Athene Annuity and Life Company

Mailing Address: PO Box 1555, Des Moines, IA 50306-1555 Overnight Address: 7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

Customer Contact Center - Tel: 888-266-8489 Fax: 800-531-0038



IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE

If you are thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good one – or possibly a mistake. Make sure that you understand the facts. You should:

Make a careful comparison of your existing policy and the proposed policy.

- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide.

EXISTING POLICY INFORMATION on _

- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form MUST be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

| Company | Type of Policy* | Policy No. | Date of Issue | Face Amount of Basic Policy | Type of Optional Benefits | |
|---|------------------|--------------------|-------------------------------------|--------------------------------|------------------------------|--|
| if more policies are involved | | ts of forms) | · | | | |
| PROPOSED POLICY INFORM | IATION on | | /Nama | of Insured) | | |
| Company | | Type of Policy* | Face Am Basic F | ount of | Type of Optional Benefits | |
| ndiana Department of Insura your existing insurance comp after delivery of a replacemen paid on it.) | any that you may | be replacing your | existing poli | cy. (You have the | right, within twenty days | |
| Applicant's/Insured's Signature | | | Replacing Agent's Signature | | | |
| 5412 Leaf Back Dr. | | | 5412 Leaf Back Dr. | | | |
| Date | | | Address | | | |
| | | | 412 Leaf B | ack Dr. | | |
| Joint Applicant's/Insured's Signature 5412 Leaf Back Dr. | | | Telephone Number 5412 Leaf Back Dr. | | | |
| Date | | | Indiana License Number | | | |
| | | | | | | |

RETURN TO ATHENE, PROVIDE COPY TO APPLICANT, KEEP COPY FOR YOUR RECORDS



Mail or fax completed form to:

Athene Annuity and Life Company

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922 Customer Contact Center - Tel: 888-266-8489

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

COMPLETE THIS FORM IF THE PRODUCT COMPARISON FORM QUESTION 3 IS MARKED FIXED INDEXED ANNUITY

List all available Index Strategy Options and rates as well as all Fixed Strategy Options and rates for the replaced contract. For each strategy listed, please check all options that apply. Please list replaced company name and contract number. If there is no Fixed Strategy Option available on the contract being replaced, please provide a copy of the most recent statement or renewal letter that shows there is no Fixed Strategy Option available. Any corrections to this form are required to be acknowledged by the primary writing producer and the owner(s).

| Owner Name: | | | | | | |
|--|---|--|--|--|--|--|
| Replaced Contract | | | | | | |
| Strategy Type Ex. 1-Year S&P 500 Point-to-Point | Current Rates Cap/Participation Rate/Spread | | | | | |
| Replaced Company Name | | | | | | |
| Replaced Contract Number | | | | | | |
| Fixed Strategy Option | Fixed Rate% Fixed Term year(s) | | | | | |
| | Cap% Par Rate% Spread% | | | | | |
| | Cap% Par Rate% Spread% | | | | | |
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