

# Withdrawal and Surrender Request - Annuity Contracts Only



**Athene Annuity and Life Company**  
**Athene Annuity & Life Assurance 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 may not be used for TSA/403(b) contracts, systematic withdrawals or Required Minimum Distributions. Please call the service center for the appropriate form.

### 1. INFORMATION ABOUT THE OWNER

Individual, Trustee or Company Name					
Social Security Number / TIN		Date of Birth (mm/dd/yyyy) / /		Personal Phone ( ) -	
If Trust, list Trust Name and Trust Date			Email Address		
Name of Joint Owner (if applicable)			Social Security Number		
Contract Number(s)			<input type="checkbox"/> Address Change Requested*		
Mailing Address		City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)		City	State	Zip	Country

\* For your protection, confirmation of your address change will be sent to you.

### 2. YOUR PAYMENT OPTIONS

Select ONE of the following options:

**Not all options are available for all contracts. Refer to your contract for available options.**

<input type="checkbox"/> Penalty Free Amount (Maximum amount available without a surrender charge)
<input type="checkbox"/> Specific Dollar Amount: \$ _____ <input type="checkbox"/> Net* <input type="checkbox"/> Gross**
<input type="checkbox"/> Interest (Not an option on Indexed Annuities.)
<input type="checkbox"/> Full Surrender
*Net The amount of the withdrawal <b>AFTER</b> taxes and/or penalties (if applicable) are deducted. (NOTE: The actual check amount may vary slightly from the amount requested.)
**Gross The full amount of the withdrawal <b>BEFORE</b> taxes and/or penalties (if applicable) are deducted.
If you request a withdrawal for a specific dollar amount, but do not check Net or Gross, the withdrawal will be considered a gross withdrawal.

### 3. YOUR PAYMENT METHOD

Select where you would like your withdrawal mailed from the options below. The Alternate Address below applies to the OWNER. If this withdrawal is a transfer, send in appropriate transfer paperwork.

**NOTE: If no payment method is elected and EFT is on file, payment will be sent to your bank account on file.**

<input type="checkbox"/> Address of Record				
<input type="checkbox"/> Alternate Address	Street Address	City	State	Zip Code

EFT

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## 4. YOUR DIRECT DEPOSIT

For Athene to deposit money directly in your bank account using electronic funds transfer (EFT), please provide your banking information below. 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 Athene receives written notification to terminate or suspend the banking information. 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. 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. **(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.) <input type="checkbox"/> Checking - A voided/blank check accompanying this form is not required but preferred. <input type="checkbox"/> Savings	<table border="1"><tr><td>Account Name</td><td>Joe Smith 123 Any Street Any City, US 12345</td><td>1234</td></tr><tr><td></td><td>Pay to the order of _____</td><td>Date _____</td></tr><tr><td>Bank Name</td><td>ABC Bank PO Box 111 Any City, US 11111</td><td>\$ _____</td></tr><tr><td></td><td>Memo _____</td><td>Dollars _____</td></tr><tr><td></td><td>:107198557:      1111111      1234</td><td></td></tr><tr><td></td><td>↑                    ↑                    ↑</td><td></td></tr><tr><td></td><td>Routing /Transit / ABA No.</td><td>Account Number      Check Number</td></tr></table>	Account Name	Joe Smith 123 Any Street Any City, US 12345	1234		Pay to the order of _____	Date _____	Bank Name	ABC Bank PO Box 111 Any City, US 11111	\$ _____		Memo _____	Dollars _____		:107198557:      1111111      1234			↑                    ↑                    ↑			Routing /Transit / ABA No.	Account Number      Check Number
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	↑                    ↑                    ↑																					
	Routing /Transit / ABA No.	Account Number      Check Number																				

**NOTE:** 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. Direct Deposit requests can only be accepted for U.S. bank accounts. Athene reserves the right to stop EFT should suspicious activity be identified.

## 5. YOUR TAX WITHHOLDING ELECTION

### Federal income tax withholding instructions (select one option only):

The withdrawal you receive from you annuity contract is subject to 10% federal income tax withholding. You may elect to not have withholding apply. Withholding will only apply to the portion of your withdrawal included in your income subject to federal income tax. Applicable state income tax will be withheld as appropriate. If you DO NOT make a withholding election, 10% federal income tax will be withheld. If you choose to withhold federal income tax, we may also be required to withhold state income tax.

- Do not withhold federal income taxes from my payment
- Withhold federal income tax at the default rate of 10%
- Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding other than 10%, the IRS requires you submit Form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distribution. You can access this form on the IRS.gov website.

### State income tax withholding instructions (select one option only):

Depending on the type of withdrawal you receive, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election or if your state requires a greater amount of state withholding than what has been elected below, we will withhold at the rate specified by your state of residence on file until the required state specific form is received by our office. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state.

- Do not withhold state income tax from my payments.
- Withhold \_\_\_\_\_% or \$ \_\_\_\_\_ state income tax from my payment

**NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur 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 tax situation.**

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## 6. YOUR STRATEGY ALLOCATIONS (Indexed Annuities Only)

Please choose how you would like your payments to be taken from your strategies. If you do not specify a strategy or strategies to withdraw from, the payment will default according to contract specifications.

**NOTE: This option is not available on all policies. Please check your policy or contract regarding your ability to choose which strategies to take your payments from.**

Contract Default

Other - please specify below:

## 7. YOUR CONFIRMATION

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	