



Home Office
 P.O. Box 71216
 Des Moines, IA 50325
 Toll Free 1-888-221-1234
 Fax 1-515-221-0138

Pell City Office
 P.O. Box 527
 Pell City, AL 35125
 Toll Free 1-877-508-9888
 Fax 1-205-884-7928

Policy # _____
 Insured _____

LOAN/OWNERSHIP REQUEST FORM

Request for policy loan:

Maximum Loan

Amount requested \$ _____ (if the amount of the loan requested is more then the amount available, a maximum loan will be made)

Request for paid-up insurance

In accordance with the provisions of this policy, I hereby request that paid-up insurance in the amount of \$ _____ be made effective as of ____/____/____. I further certify that this policy is not now assigned or transferred to any person or party except as follows: _____

ORIGINAL POLICY MUST ACCOMPANY THIS REQUEST

Request for cash surrender

I would like to submit the above policy(s) for cancellation in exchange for it's net cash value. In accordance with the terms of this policy. I agree that any debt owed to the company will be deducted from the cash value. The cash value is accepted in full settlement and complete satisfaction of all rights, claims and demands under the above policy. The owner, signed below, certifies that there has been no assignment of this policy which has not been reported to the Company, and that there is no lien, bankruptcy or receivership proceeding, incompetence proceeding, divorce or separate maintenance action, attachment, garnishment, execution, or any other legal process under which any other person is claiming any rights to or under

Social Security Number ____/____/____ (The owners SS number is required to cash surrender or make a withdrawal. Without this number we cannot process your request)

ORIGINAL POLICY MUST ACCOMPANY THIS REQUEST

Lost policy certification

Being of lawful age, I certify the above policy has been lost or destroyed; that is has not been delivered to any person or business right, title or interest in it. Based in this statement, I request the issuance of a duplicate certificate of insurance for the said lost policy. In consideration of granting my request without surrender of original policy, I hereby promise and agree to hold the Company harmless form any and all loss or injuries which it may incur as a result if granting my request, I agree to immediately return the original policy if found.

 Witness

 Signature of Owner
 Date ____/____/____

 Collateral Assignee, if applicable

 Signature of joint owner or spouse (where required)
 *For corporations, an officer other than insured must sign.
 Date ____/____/____

This space for home office use only (AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY)

ACKNOWLEDGMENT OF REQUEST FOR CHANGE- PLEASE ATTACH TO POLICY

The company has recorded the change requested and retained the original of the request

Date Approved: _____ By: _____