



American Equity Investment Life Insurance Company*
 P.O. Box 10343, Des Moines, IA 50306-0343
 O/N Address: 6000 Westown Parkway, West Des Moines, IA 50266
 Phone: 888-221-1234 • Fax: 515-226-3129
 www.american-equity.com • Email: service@american-equity.com

Lifetime Income Benefit Wellbeing Request Form

Contract Number(s):		Trust or Entity Name:		
Owner's Name				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)
Spouse's Name (if Joint Life Payout selected)				
(Prefix)	Legal Name (First)	(Middle)	(Last)	(Suffix)

PLEASE NOTE: This form must be completed and returned to us prior to the deadline stated in your notification letter in order for Wellbeing Benefits to continue for the entire Enhanced Lifetime Income Benefit period.

PHYSICIAN'S STATEMENT			
Physician's Name: (Please Print)		License Number:	
Physician's Address:		City:	State: Zip Code:
Physician's Phone Number:			
As a duly licensed physician, I hereby certify that _____ Patient's Name			
is unable to perform at least two of the basic Activities of Daily Living without substantial assistance at this time. By signing below I certify that at this time, the Patient named above is unable to perform at least two of the basic Activities of Daily Living I have marked:			
Bathing	Dressing	Eating	
Contenance	Toileting	Transferring	
Ambulating (Applicable in California only)			
Additional remarks: _____ _____ _____			
Physician's Signature: _____		Date: _____	



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OWNER ACKNOWLEDGEMENT AND AUTHORIZATION

By signing this form you authorize an American Equity representative to phone the authorized physician to confirm eligibility and acknowledge you or your spouse, if applicable, meet this eligibility requirement for the Lifetime Income Benefit and Wellbeing Rider. By signing this form you also agree to cooperate if we choose to use an independent licensed doctor, at our expense, to assist us in the assessment of whether eligibility requirements have been met.

 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: _____