

Systematic Withdrawal Request for 72(t)/72(q) Substantially Equal Periodic Payments (SEPP)



Athene Annuity and Life Company
Home Office, West Des Moines, IA 50266

Athene Life Insurance Company of New York
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Home Office, Pearl River, NY 10965

INSTRUCTIONS

Use this form to request a systematic withdrawal from your contract under Sections 72(t)/72(q) of the Internal Revenue Code (IRC).

- **Please read ALL instructions and consult your tax or legal advisor prior to making this request.** It is the responsibility of the taxpayer to ensure payments qualify as an exception under Section 72(t)/(q).
- Section 72(t)/(q) of the IRC imposes a 10% penalty tax on withdrawals made before age 59½ from qualified retirement plans (IRAs and pensions) and non-qualified annuities. An exception to the 10% penalty is allowed if withdrawals are made as part of a series of substantially equal periodic payments.
- To meet the definition of substantially equal periodic payments, **ALL** of the following criteria must be met:
 - o Payments must continue without change for the longer of 5 years or until the owner reaches age 59½,
 - o Payments must be based on the life or life expectancy of the owner, or joint lives or joint life expectancies of owner and designated beneficiary, and
 - o Payments must be made at least annually (i.e. annually, semi-annually, quarterly, or monthly).
- 72(t)/(q) withdrawals cannot be reversed once processed (including tax reporting and withholding).
- If any of the following 72(t)/(q) rules are broken, the total withdrawals taken under the 72(t)/(q) agreement are subject to the 10% early withdrawal penalty by the IRS:
 - o You cannot change or stop any aspect of the 72(t)/(q), including the payment amount.
 - o No additional contributions can be made to your contract as long as the 72(t)/(q) is in place.
 - o No additional withdrawals are allowed while the 72(t)/(q) is current.
- It is your responsibility to notify us if you are transferring funds to us that have a current 72(t)/(q) in place.
- The full value of your contract will be used to calculate the 72(t)/(q) payments.
- The 72(t)/(q) withdrawal may incur withdrawal charges or any applicable bonus adjustments.

1. OWNER INFORMATION

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date				
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 Number / TIN	Date of Birth (mm/dd/yyyy) / /		Personal Phone () -	

*For your protection, confirmation of your address change will be sent to you prior to processing this request.

2. PAYMENT METHOD

<input type="checkbox"/> Amortization
<input type="checkbox"/> Annuitization

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3. PAYMENT OPTIONS

Frequency: Annual
 Semi-Annual
 Quarterly
 Monthly

Please process 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 payment after the 28th of the month will be processed on the 28th.

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): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number (Bottom center of check): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Type of account: (Your name must appear on the account in order to process your request.)

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

Savings

Account Name →

Bank Name →

Joe Smith
123 Any Street
Any City, US 12345

Pay to the order of _____ \$ _____ Dollars

ABC Bank
PO Box 111
Any City, US 11111

Memo: :107198557: 1111111 1234

1234
Date _____

VOID

↑

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.

[SECTION INTENTIONALLY LEFT BLANK]

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5. YOUR TAX WITHHOLDING ELECTION

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

Your annuity payments are subject to federal income tax withholding unless you elect to not have withholding apply. Withholding will only apply to the portion of your annuity payment that is subject to federal income tax and will be like wage withholding. You may elect to not have withholding apply. Your election will remain in effect until revoked. You may revoke your election at any time. If you DO NOT make an election, federal income tax will be withheld from the taxable portion of your annuity payments as if you are single with no allowances. If you choose to withhold federal income tax, we may also be required to withhold state income tax.

- Do not withhold federal income tax from my payments.
- Withhold federal income tax at the default rate.
- Withhold federal income tax based upon the enclosed W-4P or the previously submitted W-4P. To allow for a different rate of withholding other than single with no allowances, the IRS requires you submit form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. You can access this form on the IRS.gov website. Once a W-4P is submitted, it will apply to all future payments unless you submit a new W-4P.

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.

- 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.

6. YOUR STRATEGY ALLOCATIONS (Variable or Indexed Annuities Only)

Choose how you would like your payments to be taken from your strategies/funds. If you do not specify, the payment will default according to contract specifications.

Fund Name:	%
Fund Name:	%
Fund Name:	%
Fund Name:	%
Fund Name:	%

NOTE: This option is not available on all contracts. Please check your contract regarding your ability to choose which strategies to take your withdrawal from.

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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/Trustee'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	