

Ownership Change Request



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

- Use this form to change or transfer ownership of your contract(s).
- This transaction may result in a taxable event to the Current Owner. Please seek the advice of your Financial or Tax Professional before proceeding.
- This form is for single or two joint owners only. To select multiple owners (2-5), please use the Request for Co-Ownership and Appointment of Designated Owner (Form 16283T).
- Joint and/or contingent owners selected by the prior owner are no longer valid. To name new joint or contingent owners, complete Section 4.
- If the current/new owner is a trust, pension plan or a company, submit a Trust Verification Request (Form 16541T), a Pension Plan Verification (Form 17982T) or a Corporate Resolution or similar document that lists all of the officers and/or individuals authorized to sign on behalf of the company, if you have not already done so.
- Transferring ownership may result in termination of the income rider, if applicable.
- Transferring ownership may result in termination of the Terminal Illness Waiver and Confinement Waiver, if applicable.

1. CURRENT OWNER INFORMATION (Please use your full legal name)

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

2. CURRENT JOINT OWNER INFORMATION (if applicable)

First Name	M.I.	Last Name			Suffix
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yyyy) / /		Personal Phone () -	

☐ Please check here to remove Current Joint Owner.

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3. NEW OWNER INFORMATION

Individual, Trustee or Company Name					
If Trust, list Trust Name and Trust Date					
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yyyy) / /		Email Address	
Personal Phone () -		Business Phone () -		Relationship to Current Owner	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. NEW JOINT OWNER OR CONTINGENT OWNER INFORMATION (if applicable)

☐ New Joint Owner

☐ Contingent Owner (For Non-Qualified contracts where the current owner and the annuitant are NOT the same.)

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date			
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yyyy) / /		Email Address	
Personal Phone () -		Business Phone () -		Relationship to Current Owner	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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5. CONFIRMATION - CURRENT OWNER / JOINT OWNER / OTHER

I (We) transfer all rights, title and interest in the listed contract(s), and all claims, dividends, values and rights in and to be derived therefrom, during the lifetime of the annuitant, subject to the conditions of the contract to the new owner. Under penalties of perjury, I certify: (1) The Social Security Number or Taxpayer Identification Number shown on record is correct, (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, (3) the IRS has notified me that I am no longer subject to backup withholding, (4) these withdrawals are subject to the withdrawal provisions within my contract. If withdrawals exceed the free withdrawal amount, I may incur a Withdrawal Charge or any applicable Premium Bonus Vesting Adjustment as specified in the contract, and (5) said contract is not assigned or pledged as collateral to any other person or legal entity.

NOTE: This form must be received by the Company within 60 days of the signature date.

Current Owner Signature X	Owner's Title (if corporation or trust)	Date (mm/dd/yyyy) / /
Current Joint Owner Signature X	Joint Owner's Name (please print)	Date (mm/dd/yyyy) / /
Other Required Signatures (Irrevocable Beneficiaries, if any) X		Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

☐ Conservator ☐ Guardian ☐ Power of Attorney

Signature X	Name and Title (please print)	Date (mm/dd/yyyy) / /
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Spousal Consent is required for residents of Community Property States (AZ, CA, ID, LA, NM, NV, TX, WA or WI).

☐ If you do not have a spouse, or if your spouse is deceased, please check this box.

Spouse Signature X	Spouse's Name (please print)	Date (mm/dd/yyyy) / /
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6. CONFIRMATION - NEW OWNER / JOINT OWNER

I (We) confirm the current owner is transferring all rights, title and interest in the listed contract, and all claims, dividends, values and rights in and to be derived therefrom, during the lifetime of the insured, subject to the conditions of the contract to the me, the new owner. Under penalties of perjury, I certify: (1) The Social Security Number or Taxpayer Identification Number shown on record is correct, (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, (3) the IRS has notified me that I am no longer subject to backup withholding, (4) these withdrawals are subject to the withdrawal provisions within my contract. If withdrawals exceed the free withdrawal amount, I may incur a Withdrawal Charge or any applicable Premium Bonus Vesting Adjustment as specified in the contract, and (5) said contract is not assigned or pledged as collateral to any other person or legal entity.

New Owner Signature X	Owner's Title (if corporation or trust)	Date (mm/dd/yyyy) / /
New Joint Owner Signature X	Joint Owner's Name (please print)	Date (mm/dd/yyyy) / /

If you are signing on behalf of the new owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the new owner.

☐ Conservator ☐ Guardian ☐ Power of Attorney

Signature X	Name and Title (please print)	Date (mm/dd/yyyy) / /
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