

Election of Withholding



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 update your tax withholding on your systematic withdrawal, required minimum distribution, partial or full surrender.
- If you are requesting to update your tax withholding on your annuitization or 72(t)/72(q) payments use form 17756TPP, Election of Withholding for Periodic Annuity Payments.

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: <input type="checkbox"/>	
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 TAX WITHHOLDING ELECTION

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

The withdrawals you receive from your annuity contract are subject to 10% default federal income tax withholding or 20% default rate of withholding if the distribution is from a qualified retirement plan or tax-sheltered annuity. 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, the default rate of withholding will be used.

- Do not withhold federal income tax from my payment. (Not allowed for qualified retirement plans or tax-sheltered annuities.)
- Withhold federal income tax at the default rate.
- Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding, 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):

- 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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3. 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	