

Request For Funds



Athene.com

Mail or fax completed form to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922

Contact us:

Customer Contact Center - Tel: 888-266-8489

Athene Annuity and Life Company

7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

Athene Annuity & Life Assurance Company of New York

Pearl River, NY 10965

CLIENT INFORMATION

Name of Annuitant/Client	Social Security Number	Name of Joint Annuitant (if other than Annuitant)	Social Security Number
Name of Owner (if other than Annuitant)	Social Security Number	Name of Joint Owner (if other than Owner)	Social Security Number

ACCOUNT INFORMATION

Company You Are Transferring From		Phone Number (Required)	
Street Address of Company You Are Transferring From		City	State Zip
Existing Contract/Account Number	Investment Vehicle (i.e., Annuity, Life Insurance, CD, Mutual Fund, Stocks (must be redeemed) etc.)		
Account Type (i.e., IRA, 403(b) or Name of Fund)		Approx. Amount of Transfer \$	
Does the Ceding Carrier Require Originals or Accept Faxes/E-Mails? <input type="checkbox"/> Originals <input type="checkbox"/> Faxes/E-Mails		Ceding Carrier Fax Number/E-Mail	

Statement by Owner(s) to expedite fund transfer

*Note to Original Insurance Company -
Do not attempt to conserve original contracts.*

By selecting this option and signing this Agreement, the Owner(s) requests immediate release of proceeds to Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York without intervention or delay due to internal retention or conservation activity.

Lost Policy Statement

I cannot locate the contract/policy/certificate.

Please complete and return both pages.



COMPLETE SECTION 1 OR SECTION 2 ONLY - RETURN ALL PAGES OF THIS FORM

Request for 1035 Exchange • Non-qualified Insurance or Annuity Contract

Transferring company may require liquidation.

<input type="checkbox"/> Liquidate account in full.	<input type="checkbox"/> Transfer funds immediately.
<input type="checkbox"/> Liquidate \$ _____ of my account.	<input type="checkbox"/> Transfer funds on _____.
<input type="checkbox"/> Liquidate _____% of my account.	

I hereby absolutely assign all of my rights, title and interest in and to the above referenced contract to Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York including, but not limited to, the right to surrender, assign, transfer, or change beneficiary.

Section 1035 of the Internal Revenue Code permits certain nontaxable exchanges of insurance and annuity contracts. It is my intention that this transfer qualify as a Section 1035 exchange and that no portion of this exchange be actually or constructively received by me. Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York makes no representation concerning my tax treatment for this transaction and the company has no responsibility nor liability for my tax treatment. I understand the exact amount of the proceeds may vary depending upon the date of transfer, and I agree to execute any additional documents required to complete the transfer.

I understand that the exchange is not complete if the company issuing the contract is unable or unwilling to pay the value of the above referenced contract to Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York within six months of the request for surrender or if said company is placed under the control or supervision of a state insurance department. I request that this transfer be accomplished as quickly as possible. **I am aware of any penalty that may be imposed from an early withdrawal.**

Special Instructions to Transferring Company: Please provide the cost basis information to us.

Owner's Signature	Date	Joint Owner or Spouse Signature	Date
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The account to which the funds are being transferred is a non-qualified annuity.

All Other Transfer Requests • Authorization to Transfer Funds

Transferring company may require liquidation.

<input type="checkbox"/> Liquidate account in full.	<input type="checkbox"/> Liquidate Immediately:
<input type="checkbox"/> Liquidate \$ _____ of my account.	<input type="checkbox"/> Liquidate on: _____.
<input type="checkbox"/> Liquidate _____% of my account.	

Required Minimum Distribution (RMD):

Please process current RMD prior to the transfer, if applicable

I am aware of any penalty that may be imposed from an early withdrawal.

Owner's Signature	Date	Joint Owner or Spouse Signature	Date
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Special Instructions to Transferring Company:

- DO NOT Transfer Ownership of a Stock to Athene.
- IRAs must be converted to a Roth IRA prior to a Roth IRA to Roth IRA transfer transaction with Athene. You are responsible for issuing the 1099R for the IRA to Roth IRA conversion.

A Signature Guarantee may be required by transferring company. Place Medallion Stamp Here

Signature Guarantee By: Name of Bank or Firm
X
Signature of Officer and Title
X

