

REQUEST FOR DISTRIBUTION OF LIFE INSURANCE MATURITY PROCEEDS



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. CONTRACT INFORMATION

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

2. REQUEST FOR PAYMENT OF MATURITY PROCEEDS

I request that a check for the maturity proceeds be mailed to the address indicated above.

3. INCOME TAX WITHHOLDING

Please select from the options below. If you do not select an option we will withhold 10% federal income tax. If federal income tax is withheld we may also be required to withhold state income tax.

- Do not withhold state income tax from my payments.
- Withhold _____% or \$ _____ federal income tax from my payment.
- Withhold _____% or \$ _____ state income tax from my payment.

NOTE: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the withdrawal. You may also be subject to 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 situation before making this decision.

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4. 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	