

Benefit 10 - Request to Begin/Suspend/Restart or Terminate GLWB Rider Payments



Athene Annuity & Life Assurance Company

Home Office, West Des Moines, IA 50266

1. INFORMATION ABOUT THE OWNER

Individual, Trustee or Company Name					
If Trust, list Trust Name and Trust Date			Email Address		
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.

2. DISTRIBUTION ELECTION OPTIONS

- Once the Lifetime Income withdrawal benefit is started, all previous systematic withdrawals [(including RMD, 72(t)] will be discontinued.
- If you have the Enhanced Guaranteed Lifetime withdrawal rider and choose to elect the Joint Life payout, the increase in income payments due to not being able to perform 2 of 6 daily activities will no longer be available.
- I understand that withdrawals in excess of the GLWB benefit may be subject to applicable surrender charges as defined in the contract.

Please Check One (Note that only one withdrawal option per year is allowed.)

- ☐ Guaranteed Lifetime Withdrawal Benefit Rider
- ☐ Enhanced Guaranteed Lifetime Withdrawal Benefit Rider (Available if the contract has been in force for 5 years and you cannot meet two ADLS. Please mark the two ADLS you are unable to perform independently.)
- ☐ Bathing ☐ Dressing ☐ Transferring ☐ Continence ☐ Eating ☐ Toileting

Option:

- ☐ Level Option
- ☐ Increasing Option

Frequency

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually

Begin benefits on _____ (Cannot be the 29th, 30th or 31st)

Calculate benefits based on:

- ☐ Single Life
- ☐ Joint Life (only available on owner and spouse) Spouse's Date of Birth _____

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3. DELIVERY OF FUNDS

☐ Check (not available if you selected to receive your payments monthly)

Address to mail check

City State

Zip

☐ Direct Deposit (Please complete Section 4.)

4. YOUR PAYMENT OPTIONS

To provide faster access to your money, we will deposit your money directly in your bank account using electronic funds transfer (EFT). **Weekends and holidays may delay your withdrawal.**

Please provide the following information:

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

☐ Checking

☐ Savings

Please submit account certification by attaching a voided check or a verification letter on bank letterhead signed by a bank representative.

Name of Account →

Joe Smith
123 Any Street
Any City, US 12345

1234

Date

Pay to the order of

\$

Dollars

Bank Name →

ABC Bank
PO Box 111
Any City, US 11111

Memo

:107198557:

1111111

1234

Transit /ABA No

Checking Account Number

Check Number

I acknowledge: (1) this request is to remain in effect until Athene receives written notification of termination in such time and in such manner as to afford Athene and the Depository a reasonable opportunity to act on the notification, (2) the date of transfer is when the funds are removed from my contract, not the date the funds are posted into my bank account (it may take 2-3 business day for funds to transfer).

5. YOUR TAX WITHHOLDING ELECTION

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

The withdrawal you receive from you 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. 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 Distribution. 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.

6. SUSPEND PAYMENTS

Suspend my current payments: (Choose one of the following options)

☐ Immediately ☐ Effective (mm/dd/yyyy).

NOTE: You may suspend your Lifetime Income Withdrawals at any time using this form or by submitting a written request. Suspending your payments will **NOT** restart the crediting of additional interest to your Income Account Value.

7. REACTIVATE PAYMENTS

Please reactivate my payments: (Choose one of the following options)

☐ Immediately

☐ Effective (mm/dd/yyyy).

NOTE: All of your payment options will remain as originally selected.

8. TERMINATION OF RIDER

☐ I wish to terminate the Income Rider from my contract effective immediately.

NOTE: The Income Rider can only be terminated under the terms specified in your contract. Once the Income Rider has been terminated, you may NOT re-elect it and it cannot be reinstated by the Company. There will be no further payments made or premium due for the rider once it is terminated.

9. YOUR CONFIRMATION

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.

Fraud Warning Statement For New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Owner'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	

12. FRAUD NOTICE (Page 1 of 2)

Important: This is part of the request form. Please review the applicable fraud notice for your state below.

All states (except as noted below): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of AK: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Residents of AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

Residents of AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Residents of CA: For your protection, California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Residents of CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or producer of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Residents of DC: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of DE, ID, IN, OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony.

Residents of FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Residents of KY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Residents of MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Residents of MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Residents of NH: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. §638:20.

12. FRAUD NOTICE (Page 2 of 2)

Important: This is part of the request form. Please review the applicable fraud notice for your state below.

Residents of NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Residents of NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Residents of OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Residents of OR: Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit, or knowingly presents materially false information in an application for insurance, may be guilty of a crime and may be subject to fines and confinement in prison, depending on state law.

Residents of PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Residents of PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss of any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Residents of RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.