# Idaho Annuity Disclosure Guide



For use with Idaho Annuity Disclosure



# **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 REQUIRED Producer Name: **Annuities** are Producer REQUIRED currently the only Address City, State, Zip: products sold by REQUIRED Telephone: American Equity. It is possible to

> City, State, Zip: Telephone:

888-221-1234

Commission (Paid by

Company)

also hold Variable

& Life Licenses.

All Company Information is pre-filled.

SECTION I - PRODUCER INFORMATION NIPR Number: NATIONAL PRODUCERS NUMBER License Number: CAN BE FOUND ON DOI WEBSITE Email Address: OPTIONAL Website: OPTIONAL I (Producer) am licensed to sell annuities, and offer the following insurance/annuity products: ✓ Fixed/Equity-indexed Annuities Variable Annuities 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: 0-Certificates of Deposit Stocks / Bonds Mutual Funds / ETFs you can ask how I am compensated. Depending on the particular annuity I sell, I will or may be paid cash compensation as follows: ✓ Commission (Paid by Company) Fees (Paid by consumer) Other (Describe): SECTION II - ANNUITANT INFORMATION (If joint, complete for all) Annuitant Name: REQUIRED M F Age at Issue: REQI Ind. IT Email Address: OPTIONAL Annuitant REQUIRED Address City, Telephone: **OPTIONAL** State, Zip: Annuitant Name: REQUIRED IF JOINT M F Age at Issue: Ind. IT Email Address: Annuitant Address City, Telephone: State, Zip: SECTION III - COMPANY INFORMATION Company Name: American Equity Investment Life ID Certificate of Authority: Insurance Company Company Address 6000 Westown Parkway Email Address: info@american-equity.com West Des Maines, IA 50266

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.

Website:

www.american-equity.com

## **Idaho Annuity Disclosure Guide**

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.

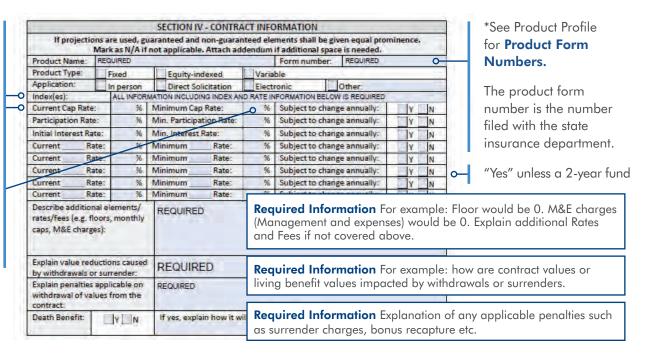
Indexes should list all indexes that are available since the client can reallocate.

#### **Current Rate**

\*See Product Profile for rate Info.

#### Minimum Rate:

\*See the Product Disclosure under Calculation Information



### 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:	Y N		
Description of Benefit:	REQUIRED						
Rider Name:			-	Form number:			
Current Fee:	%	Maximum Fee:	76	Subject to change annually:	YN		
Description of Benefit:				Form number:			
Current Fee:	%	Maximum Fee:	-	Subject to change annually:	ly In		
Description of Benefit:	76	The state of the s					
Rider Name:				Form number:			
Rider Name: Current Fee:	%	Maximum Fee:	1 3		[]y []N		

Required unless SPIA and then may be "no".

OPTIONAL				
or morrae				
	REPLACEM	FNT		
to the proposing p	Any transaction by which a new annuity is roducer, or to the proposing insurer if the r is to be lapsed, forfeited, surrendered, or	to be purchase re is no produ	cer, that exist	
This contract	is is not replacing any life insurance			uity contract.
Company Name:	REQUIRED IF REPLACING	Policy/Contract Number:		REQUIRED
Does the replaced	Policy/Contract have surrender charges:	Y N		
If yes, describe the REQUIRED IF REF Company Name:	surrender charges/penalties: PLACING	Policy/Contr	act Number:	
	Maria Caracter Co.			
Does the replaced Policy/Contract have surrender charges:		YN		
If yes, describe the	surrender charges/penalties:			
A STATE OF THE PARTY OF THE PAR	elow indicates that the above-named e read and understood the terms and	The Party of the P	the second secon	Control of the Contro
Signature:	_	Date:		
Producer: I have explained	all elements and risks involved in this	Annuity con	tract.	



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



American Equity Investment Life Insurance Company® 6000 Westown Pkwy, West Des Moines, IA 50266

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