Required Minimum Distribution (RMD) Request

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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

- Use this form to begin taking your Required Minimum Distribution (RMD) from your qualified contract.
- If you are requesting your Required Minimum Distribution from your Tax-Sheltered Annuity (TSA), please use the Withdrawal Request Tax Sheltered Annuity (TSA) Form (55299).
- The IRS requires that you take your RMD annually. You must take your first RMD beginning on or before April 1 of the year after reaching age 73, and must be taken annually by each December 31 thereafter.
- Please seek the advice of your Financial or Tax Professional for questions regarding IRS requirements.

1. INFORMATION ABOUT THE OWNER

First Name	Middle Initial	Last Name		
Policy/Contract Number(s)				
Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	Contact Telephone Number		
Mailing Address		Email Address		
City		State	Zip	Address Change Requested: ☐
Street Address (**REQUIRED** if mailing address is a P.O. Box)				
City		State	Zip	

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

2. YOUR PAYMENT OPTIONS

Please select from the following options:

Payment Amount
☐ Specific Dollar Amount $_____._____ (any amount taken above the annual RMD amount calculated for this contract may be subject to surrender fees or other contract charges, if applicable)
☐ Prior Year RMD (Only select if electing your Prior Year RMD amount)
☐ Current Year RMD (Only select if electing your Current Year RMD amount) **Default if no option selected.**

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2. YOUR PAYMENT OPTIONS (continued from Page 1)

Please select from the following options:

Calculation Method (Required if Prior or Current Year RMD is selected)

Calculate the RMD for my contract using one of the calculations below:

- ☐ Life (Single) based on my date of birth (**default if no option selected**).
- ☐ Joint Life Expectancy with spouse who is more than 10 years younger.

  Spouse's Date of Birth ____ / ____ / ____

- ☐ Inherited IRA* - Deceased Date of Birth and Date of Death are REQUIRED to calculate RMD. Your request will be returned if this information is missing.

  Deceased's: Date of Birth ____ / ____ / ____ Date of Death ____ / ____ / ____

*For Inherited IRAs, your payments will be based on current IRS regulations.

Payment Method

☐ Single Payment

☐ Systematic Payment

Please select one of the frequencies listed below for your RMD payment. **If no frequency is selected, your request will be processed as an annual payment.**

- ☐ Annual
- ☐ Semi-Annual
- ☐ Quarterly
- ☐ Monthly

Start my payments on ____ / ____ / ____ (mm/dd/yyyy)

Not all dates are available for all contracts. If your desired payment date is not available we will set your payment to the next available date. Requests for payments after the 28th of the month will be paid on the 28th.

3. 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.)**

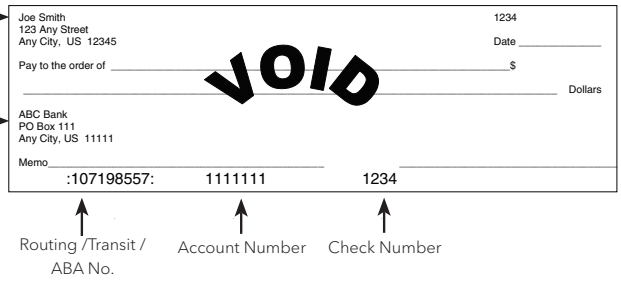
Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check): ☐☐☐☐☐☐☐☐☐	Account Number (Bottom center of check): ☐☐☐☐☐☐☐☐☐☐☐☐

Type of account:

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

☐ Savings

Your name must appear on the account in order to process your request.



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.

4. YOUR TAX WITHHOLDING ELECTION

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

The withdrawal you receive from your 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. If you choose to withhold federal income tax, we may also be required to withhold state 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.

☐ 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 Distributions. 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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5. 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:

6. YOUR CONFIRMATION

1. I understand that the required minimum distribution will be calculated on the value of each individual contract noted on this form and that a withdrawal will be made from each contract.
2. I understand that the Company does not include qualified funds held at other financial institutions in the calculation.
3. I understand that this withdrawal is subject to any applicable surrender or withdrawal charges as defined in the contract.

7. 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 Signature X	Date (mm/dd/yyyy) / /
Owner's 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 X	Date (mm/dd/yyyy) / /
Print Name	