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P.O. Box 527  
Pell City, AL 35125-0527  
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**COVERAGE CONTINUATION REQUEST  
FOR AMERICAN EQUITY  
LIFE INSURANCE COMPANY  
www.american-equity.com**

STATE OF \_\_\_\_\_

Certificate # \_\_\_\_\_ Effective Date \_\_\_\_\_ Unit Code # \_\_\_\_\_

My spouse \_\_\_\_\_ was covered under the Group Insurance Contract issued to the National Guard. I request to continue the spouse coverage that was in effect on my life at the time of his/her death.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

Coverage to be continued on my life:  
 \$5,000  \$10,000  \$15,000  \$20,000  \$25,000

Continue the children's coverage also:  \$2,000  \$5,000  \$10,000

Date of birth of the oldest dependant child under age 21 (23 if a full time student) is: \_\_\_\_\_

Coverage to be continued on my Cancer Policy:  Family  Individual

I understand that the total premium will be \$\_\_\_\_\_ per \_\_\_\_\_

Dated In \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Spouse