American Equity Investment Life Insurance Company®
P.O. Box 10343, Des Moines, IA 50306-0343
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Information Update Request

Print Reset

Contract Number:	Trust or Entity Name:

(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)

NAME CHANGE

If name change is due to marriage or divorce, please include copy of proper documentation* with new name. If the new name is not referenced on documentation, also include a copy of drivers license with new name.

☐ Annuitant ☐ Owner

Former Name				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
New Name				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)

Date Name Changed:	Reason:

NOTE: The designated annuitant cannot be changed. The space provided is for name corrections only. This form cannot be used to change ownership or beneficiary designations.
***Proper documentation (e.g. marriage license, divorce decree, or court order)**

ADDRESS CHANGE

☐ Annuitant ☐ Owner

Physical Address:	City:	State:	Zip Code:

E-mail Address:	Phone Number:	Tax Reporting State:

PASSWORD ADDITION

PASSWORD** (alpha and numeric characters only – NO symbols allowed)

****This does not change your password on the Interactive Client website. Once this password has been established, client access to information over the phone will not be allowed without the password being provided. Password will remain on account unless we receive written instruction from client requesting removal.**

PLEASE SIGN & DATE BELOW

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____ _____
Owner's Signature* Date

*If you are signing on behalf of the owner, please indicate the capacity in which you are signing:

☐ Trustee ☐ Attorney-in-Fact ☐ Conservator/guardian ☐ Other: _____

_____ _____
Joint Owner's Signature* Date

*If you are signing on behalf of the joint owner, please indicate the capacity in which you are signing:

☐ Trustee ☐ Attorney-in-Fact ☐ Conservator/guardian ☐ Other: _____