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AMERICAN EQUITY

Investment Life Insurance Company

APPLICATION FOR CONVERSION OF GROUP INSURANCE

Application is hereby made to American Equity Investment Life Insurance Company, as provided in and subject to the provisions of Group Policy Number _____ issued to _____ (name of Group) for the issue of an individual policy upon my life in accordance with the specifications set forth below, I, being the holder of Certificate No. _____ issued under said Group Policy.

It is agreed that the converted individual policy shall be deemed to be a continuation of the insurance under said Group Policy, but shall be a new, separate, and independent contract, and that all its terms and conditions shall be operative at and from its date of issue.

In consideration of the issue to me of the converted individual policy hereby applied for, all rights and interests of every kind in the converted amount of insurance under said Group Policy are hereby released and discharged and said certificate is herewith surrendered to the Company.

SPECIFICATIONS FOR INDIVIDUAL POLICY

FULL NAME OF PROPOSED INSURED (first) (middle) (last)				BASIC PLAN OF POLICY	FACE AMOUNT \$
DATE OF BIRTH	AGE NEAREST BIRTHDAY	SEX	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> D	PREMIUM PAYABLE \$ _____ <input type="checkbox"/> A. <input type="checkbox"/> S.A. <input type="checkbox"/> Q. <input type="checkbox"/> ABC	
PLACE OF BIRTH (city) (state or country)				PRIMARY BENEFICIARY	
RESIDENCE ADDRESS (give no., street, city, state & zip code)				SECOND BENEFICIARY	
DATE OF TERMINATION WITH GROUP _____/_____/_____				REMARKS OR SPECIAL REQUESTS I request the Automatic Premium Loan Provision <input type="checkbox"/> Yes <input type="checkbox"/> No	
It is agreed that any policy issued hereunder shall unless otherwise provided, be payable to the executors of the administrators of the insured, if no named beneficiary is living at the insured's death; that the applicant reserves and may exercise all rights and powers under the policy without notice to or consent of any revocable beneficiary and shall be the owner of any policy issued on this application				SOCIAL SECURITY NUMBER _____-_____-_____	
				HOME OFFICE AMENDMENTS & ENDORSEMENTS	

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.

DATED AT _____ (city) _____ (state) THIS _____ DAY OF _____ (month) _____ (year)

(agent) (contract #) (applicant)