



American Century Life Insurance Company

1333 W. McDermott Dr. #200

Allen, TX 75013

Phone (855) 966-1111

Fax (855) 855-0181

Inherited Annuity Acknowledgement

This form has to be submitted with all inherited annuity applications.

Applicant/Owner: _____

Original owner: _____

1. I acknowledge this form is submitted with an annuity application for an inherited annuity policy
2. I understand there may be required distributions from this policy once issued in order to comply with state and federal tax laws
3. It is my responsibility to provide American Century Life Insurance Company with any instructions regarding withdrawal from this policy
4. I understand American Century Life Insurance will not determine if any such distributions are required and will not process any distributions from the policy once issued unless specifically directed by me
5. Any withdrawal instructions for the inherited annuity policy will be one of the following:
 - a. Fixed monthly, quarterly, semi-annual, or annual amount for the life of the policy – such instructions will be provided by me before or immediately after the policy was issued
 - b. Different annual amount for each year of the policy – such instructions will be provided by me annually at least 30 days prior to the requested withdrawal date
 - c. Amount equal to the RMD amount – if the applicant/owner is at an age that would require RMD from a qualified policy that is not an inherited annuity

Owner Signature

Owner Name

Date