

Surrender Request for Annuity Contracts



www.atheneannuity.com

Mail or fax completed form to:

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

Contact us:

Annuity 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 the full surrender value of your contract. If your intention is to have these funds sent to another company, DO NOT COMPLETE THIS FORM. Please contact your agent or the company that will receive the funds for the appropriate transfer forms.

NOTE: We may not be able to reinstate your contract after surrender. Please make sure to check with us for more information regarding reinstatement before sending this form. All values of your contract will be recalculated on the date the surrender is processed and may vary from the current value.

1. OWNER INFORMATION

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 / Tax Identification Number		Date of Birth (mm/dd/yyyy) / /		Personal Phone () -	

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

2. YOUR DISTRIBUTION

Select where you would like your distribution mailed from the options below. If no option is selected, a check will be sent to your address of record by regular mail. The check will be made payable to you.

Address of Record OR Alternate Address:

Street Address		
City	State	Zip

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 proceeds.

NOTE: This may not be an option if your address of record is a Post Office Box. Please contact us for confirmation.



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3. 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 this distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We encourage you to consult your tax advisor to clarify your personal tax position.

4. YOUR CONFIRMATION

I ACKNOWLEDGE THAT this request is subject to the provisions and conditions of the contract and the Company may request additional information or impose additional requirements. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee". Under penalties of perjury, I certify: (1) the Social Security Number or Taxpayer Identification Number shown on this form is correct; (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 Internal Revenue Code). I further certify that the policy is not assigned or pledged as collateral security to any other person or entity, and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against me except as follows (give dates and particulars of any exception): _____.

I acknowledge that this withdrawal may incur the surrender charge, if any, specified in the contract.

NOTE: this form must be received by the Company within 60 days of the signature date.

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

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

- Conservator
- Guardian
- Power of Attorney

Signature X	Name and Title (please print)	Date (mm/dd/yyyy) / /
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