

REQUEST TO ROLLOVER
 QUALIFIED ANNUITY TO TRADITIONAL IRA



Athene Annuity & Life Assurance Company
 Home Office, West Des Moines, IA 50266

Athene Annuity & Life Assurance Company of New York
 Home Office, Pearl River, NY 10965

1. CONTRACT INFORMATION

Contract Number		Name of Plan		
Name of Plan Participant		Social Security Number - -		
Name of Plan Trustee		Tax ID or SSN of Plan		
Mailing Address		Telephone Number		
City	State	Zip	Address Change Requested: <input type="checkbox"/>	

2. REQUEST TO CHANGE TO TRADITIONAL IRA

The plan participant requests to change the above referenced annuity contract to a Traditional IRA. The effective date of the rollover is _____. (If no date is entered, the effective date will be the current date.) Athene assumes that you, as trustee, will handle all required tax reporting in connection with this rollover. Upon completion of the rollover, Athene will provide the trustee with information regarding the accumulation value as of the date of the rollover.

Athene will report the accumulation value on Tax Form 5498, as a rollover contribution. This form will be mailed on or before May 31st of the year following the year of the rollover.

Athene will not render tax advice. We suggest that you consult your tax advisor regarding your financial situation.

3. DESIGNATION OF NEW OWNER

As trustee, I hereby assign all right, title and interest of the contract referenced above, to the new owner designated below, and vest in the new owner all incidents of ownership and the right to exercise all rights and privileges without my consent.

Name of New Owner/Participant			
Relationship to Current Owner		Date of Birth	Social Security Number
Street Address		Telephone Number	
City	State	Zip	
Mailing Address (if different from above)			
City	State	Zip	

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4. NEW BENEFICIARY ELECTION

Percentages for all beneficiaries must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. If a new beneficiary is not elected, we will default to your estate.

Full Name of Individual, Trust, or Company*		Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Percentage* %	
Social Security Number/Tax Identification Number* _____		Date of Birth* (mm/dd/yyyy) / /			
Street Address		City		State	Zip
Telephone Number		Relationship to Claimant*		Email Address	

Full Name of Individual, Trust, or Company*		Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Percentage* %	
Social Security Number/Tax Identification Number* _____		Date of Birth* (mm/dd/yyyy) / /			
Street Address		City		State	Zip
Telephone Number		Relationship to Claimant*		Email Address	

Full Name of Individual, Trust, or Company*		Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Percentage* %	
Social Security Number/Tax Identification Number* _____		Date of Birth* (mm/dd/yyyy) / /			
Street Address		City		State	Zip
Telephone Number		Relationship to Claimant*		Email Address	

Full Name of Individual, Trust, or Company*		Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Percentage* %	
Social Security Number/Tax Identification Number* _____		Date of Birth* (mm/dd/yyyy) / /			
Street Address		City		State	Zip
Telephone Number		Relationship to Claimant*		Email Address	

***Required fields.**

You may also use additional blank pages completed with beneficiary information. Each blank page must be signed and dated, labeled with the word "Attachment," and include the contract number and all required beneficiary information.

Check this box if you need more space and have attached additional pages to your form.

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5. 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.

Current Owner Signature (Plan Trustee)	Date (mm/dd/yyyy)
X	/ /
Owner's Title (if Trust or Corporation)	

New Owner Signature (Plan Participant)	Date (mm/dd/yyyy)
X	/ /
New Owner Title (if Trust or Corporation)	

If you are signing on behalf of the owner, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.

Conservator
 Guardian
 Power of Attorney
 Assignee

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