AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
P.O. Box 71216
Des Moines, IA 50325
888-221-1234
Fax 515-221-0138
www.american-equity.com

RESET

CORPORATE AGENT'S *Contract Guarantee*

If the Agent's Contract being applied for will be held by a corporation, the following must be completed for contract approval.

PERSONAL GUARANTEE

The undersigned individual personally guarantees the full and faithful performance of all duties and obligations of agent pursuant to the attached agent's contract. I hereby certify I have received and read Agents Contract form 121.

By:_____ _____ _____
Signature SS# Date

_____ _____
Print Name Residential Address

_____ _____
Business Name Tax ID#