

REQUEST TO TRANSFER SEP- IRA 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 Annuitant	
Name of Contract Owner		Social Security Number - -	
Mailing Address		Telephone Number	
City	State	Zip	

2. REQUEST TO TRANSFER

I request to change the above referenced annuity contract to a Traditional IRA. The effective date of the transfer is _____. (If no date is entered, the effective date will be the current date.)

No tax reporting is required.

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

3. IRS CERTIFICATION

Under penalties of perjury, I certify that:

- 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
- I am not subject to backup withholding because:
 - I am exempt from backup withholding, or
 - 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
 - the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
- 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 Signature X	Date (mm/dd/yyyy) / /
Owner's Title (if Trust or Corporation)	

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3. IRS CERTIFICATION (continued)

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