

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

INSTRUCTIONS

Use this form to request a withdrawal from your annuity contract.

If your contract is a Tax Sheltered Annuity (TSA), use Form 55299 - Withdrawal Request-Tax Sheltered Annuity (TSA).

If you are requesting a required minimum distribution, use Form 15140 - Required Minimum Distribution (RMD) Request.

1. INFORMATION ABOUT THE OWNER

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date			Email Address	
Contract Number(s)			<input type="checkbox"/> Address Change Requested*	
Mailing Address	City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country
Social Security Number / TIN	Date of Birth (mm/dd/yyyy) / /	Personal Phone () -		

* For your protection, confirmation of your address change will be sent to you.

2. YOUR PAYMENT OPTIONS

Select ONE of the following options:

Note: Not all options are available for all contracts. Refer to your contract for available options.

<input type="checkbox"/> Penalty Free Amount
<input type="checkbox"/> Specific Dollar Amount: \$ _____ <input type="checkbox"/> Net* <input type="checkbox"/> Gross**
<input type="checkbox"/> Interest (Not an option on Indexed Annuities.)
<p>*Net The amount of the withdrawal AFTER taxes and/or penalties (if applicable) are deducted. (NOTE: The actual check amount may vary slightly from the amount requested.)</p> <p>**Gross The full amount of the withdrawal BEFORE taxes and/or penalties (if applicable) are deducted.</p> <p>NOTE: If you request a withdrawal for a specific dollar amount, but do not check Net or Gross, the withdrawal will be considered a net withdrawal.</p>



3. YOUR WITHDRAWAL

Select where you would like your withdrawal mailed from the options below. The Alternate Address below applies to the OWNER. If this withdrawal is a transfer, send in appropriate transfer paperwork. If no option is selected, a check payable to the Owner will be sent to your address of record by regular mail.

Address of Record

Alternate Address:

Street Address	City	State	Zip Code
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EFT **(You must already have an existing EFT on file to have your payment sent by this method.)**

Overnight - Send the proceeds via Overnight Mail to my address of record. I am aware there will be a charge up to \$25.00 deducted from the withdrawal amount. (This is not an option if your address of record is a Post Office Box.)

4. YOUR TAX WITHHOLDING ELECTION

The IRS requires that we withhold 10% federal income tax from any taxable portion of this distribution unless you advise us otherwise. Applicable state income tax will also be withheld as appropriate. If you DO NOT want us to withhold 10% from any taxable portion of this distribution, please select one of the options below:

Do not withhold federal or state income taxes from my payment

Withhold _____% or \$ _____ federal income tax from my payment

Withhold _____% or \$ _____ state income tax from my payment

NOTE: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the withdrawal. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you choose to withhold federal income tax, we may also be required to withhold state income tax. We recommend you consult your personal tax advisor regarding your specific tax situation.

5. YOUR STRATEGY ALLOCATIONS (Indexed Annuities Only)

Please choose how you would like your withdrawals to be taken from your strategies. If you do not specify a strategy or strategies to withdraw from, the withdrawal will default according to contract specifications.

NOTE: This option is not available on all contracts. Please check your contract regarding your ability to choose which strategies to take your withdrawal from.

Contract Default

Other - please specify below

6. YOUR CONFIRMATION

NOTE: this form must be received by the Company within 60 days of the signature date.
 I understand that this withdrawal is subject to any applicable surrender or withdrawal charges as defined in the contract.

IRS CERTIFICATION

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any): _____. (FATCA reporting codes can be found in the General Instructions on IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Owner's Signature X	Owner's Title (if corporation or trust)	Signature Date (mm/dd/yyyy) / /
Joint Owner's Signature X	Joint Owner Name (please print)	Signature Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, print your name and provide your signature below and check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request that verifies your authorization to act on behalf of the owner, if you have not sent this documentation to us previously.

- Conservator
 Guardian
 Power of Attorney
 Assignee

Signature X	Signature Date (mm/dd/yyyy) / /
Print Name	

