



P.O. Box 2039
Topeka, KS 66601-2039

*Application for the AmerUs
Multi Choice Equity
Indexed Deferred Annuity*

(Please Print Using Dark Ink)

Annuitant	Joint Annuitant	Contingent Annuitant
Name _____	Name _____	Name _____
Sex _____ Birthdate _____	Sex _____ Birthdate _____	Sex _____ Birthdate _____
SSN _____	SSN _____	SSN _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____

Owner	Joint Owner	Contingent Owner
Name _____	Name _____	Name _____
Sex _____ Birthdate _____	Sex _____ Birthdate _____	Sex _____ Birthdate _____
SSN _____	SSN _____	SSN _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____

PRIMARY BENEFICIARY

Name: _____ Relationship: _____ SSN: _____ %
 Name: _____ Relationship: _____ SSN: _____ %

CONTINGENT BENEFICIARY

Name: _____ Relationship: _____ SSN: _____ %
 Name: _____ Relationship: _____ SSN: _____ %

- Contract Form: _____
- Tax Status: Non-Qualified POPST Roth IRA IRA Sec.457 SEP/IRA
- Tax Year for new Contributions: _____
- Will initial premium be a 1035 Exchange or Direct Transfer? Yes No
If Yes, from what company? _____ Anticipated amount: \$ _____
- A. Do you have any life insurance or annuities currently active with our company or any other company? Yes No
B. Will this annuity replace any existing life insurance or annuities in this company or any other company? Yes No
Name of company: _____
If yes to either question, complete replacement forms.
- Premium submitted with application \$ _____ Is this a rollover (Qualified plans only)? Yes No

To the best of my knowledge and belief, the statements above are true and complete.

Signed at _____ on ____/____/____
City/State Date

Owner's Signature _____ Joint Owner's Signature _____

Do you have any reason to believe that replacement of existing insurance may be involved? Yes No
If "Yes" give details: _____

Agent's Name (Please Print) _____ Agent's Signature/Phone Number _____

Agent Number (REQUIRED FOR PROCESSING) _____ Resident Agent's Countersignature/Phone Number (where req'd) _____

Note: Make all checks payable to AmerUs Life Insurance Company