P.O. Box 10343 Des Moines, IA 50306-0343

888-221-1234

Fax 515-226-3129

CERTIFICATION OF TRUST AGREEMENT*

*If a Trust is listed as the Owner on Annuity Application, this Certification must be completed by the Trustee and received by American Equity together with the Trust cover page(s) and notarized signature page(s).

CONTRACT INFORMAT	ION					
List Contract Number(s): (Please sta	ate pending if this form is being su	ubmitted with a new	application.)			
Name of Annuitant:						
	First Name MI Last Name					
*If Annuitiant is a person other than Grantor/Settlor, Trustee must also sign a Trust Statement of Understanding. (Form # 4268) Name of Joint Annuitant:						
Traine of John 7 minutant.	First Name		MI	Last N	Name	
TRUST INFORMATION						
Full Legal Name of Trust:						
	Trust Identification Number/Tax ID Number					
	st?					
Preparer of Trust						
Preparer's Address						
CDANTOD/TDUCTEE IN	Street		City	State	Zip	
GRANTOR/TRUSTEE IN	FURMATION					
Name of Grantor(s)/Settlor(s):	First Name		MI	Last Name		
	i list ivallie		IVII	Last Name		
_	First Name		MI	Last Name		
Name/Address of Trustee(s)	First Name		MI	Last Name		
	i iist ivaille		IVII	Last Name		
Street		City		State	Zip	
	First Name		MI	Last Name		
	i list ivallie		IVII	Last Name		
Street		City		State	Zip	
Name/Address of Successor Trust	tee(s)		MI	Last Name		
	riotrano			<u>Luot rumo</u>		
Street		City		State	Zip	
	First Name		MI	Last Name		
Street	INFORMATION	City		State	Zip	
OWNER/BENEFICIARY						
1. The above referenced Trust Agreement (the "Trust") requires that: (Please mark the appropriate box.)						
all Trustees a majority of Trustees any Trustee Trust only has one Trustee						
must sign documents pertaining to the above referenced Contract(s) which require a signature.						
2. The insurance agent or any po		insurance agen	t is not a benefici	ary of the above refer	enced trust.	
☐ Agree	☐ Disagree					
If marked disagree, please attach an		-	_		_	
Note: Under the laws of most states, an amember, or has a recognized insurable in direct or indirect conflict of interest with recognitions.	nterest. Additionally, our company	policy prohibits our	agents from serving in	any capacity that may be cons		
3. If Annuitant is a person other	than Grantor/Settlor, pl	ease state the r	elationship of An	nuitiant to Grantor/Se	ettlor:	
☐ Spouse	☐ Child ☐	Grandchild	Other		□ N/A	
4. Was the Trust validly execute	d, and is it in full force a	nd effect?	Yes 🔲 No			
5. Type of Trust:						
☐ Testamentary						
Please be advised that the Insurer reserves the right to request and receive a copy of the Trust documents if it determines that it is necessary to do so. Before the Insurer pays proceeds at the death of the Annuitant/Owner/Insured of the Contract(s) it may also require proof that the Trust is then in full force and effect.						

CERTIFICATION OF TRUST AGREEMENT

DECLARATION BY TRUSTEE(S)

The Trustee(s) states and agrees that if the Trust is named as owner, it is authorized under the terms of the Trust to purchase and hold insurance; that if the Trust is named as beneficiary of the Contract(s), it is authorized to receive insurance proceeds. The Trustee(s) represents that they have determined the suitability of the Contract(s) for the Trust and its conformance to income distribution requirements of the Trust Agreement and to applicable federal and state law.

The Trustee(s) agrees that American Equity's sole obligation is to perform under the terms of the Contract(s). The Trustee(s) also agrees that American Equity may rely on the signature(s) of the Trustee(s) on behalf of the Trust in the same regard as if they were the actual owner or beneficiary of the Contract(s); American Equity may rely solely on the Certification as well as the statements and representations made in the application, as a basis for issuing and/or performing obligations of the Contract(s) and determining the Trust is in effect and the information provided is accurate; American Equity has no obligation to investigate the terms of the Trust or the authority of the Trustee(s) and will not be accountable for knowledge about the terms of the Trust beyond this Certification; American Equity expressly denies responsibility regarding the use and application of any payments to the Trustee(s).

The Trustee(s) declares they have had an opportunity to consult with their own independent legal, tax and trust advisors concerning the appropriateness of the Contract(s) for the Trust and they have the authority to execute this Agreement and bind the Trust to the terms therein. Furthermore, they will, as Trustee(s), and on behalf of the Trust, hold American Equity and its agents, employees, and other representatives harmless from any action American Equity takes at the direction of the Trustee(s).

The Trustee(s) declares, solely in its capacity as trustee, and not individually, and on behalf of the Trust, that each and every Trustee and successor Trustee are bound by this declaration. It is further understood that American Equity may rely upon the direction of the named Trustee(s) and any named successor Trustee(s) until American Equity receives written notification at its Home Office, of a change of Trustee. The Trustee(s) agrees to notify American Equity within a reasonable time after such a change occurs.

The Trustee(s) further acknowledges and agrees that:

- (a) Neither American Equity or its agents are authorized to recommend or sell Trusts while acting in their capacity as an agent for American Equity and that any trust recommendation should be provided by a qualified advisor;
- (b) Neither American Equity or any of its agents, employees or representatives are authorized to give tax or legal advice;
- (c) The Trustee(s) has not relied upon any representation or advice of any of American Equity's agents, employees or representatives with respect to the terms or validity of the Trust or the utilization of the Trust as the owner and/or beneficiary of the Contract(s);
- (d) The purchase of the Contract(s) is not required in conjunction with the establishment of the Trust and that any fees, costs and/or expenses associated with the establishment of the Trust are independent of any premium paid for the purchase of the Contract(s).

Note: The number of Trustees indicated in Question 1 must sign below.

Trustee Signature/Title	Phone Number	Date			
Trustee Signature/Title	Phone Number	Date			
Trustee Signature/Title	Phone Number	Date			
Trustee Signature/Title	Phone Number	Date			
For Corporate Trustee(s)					
Name & Title/Capacity of Signatory:					
Trustee Name (Please Print or Type)					
Signature/Title	Phone Number	Date			

RETURN COMPLETED FORM TO:

American Equity Investment Life Insurance Company P.O. Box 10343

Des Moines, IA 50306-0343

OVERNIGHT MAIL ADDRESS:

American Equity Investment Life Insurance Company 6000 Westown Pkwy West Des Moines, IA 50266-5921