

## 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.

SECTION I - PRODUCER INFORMATION			
Producer Name:		NIPR Number:	
Producer Address City, State, Zip:		License Number:	
		Email Address:	
Telephone:		Website:	
I (Producer) am licensed to sell annuities, and offer the following insurance/annuity products:			
<input type="checkbox"/> Fixed/Equity-indexed Annuities <input type="checkbox"/> Variable Annuities <input type="checkbox"/> Life Insurance			
<b>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:</b>			
<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 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:		<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:	
Annuitant Name:		<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

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:				Form number:		
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):						
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	
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):						
Explain value reductions caused by withdrawals or surrender:						
Explain penalties applicable on withdrawal of values from the contract:						
Death Benefit:	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain how it will be calculated:				

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

**ADDITIONAL CONTRACT OR RIDER INFORMATION**

**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**  **is**  **is not** **replacing any life insurance policy/product or any annuity contract.**

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:

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:

**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: \_\_\_\_\_

**This page is intentionally left blank**