

Electronic Funds Transfer (EFT)  
 Authorization For Direct Payments (ACH Debits)



**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**

First Name	Middle Initial	Last Name	
Policy/Contract Number			
Date of Birth (mm/dd/yy) / /	Social Security Number - -	Contact Telephone Number	
Street Address		Email Address	
City	State	Zip	Address Change Requested: <input type="checkbox"/>

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

**INSTRUCTIONS**

Use this form to transfer funds systematically from your bank into your policy/contract.

**NOTE: VERY IMPORTANT - PLEASE READ:** EFT DEBIT (Direct Payments) IS NOT AVAILABLE FOR ALL POLICIES/CONTRACTS. Please check with your Insurance Professional or our Customer Contact Center before submitting this request.

**2. BANK INFORMATION**

I (we) hereby authorize Athene to initiate debit entries as follows:

Account Name (as it appears on the account)	Bank Name
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Routing /Transit / ABA 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"/>
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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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of account: (Your name must appear on the account in order to process your request.)

Checking - Please attach a voided check for the listed account.

Savings - Please attach a deposit slip for the listed account.

If you are unsure about the correct way to complete the form, please reference the following sample check information.

Name of Account →

Bank Name →

Joe Smith 123 Any Street Any City, US 12345	1234 Date _____
Pay to the order of _____ \$	_____ Dollars
<b>VOID</b>	
ABC Bank PO Box 111 Any City, US 11111	
Memo _____	
:107198557:	1111111 1234
↑	↑
Transit /ABA No.	Checking Account Number
	↑
	Check Number

# Electronic Funds Transfer (EFT) Authorization For Direct Payments (ACH Debits)



### 3. YOUR DIRECT PAYMENT OPTIONS

Amount of Transfer \$

Frequency\*:  Bi-Weekly  Semi-Monthly  Monthly  Quarterly  Annual

\*Some frequencies may not be available on all policies/contracts.

Please start the debit transfers from my bank on  (mm/dd/yyyy)

**Indicate the preferred withdrawal date (1st - 28th)**

These debit payments are to be applied to a loan on my contract.

The date of transfer is the date the funds are removed from your account, not the date they are posted into your contract. Please allow 2-3 business days for funds to transfer. Due to the pre-note process at your bank, it may take 10-14 days to setup the first transfer of funds. If changes are requested, please allow 15 days for processing.

### 4. YOUR CONFIRMATION

I acknowledge that:

- 1) This request is to remain in full force and effect until Athene has received 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) My financial institution shall be fully protected in honoring any such debit entry and may at any time cease its participation in and compliance with this request and authorization by giving thirty (30) days written notice to me and Athene.
- 3) If any debit is dishonored, whether with or without cause and whether intentionally or inadvertently, Athene shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Signature of Owner

Date

Signature of Joint Owner

Date

If you are signing on behalf of the owner, please print your name and title and provide your signature below. Check one of the boxes to indicate the capacity in which you are signing and provide documentation with the request to verify your authorization to act on behalf of the owner.

Conservator  Guardian  Power of Attorney

Signature

Date

Print Name

Title

**We appreciate your business and are committed to providing you with accurate and caring service.  
If you have any questions or need additional information, please contact your  
Insurance Professional or our Customer Contact Center.**