

Request for Full/ Partial Surrender  
Life Policy



**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. REPLACED COMPANY INFORMATION**

Policy Number		Name of Insured	
Name of Policy Owner		Social Security Number - -	
Mailing Address		Telephone Number	
City	State	Zip	
Name of Joint Owner, if applicable		Social Security Number - -	

**2. REQUEST FOR FULL/PARTIAL SURRENDER** (please select one)

- I/We request a full surrender for the present cash surrender value of the policy, less any fees for this action charged by Athene. I/We hereby surrender all rights and interest under said policy and do hereby release and forever discharge the Company from all liability of every kind of nature thereunder.
- I/We request a partial surrender for \$\_\_\_\_\_. Deduct this net amount, plus any applicable surrender charges and fees as defined in the policy, from the policy value. It is expressly represented and warranted that no other person, firm or corporation has any interest in the policy, except the undersigned and that no proceedings for insolvency or bankruptcy have been instituted or are pending against the undersigned. I/We understand that there may be a surrender charge.

**IN ACCORDANCE WITH THE POLICY TERMS, I/WE UNDERSTAND THAT A FULL/PARTIAL SURRENDER WILL RESULT IN A REDUCTION OF THE FACE AMOUNT, AND ALL OTHER VALUES AND BENEFITS OF THIS POLICY. PLEASE REFER TO YOUR POLICY FOR FURTHER EXPLANATION.**

**3. YOUR TAX WITHHOLDING ELECTION**

Please select from the options below. If you do not select an option we will withhold 10% federal income tax. If federal income tax is withheld we may also be required to withhold state income tax.

- 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. We recommend you consult your personal tax advisor regarding your specific situation before making this decision.**

**4. 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	

**Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop suited to your needs.**

If you have questions regarding this notice, you may contact the Insurance Division Consumer Advocacy Unit at 1-888-877-4894 or by email at [cp.ins@state.or.us](mailto:cp.ins@state.or.us).