are multiple replacements, please complete a separate comparison for each.

We may require the most recent annual or quarterly statement in addition to the information below for all replacements. If you are purchasing a SPIA, also include a copy of the annuitization quote for the same payout option from the company you are replacing.

	Summary of Current Contract	Proposed American Equity Contract
GENERAL CONTRACT INFORMATION (all replacements)		
Company Name		
Product Type	<input type="checkbox"/> Fixed <input type="checkbox"/> Indexed <input type="checkbox"/> Variable <input type="checkbox"/> Life	<input type="checkbox"/> Fixed <input type="checkbox"/> Indexed <input type="checkbox"/> SPIA
Contract Number		N/A
Issue Date		N/A
Initial Premium	\$	\$
Source of Initial Premium		N/A
Premium Bonus		
Are you the original writing Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SURRENDER INFORMATION (all replacements)		
Is there a Bonus Recapture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an MVA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Account/Cash Value	\$	\$
Current Surrender Value (After MVA and Bonus Recapture)	\$	N/A
Surrender Charge Amount including Bonus Recapture, MVA, and Surrender Charges	\$	N/A
Surrender Charge Schedule (All Years)		
Current Death Benefit	\$	\$

INTEREST RATES/GUARANTEES (all replacements)

Current Fixed Interest Rate				
Minimum Guaranteed Interest Rate				
Interest Crediting Method/ Strategies and cap/participation rates *List all available strategies* If additional space is required, please use Section 7.4	Strategies:	Rates:	Strategies:	Rates:

ADDITIONAL BENEFITS (all replacements)

Lifetime Income or Guaranteed Withdrawal Rider or Enhanced Annuitization Value	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Account Value: \$ _____	Fee: _____
	Fee: _____	Roll up Rate: _____
	Roll up Rate: _____	Length of Roll up Period: _____
	Length of Roll up Period: _____	
	Current Payout Percent: _____	
Can a spouse continue the Lifetime Income or Guaranteed Withdrawal Rider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No *may vary by state and product*
Terminal Illness Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nursing Care Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enhanced Death Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No Benefit Amount: _____ \$/ % Fee: _____ \$/ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can income/withdrawal benefit rider be removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can enhanced death benefit rider be removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

LIFE REPLACEMENT INFORMATION (life replacements only)

Is the client still paying the premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
***If No: based on the guaranteed values, how many years will the policy remain in force?		N/A

6. REASON FOR PURCHASE
(Please complete this section for Replacements and Non-Replacements)

How does the proposed contract meet your current insurance needs and financial objectives?

Check all that apply:

- Reduction of Fees
- Gain Living Benefit or Income Benefit
- Replace Existing Benefit Rider *(If selected, check all that apply):*
 - Different Income Rates or Higher Payout
 - Lower Fees
 - Immediate Payout
 - Additional Rider Features
- Selection of Indices.
 - Indice Crediting
 - Index not available in Current Contract
- Remove funds from market risk
- Bonus increases my Contract Value and Death Benefit on Day 1 *(This cannot be the only reason for purchase)*
- Interest Crediting Rates
- Other: _____

7. ADDITIONAL INFORMATION

7.1 Do you have any existing annuities or life insurance policies sold to you by this agent? Yes No

7.2 Have you had another annuity exchange or replacement, including an exchange or replacement within the last 60 months? Yes No

7.3 I have considered my other insurance needs, such as life insurance, medical/health care insurance and final/end of life and the related expenses when deciding to purchase this annuity. Yes No

7.4 Please share additional information and/or changes in circumstances that you have considered in making to purchase this annuity contract:

8. OWNER/JOINT OWNER'S STATEMENT

The information provided herein is true and accurate to the best of my knowledge, and American Equity and my agent may rely on this information. By signing below, I acknowledge the annuity recommended by this agent meets my long-term financial objectives. I acknowledge my agent has fully explained the Surrender Charges and Surrender Charge period and I have reviewed the applicable disclosure statement with my agent in determining this annuity product is suitable for my financial situation. I understand if I am replacing an existing annuity, I may incur a Surrender Charge penalty or lose existing features, and I may not be able to reinstate the replaced contract(s). I believe the new annuity contract will provide additional or new benefits over the replaced life insurance policy or annuity contract. I confirm I have received a completed copy of this form including the replacement comparison information. I further acknowledge that neither American Equity nor its agents offer legal or tax advice and I have been advised to consult with my own legal or tax advisor.

Owner's Signature

Date

Joint Owner's Signature

Date

9. AGENT'S STATEMENT

I have made the recommendation to purchase this annuity based on the information gathered and that the product meets the customer's financial needs and objectives based on the information the customer provided. Further, if my recommendation includes the replacement of an existing life insurance policy or annuity contract, I believe this annuity provides additional or new benefits over the replaced policy or contract based on the information provided by the customer. I have not made any representation or promises about the future value of this annuity that differ from the company provided materials.

By signing this, I attest that I have provided a copy of this completed Suitability Acknowledgement to the customer at the time of sale. I attest that I will maintain or be able to make available to American Equity or an insurance regulator records of information collected from the customer. I agree that I will maintain this information for the time period prescribed by the laws of the issue state.

Agent's Signature

Date