

Authorization For Direct Deposit Into Bank Account Electronic Funds Transfer (EFT) ACH Credits



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

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

INSTRUCTIONS

This form is used to request a transfer of funds from your policy/contract into your bank account.

ELECTRONIC FUNDS TRANSFERS ARE NOT AVAILABLE FOR ALL POLICIES/CONTRACTS. If EFT is not available for your account we will continue to pay you by check. To expedite your request, your first withdrawal may be sent to you via check.

1. INFORMATION ABOUT THE OWNER/PAYEE

First Name	M.I.	Last Name	Suffix		
Policy / Contract Number(s)		Personal Phone () -	Business Phone () -		
Mailing Address <input type="checkbox"/> Address Change Requested	City	State	Zip	Country	
Street Address (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country	
Social Security Number - -	Date of Birth (mm/dd/yyyy) / /		Email Address		

2. BANK INFORMATION

For Athene to deposit money directly in your bank account using electronic funds transfer (EFT), please provide your banking information below. **(Note: If your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.)**

Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check): □ □ □ □ □ □ □ □ □ □	Account Number (Bottom center of check): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Type of account: (Your name must appear on the account in order to process your request.)

- Checking - A voided/blank check accompanying this form is not required but preferred.
 Savings

If you are unsure about the correct way to complete the form, please reference the following sample check information:

Account Name → Joe Smith
123 Any Street
Any City, US 12345
Date _____ 1234

Pay to the order of _____ \$ _____ Dollars

Bank Name → ABC Bank
PO Box 111
Any City, US 11111

Memo _____

↑ :107198557: ↑ 11111111 ↑ 1234

Routing /Transit / ABA No. Account Number Check Number

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3. YOUR CONFIRMATION

I acknowledge: (1) Athene will perform bank account validation using third party software and if approved, Athene will utilize the banking information provided for this request and all future disbursements until the company receives written notification to terminate or suspend the banking information. (2) Athene may contact your financial institution to verify information regarding the banking information and to resolve any problems related to electronic deposits or errors in deposit. (3) The date of the disbursement is when the funds are removed from your contract, not the date the funds are posted to your bank account. It may take 2-3 business days to reach your account. This processing time is dependent on your bank. Weekends and holidays may delay access to your monies and you can contact your bank for additional information relating to fund access. (4) Your signature below authorizes Athene to electronically credit or, if necessary, electronically debit your account. If an incorrect amount is deposited this authorizes Athene to direct your bank to debit this account. This authorization will remain in effect until revoked.(5) Direct Deposit requests can only be accepted for U.S. bank accounts. (6) Athene reserves the right to stop EFT should suspicious activity be identified.

Owner Signature X	Owner's Title (if Trust or Corporation)	Date (mm/dd/yyyy) / /
Joint Owner Signature (if applicable) X	Print Name	Date (mm/dd/yyyy) / /

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