

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.

Request for Full/ Partial Surrender Life Policy



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	

**Important information about your life insurance policy
from the State of Washington Office of the Insurance Commissioner**

Life insurance is a critical part of a broader financial plan. There are many options available, and you have the right to shop around and seek advice from different financial advisers in order to find the options best suited to your needs.

You are encouraged to consider the following possible alternatives to requesting a surrender of your life insurance policy, requesting accelerated death benefits under your life insurance policy, or letting your life insurance policy lapse*. These alternatives include, but are not limited to:

- **Accelerated Death Benefit:** Your policy may provide an early or accelerated discounted benefit payment if you have a terminal or chronic illness.
- **Cash Surrender:** Your policy may have a cash surrender value your life insurer would pay you if you cancel it.
- **Gift:** You may be able to gift your policy to your beneficiary, who would then assume responsibility for paying premiums.
- **Life Settlement:** You may be able to sell your life insurance policy to a third party for an amount greater than the cash surrender value or accelerated death benefits under your policy. You pay no further premium. The third party becomes the policyholder and receives the benefit upon the insured's death.
- **Maintain Your Policy:** You may be able to maintain your life insurance policy in force by paying the premiums directly or using your current policy values to pay the premiums.
- **Policy Changes:** You may be able to reduce or eliminate future premium payments by obtaining a paid-up policy, by reducing optional coverage, or through other options available from your life insurer.
- **Policy Loan:** You may be able to take out a loan from your life insurance company using the cash value of your policy as collateral. Loan proceeds can be used to pay the premiums or for other purposes.
- **Third-Party Loan:** You may be able to get a loan from another party to pay your policy's premiums. In return, the lender may require an assignment of a portion or all of the policy's death benefits.

These options may or may not be available depending on your circumstances and the terms of your life insurance policy. Please see your policy or contact your life insurance company, financial advisor, agent or broker to determine your particular options.

If you're a Washington state resident and have questions about life insurance and your rights, contact the Office of the Insurance Commissioner at 1-800-562-6900, or go to www.insurance.wa.gov. Ask questions if you don't understand your policy.

Here's a list of commonly used terms:

Accelerated death benefit: A benefit allowing terminally ill or chronically ill life insurance policyholders to receive cash advances of all or part of the expected death benefit. The accelerated death benefit can be used for health care treatments or any other purpose.

Cash surrender value: This term is also called "cash value," "surrender value," and "policyholder's equity." The amount of cash due to a policyholder who requests the insurance company cancel their life insurance policy before it matures or death occurs.

Expected death benefit: The face amount of the policy, less any policy loan amounts, that the insurance company is expected to pay the beneficiaries named in the life insurance policy upon the death of the insured.

Lapse: Refers to a life insurance policy ending or expiring when a policyholder stops making premium payments.

Life settlement: Refers to a contract in which the policyholder sells his or her life insurance policy to a third party for a one-time cash payment which is greater than the cash surrender value, but less than the death benefit of the policy. A life settlement includes a viatical settlement, defined below.

Policy loan: A loan issued by an insurance company using the cash value of a person's life insurance policy as collateral.

Viatical settlement: An arrangement in which someone with a terminal illness sells his or her life insurance policy at an amount less than the death benefit. The ill person receives cash, and the buyer receives the full amount of the death benefit. This death benefit is payable once the former policyholder dies.

This brochure is for informational purposes only and does not constitute an endorsement of any of the options described above.