

LIFE POLICY LOAN AGREEMENT



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

1. OWNER INFORMATION

Policy Number	Name of Insured		
Name of Policy Owner	Social Security Number	Telephone Number	
Mailing Address			
City	State	Zip	
Name of Joint Owner, if applicable			Social Security Number

2. REQUEST FOR LOAN

- Cash Loan.
 - Maximum amount available
 - \$_____ from the amount available
- Premium Loan

Please note: If your policy is a Modified Endowment Contract, a policy loan may result in a taxable gain, or may be subject to income tax regulations. If this situation occurs as a result of the requested policy loan, it is considered ordinary income, and will be reported to the IRS for the tax year in which the policy loan originates. Athene Annuity & Life Assurance Company of New York does not provide tax advices. All questions regarding any tax liability should be directed to your professional tax advisor.

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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	