

Idaho Annuity Disclosure Guide



For use with
Idaho Annuity Disclosure



AMERICAN EQUITY
INVESTMENT LIFE INSURANCE COMPANY®

Idaho Annuity Disclosure Guide

As a valued partner of American Equity in the state of Idaho, we want to provide you a document to assist with completion of the recently introduced Idaho Annuity Disclosure form. This is a required form for all annuity sales, solicited in the state.

The purpose is to fully disclose the details of the Annuity being offered. It must be completed accurately and completely, for the specific product being purchased. Any corrections to the form will require the owner to resign and date the form.

Please find attached a sample disclosure that can be referenced for your convenience. If you have any questions please feel free to contact our Suitability team at **888-221-1234 x2313**, or by email at suitability@american-equity.com.

Product Profile and Product Disclosure forms can be found in the forms section of the agent website agent.american-equity.com

IDAHO ANNUITY DISCLOSURE

The form is required to be completed for any Annuity Contract executed in the state of Idaho, and it is to be retained with the Annuity Application and Contract during the contract period and for five years after termination. All information, where applicable, must be completed in percentages or dollar amounts.

Fixed/Equity Indexed Annuities are currently the only products sold by American Equity. It is possible to also hold Variable & Life Licenses.

Commission (Paid by Company)

All Company Information is pre-filled.

SECTION I - PRODUCER INFORMATION			
Producer Name:	REQUIRED	NIPR Number:	NATIONAL PRODUCERS NUMBER
Producer Address City, State, Zip:	REQUIRED	License Number:	CAN BE FOUND ON DOI WEBSITE
Telephone:	REQUIRED	Email Address:	OPTIONAL
		Website:	OPTIONAL
I (Producer) am licensed to sell annuities, and offer the following insurance/annuity products:			
<input checked="" type="checkbox"/> Fixed/Equity-indexed Annuities <input type="checkbox"/> Variable Annuities <input type="checkbox"/> Life Insurance			
I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about:			
<input type="checkbox"/> Mutual Funds / ETFs <input type="checkbox"/> Stocks / Bonds <input type="checkbox"/> Certificates of Deposit			
you can ask how I am compensated. Depending on the particular annuity I sell, I will or may be paid cash compensation as follows:			
<input checked="" type="checkbox"/> Commission (Paid by Company) <input type="checkbox"/> Fees (Paid by consumer) <input type="checkbox"/> Other (Describe):			
SECTION II - ANNUITANT INFORMATION (If joint, complete for all)			
Annuitant Name:	REQUIRED	<input type="checkbox"/> M <input type="checkbox"/> F	Age at Issue: <input type="checkbox"/> REQ <input type="checkbox"/> Ind. <input type="checkbox"/> JT
Annuitant Address City, State, Zip:	REQUIRED	Email Address:	OPTIONAL
		Telephone:	OPTIONAL
Annuitant Name:	REQUIRED IF JOINT	<input type="checkbox"/> M <input type="checkbox"/> F	Age at Issue: <input type="checkbox"/> Ind. <input type="checkbox"/> JT
Annuitant Address City, State, Zip:		Email Address:	
		Telephone:	
SECTION III - COMPANY INFORMATION			
Company Name:	American Equity Investment Life Insurance Company	ID Certificate of Authority:	1439
Company Address City, State, Zip:	6000 Westown Parkway West Des Moines, IA 50266	Email Address:	info@american-equity.com
Telephone:	888-221-1234	Website:	www.american-equity.com

Both **NIPR** and **License Number** can be found on the Idaho Department of Insurance (DOI) website.

Can be left blank if source of funds is not listed.

Annuitant Name, Gender, Age, Ind or Joint boxes, & Address information is **required**.

Joint Information **required** if applicable.

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All information in the **Contract Information** and **Riders** sections is **Required**. If needed please attach an addendum on a separate piece of paper and label it addendum.

