



Marketing Memo

DATE: February 4, 2010
TO: All American Equity NMO's and Rhode Island Agents
FROM: James Jones, Vice President – Marketing Services
RE: New Application Required

In accordance with Rhode Island law, we were required to make a change to our annuity application. This change includes language regarding fraudulent activity as shown in the lower lefthand corner. **Effective March 31st**, the Annuity Application form #2000-RI (Rev) Rplc (3/31/10) will be required.

Please destroy previous versions of the annuity application form #2000(Rev) Rplc (1/1/10). **Effective March 31st, 2010**, they will no longer be accepted. A copy of the updated Annuity Application is attached.

For more information or to order supplies, please visit our website at www.american-equity.com or call Marketing at 800-888-2829.

Thank you for your business!



Financial Markets, Inc.

800-888-2829

www.fm-inc.com - Marketing@fm-inc.com

For More Information, Call Marketing
888-647-1371



PO Box 71216, Des Moines, IA 50325
www.american-equity.com

We're the One!
People Service Future

For Agent Information Only. Not for use in solicitation or advertising to the public.



New Business:
 PO Box 9304
 Des Moines, IA 50306-9304
 Phone 888-221-1234
 Fax 515-221-9450
 www.american-equity.com

Annuity Application

American Equity Investment Life Insurance Company
 Overnight - 6000 Westown Parkway, West Des Moines, IA 50266

ANNUITANT

Name _____ Sex _____
 Birth date ___/___/___ Soc. Sec. No. _____
 Address _____
 City _____ State _____ Zip _____

JOINT ANNUITANT

Name _____ Sex _____
 Birth date ___/___/___ Soc. Sec. No. _____
 Address _____
 City _____ State _____ Zip _____

OWNER (if other than annuitant)

Name _____ Sex _____
 Birth date ___/___/___ SSN# or Tax ID# _____
 Address _____
 City _____ State _____ Zip _____

JOINT OWNER

Name _____ Sex _____
 Birth date ___/___/___ SSN# or Tax ID# _____
 Address _____
 City _____ State _____ Zip _____

OWNER'S BENEFICIARY - Annuitant, unless otherwise stated

_____ Relationship: _____

ANNUITANT'S BENEFICIARY

Primary: _____ Relationship to Annuitant: _____
 Contingent: _____ relationship to Annuitant: _____

1. Contract form: _____
 Settlement option (Immediate annuity only): _____

2. Tax status: Non-Qualified
 Roth IRA IRA Sec. 401(k)
 SEP/IRA Sec. 457 Sec. 403(b)
 Simple IRA H.R. 10 Corp Pension/Profit Sharing

3. Do you have any existing insurance or annuities in this or any other company? Yes No

If "Yes", complete replacement form(s).

4. Premium submitted with application: \$ _____
 Is this a rollover? (Qualified plans only) Yes No

5. Will initial premium be a 1035 Exchange, or Direct Transfer?

Yes No

If Yes, from what company? _____

Anticipated amount: \$ _____

6. Billing information (Flexible contracts only):

Amount: \$ _____

Mode	Type
<input type="checkbox"/> Monthly	<input type="checkbox"/> ABC* (Automatic Bank Check)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Direct Bill
<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> List Bill
<input type="checkbox"/> Annual	<input type="checkbox"/> Government Allotment

7. Remarks and/or Special Billing Address (i.e., List Bills): _____

* Form 4067 required

Do you have any reason to believe that applicant has any existing insurance or annuities? Yes No

If "Yes", complete replacement form(s).

 Agent's Name/Number (Please Print)

 Agent's E-mail Address

 Agent's Signature/Phone Number

 Resident Agent's Countersignature/Phone Number
 (where required)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

To the best of my knowledge and belief, the statements above are true and complete.

Signed at _____
 City/State

on _____
 Date

 Owner's Signature/Phone Number

 Joint Owner's Signature/Phone Number