



American Equity Investment Life Insurance Company
 6000 Westown Parkway, West Des Moines, IA 50266
 888-221-1234
 www.american-equity.com
 Fax 515-221-9947

Annuity Suitability Questionnaire

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 or other state suitability regulation. **This entire form must be completed and submitted with the application.**

The information you provide will be kept confidential, in accordance with American Equity's privacy policy.

Owner: Last _____ First _____ Middle _____

Date of Birth ____/____/____ Age _____ Sex _____

Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____

Form of Ownership: _____

Supporting documents (list): _____

A. Annual Income:	\$ _____
B. Annual Household Income:	\$ _____
C. Current Monthly Expenses:	\$ _____
D. Employment Status:	_____
E. Occupation (if retired or not working, please list most recent occupation)	_____
F. Source of Income: <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) <input type="checkbox"/> Other: _____	
G. Existing Assets:	\$ _____
H. Existing Liquid Net Worth (not including funds for this annuity):	\$ _____
I. Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:	
J. Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:	
K. Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Do you anticipate changes in your out of pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Is your income sufficient to cover future changes in your living and/or out of pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____/____/____ _____/____/____
Owner's Signature **Signed Date** **Joint Owner's Signature** **Signed Date**

O. Do you anticipate a significant decrease in your future income or increase in your future expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If yes, please explain:

P. Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

1. Provide Financial Experience. Check if you currently own or have owned any of the following accounts. Then next to each account, list the current value. If you have no funds in a type of account, indicate "\$0."

- Annuities with American Equity \$ _____
- Annuities outside of American Equity \$ _____
- * Stocks/ Bonds/ Mutual Funds/ Money Market \$ _____
- * Certificate 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.

2. Provide Financial Objectives and Plans for Accessing Funds from Annuity

A. Why are you purchasing this annuity? _____

B. What are your financial objectives for this purchase? (Check all that apply, then rank in order the most important objectives)

- | | |
|---|---|
| <input type="checkbox"/> Preservation of Principal | <input type="checkbox"/> Income |
| <input type="checkbox"/> Minimum guaranteed interest rate | <input type="checkbox"/> Probate avoidance |
| <input type="checkbox"/> Growth (long-term) | <input type="checkbox"/> Safety of principal and income |
| <input type="checkbox"/> Safety of principal and growth | <input type="checkbox"/> Income tax deferral |
| <input type="checkbox"/> Pass assets to a beneficiary or beneficiaries at death | <input type="checkbox"/> Other: _____ |

C. Describe your risk tolerance: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Moderately aggressive |
| <input type="checkbox"/> Moderately conservative | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Other: _____ |

Comments:

D. Describe your investment experience by type and length of time: _____

E. How many years from today will you need access to your funds without a penalty? _____

_____ / ____ / ____	_____ / ____ / ____
Owner's Signature	Joint Owner's Signature
Signed Date	Signed Date

What is the source of the funds for the purchase of the proposed annuity? (list and 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"/> Stocks/Bonds/
Brokerage Account | <input type="checkbox"/> Spousal
Continuation | <input type="checkbox"/> Other _____ | |

- F. Will the proposed annuity replace any product? Yes No
 If yes, will you pay a penalty or other charge to obtain these funds? Yes No
 If yes, list the amount of the charge or penalty \$_____.

- G. If replacing an existing annuity, please check the reason(s) for replacement:
- Reduction of fees
 - Gain Lifetime Income Benefit Rider
 - Replace existing Income Benefit Rider with new Income Benefit Rider that better meets my current and future needs
 - Better selection of indices
 - Remove funds from market risk
 - Bonus increases my contract value and death benefit value on Day 1
 - Other _____

H. Plans for accessing annuity (Check which withdrawal options you anticipate accessing during the life of the contract. **Then 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	

Additional Information:

_____/_____/_____
Owner's Signature **Signed Date** **Joint Owner's Signature** **Signed Date**

Note: The following three sections must be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies): _____

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that if I decline to provide the requested information or if I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I REFUSE to provide this information at this time.
- I have chosen to provide LIMITED information at this time.
- My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer.
- My annuity purchase IS BASED on the recommendation of this agent or the insurer.

If you leave any question blank or do not provide any of the information requested, we may not be able to make a suitability determination and may be unable to issue an annuity contract.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

___/___/___
Signed Date

Joint Owner's Signature

___/___/___
Signed Date

EXPLANATION OF TERMS

"Age" is the natural person's attained age on the day the form is completed.

"Tax status" is the owner's federal Income tax filing status such as "single" or "married filing jointly"; if "exempt," so state.

"Form of Ownership" is a type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

"Supporting documents" are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

"Annual income" is income received during a calendar year, whether earned or unearned.

"Source of annual income" is the income-generating source, such as pension income, dividends, earned income, etc.

"Annual household income" is the combined annual income received by all household members each calendar year.

"Existing assets" are financial assets including life insurance and annuities.

"Existing liquid net worth" is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

"Financial objectives" are the owner's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include, but are not limited to, the following: (1) income, (2) growth (long-term capital appreciation), (3) safety of principal and income, (4) safety of principal and growth, (5) to pass the investment to a beneficiary or beneficiaries at death.

"Risk tolerance" means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) conservative (prefer little or no risk), (2) moderately conservative (some risk, reduced safety of principal), (3) moderate (average risk with potential losses and potentially higher returns), (4) moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

"Source of the funds" to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) an existing annuity or life insurance contract, (2) liquid assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) personal loans, (4) equity loans, (5) mortgages, reverse mortgages, (6) death benefit proceeds, (7) funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) equities, mutual funds, or bonds, (9) proceeds from real estate transactions.

_____/____/____	_____/____/____	_____/____/____	_____/____/____
Owner's Signature	Signed Date	Joint Owner's Signature	Signed Date