

**REQUEST TO TRANSFER**  
 QUALIFIED ANNUITY TO QUALIFIED ANNUITY



**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 TRANSFER QUALIFIED PLAN TO QUALIFIED PLAN**

The plan participant requests to transfer his/her qualified plan to another qualified plan. The effective date of the transfer will be the date all requirements are received, and in good order. This is a non-reportable, non-taxable event.

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 rights, 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 Qualified Plan		Tax Identification Number	
Trustee of New Qualified Plan			
Street Address		Telephone Number	
City	State	Zip	
Mailing Address (if different from above)			
City	State	Zip	

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**4. 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 or Plan Administrator)	Date (mm/dd/yyyy)
X	/ /
Owner's Title (if Trust or Corporation)	

New Owner Signature (Plan Trustee or Plan Administrator)	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	