Home Office
P.O. Box 71335
Des Moines, IA 50325
Toll Free 1-888-221-1234
Fax 1-515-457-1839
www.american-equity.com

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

Print Reset

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)

Date _____

*For corporations, an officer other than insured must sign.

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: _____

Home Office
P.O. Box 71335
Des Moines, IA 50325
Toll Free 1-888-221-1234
Fax 1-515-457-1839
www.american-equity.com

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

OWNERSHIP TRANSFER: (DOES NOT CHANGE BENEFICIARY)

Policy No. _____ Insured/Annuitant _____ Current Owner(s) _____

I assign and transfer all rights, title and interest in and to this policy to the following:

_____	_____	_____	_____
Name of new owner	Date of birth	Relationship to insured/annuitant	Social Security No. Of new owner

_____
Street address City/State Zip code

Contingent owner: Insured _____ (Life only) Other _____ (Life only)

If New Owner is corporation, State of domicile is _____

This change of ownership is made: for valuable consideration _____ as a gift _____
Note: If neither is marked, the Company assumes the first.

This will not change the current beneficiary designation or settlement agreement. Premium billing will continue on the basis in effect when the request is recorded.

I understand that all current owners and new owners must sign this change. If you name a Trust as owner, submit a copy of the trust for our file.

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on it's good Faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

Dated at _____ This _____ Day of _____ Year _____
City, State

_____ _____ _____
Signature of current owner and title of Corporation Current owner and title of Corporation

*Corporations, signature must be an officer of the Company other than the insured/annuitant

Signature of New Owner(s) _____ _____

IRS W9 form must also be completed and returned, unless previously submitted.

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: _____