Indexes should list all indexes that are available since the client can reallocate.

Current Rate
*See Product Profile for rate info.

Minimum Rate:
*See the Product Disclosure under Calculation Information

SECTION IV - CONTRACT INFORMATION					
If projections are used, guaranteed and non-guaranteed elements shall be given equal prominence. Mark as N/A if not applicable. Attach addendum if additional space is needed.					
Product Name:	REQUIRED	Form number:	REQUIRED		
Product Type:	<input type="checkbox"/> Fixed	<input type="checkbox"/> Equity-indexed	<input type="checkbox"/> Variable		
Application:	<input type="checkbox"/> In person	<input type="checkbox"/> Direct Solicitation	<input type="checkbox"/> Electronic	<input type="checkbox"/> Other:	
Index(es):	ALL INFORMATION INCLUDING INDEX AND RATE INFORMATION BELOW IS REQUIRED				
Current Cap Rate:	%	Minimum Cap Rate:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Participation Rate:	%	Min. Participation Rate:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Initial Interest Rate:	%	Min. Interest Rate:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Current Rate:	%	Minimum Rate:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Current Rate:	%	Minimum Rate:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Current Rate:	%	Minimum Rate:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Current Rate:	%	Minimum Rate:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Describe additional elements/rates/fees (e.g. floors, monthly caps, M&E charges):	REQUIRED				
Explain value reductions caused by withdrawals or surrender:	REQUIRED				
Explain penalties applicable on withdrawal of values from the contract:	REQUIRED				
Death Benefit:	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain how it will			

*See Product Profile for **Product Form Numbers**.

The product form number is the number filed with the state insurance department.

"Yes" unless a 2-year fund

Required Information For example: Floor would be 0. M&E charges (Management and expenses) would be 0. Explain additional Rates and Fees if not covered above.

Required Information For example: how are contract values or living benefit values impacted by withdrawals or surrenders.

Required Information Explanation of any applicable penalties such as surrender charges, bonus recapture etc.

All rider Information is Required.
*Please see Product Profile for product and rider specific information.

RIDERS TO THE CONTRACT					
Rider Name:	REQUIRED FOR ALL RIDERS INCLUDING BUILT IN RIDERS	Form number:	REQUIRED		
Current Fee:	REQ %	Maximum Fee:	REQ %	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Description of Benefit:	REQUIRED				
Rider Name:		Form number:			
Current Fee:	%	Maximum Fee:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Description of Benefit:					
Rider Name:		Form number:			
Current Fee:	%	Maximum Fee:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Description of Benefit:					
Rider Name:		Form number:			
Current Fee:	%	Maximum Fee:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
Description of Benefit:					

Required unless SPIA and then may be "no".

ADDITIONAL CONTRACT OR RIDER INFORMATION	
OPTIONAL	
REPLACEMENT	
A replacement is: Any transaction by which a new annuity is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer if there is no producer, that existing life insurance or an annuity has been or is to be lapsed, forfeited, surrendered, or otherwise terminated.	
This contract <input type="checkbox"/> is <input type="checkbox"/> is not replacing any life insurance policy/product or any annuity contract.	
Company Name: REQUIRED IF REPLACING	Policy/Contract Number: REQUIRED
Does the replaced Policy/Contract have surrender charges: <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, describe the surrender charges/penalties: REQUIRED IF REPLACING	
Company Name:	Policy/Contract Number:
Does the replaced Policy/Contract have surrender charges: <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, describe the surrender charges/penalties:	

Required if replacing.

If additional space is needed a separate sheet can be attached.

Owner:

Your signature below indicates that the above-named producer has explained all elements and risks and that you have read and understood the terms and conditions of your new Annuity contract.

Signature: _____

Date: _____

Signature: _____

Date: _____

Producer:

I have explained all elements and risks involved in this Annuity contract.

Signature: _____

Date: _____



American Equity Investment Life Insurance Company®
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