

Settlement Option Selection Form



Athene Annuity and Life Company
Athene Annuity & Life Assurance 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

INSTRUCTIONS

- Use this form to request a Settlement Option and begin receiving payments from your contract.
- You may request a quote of these options by calling our Customer Contact Center.
- Once a Settlement Option has been selected and payments have begun the Settlement Option may not be changed or terminated.

1. OWNER INFORMATION

Individual, Trustee or Company Name			
If Trust, list Trust Name and Trust Date		Email Address	
Policy/Contract Number(s)		Address Change Requested* <input type="checkbox"/>	
Mailing Address			
City	State	Zip	Country
Street Address (REQUIRED if mailing address is a P.O. Box)			
City	State	Zip	Country
Social Security Number	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. There is a 10-day hold period on any financial transactions due to this confirmation process.

2. SETTLEMENT OPTIONS (all options may not be available per contract provisions and/or IRS guidelines)

Please select from the following options:

- ☐ **Life Annuity** - Payments will only be made for the lifetime of the annuitant. No payments will be due after the death of the annuitant.
- ☐ **Life Annuity with Period Certain** - Payments will be made for the number of years elected (Guaranteed Period not to exceed 20 years) and thereafter for the lifetime of the annuitant. The balance of the payments for the Guaranteed Period, if any, will be paid to the beneficiary upon the death of the annuitant. After the Guaranteed Period, payments will cease upon the death of the annuitant.
- ☐ 5 Years ☐ 10 Years ☐ 15 Years ☐ 20 Years
- ☐ **Period Certain Annuity** - Payments will be made for a fixed period from 5 to 20 years. Payments will cease at the end of the elected period.
- ☐ 10 Years ☐ 20 Years ☐ Other

Settlement Option Selection Form



3. PAYMENT FREQUENCY

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Please start my payments on (mm/dd/yyyy)

(Not all dates are available for all contracts. If your desired date is not available we will set your withdrawal to the next available date.)

If no payment start date is elected, payment will be made on the first available date after all documents are received in good order.

4. YOUR DIRECT DEPOSIT

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 →

Bank Name →

Joe Smith 123 Any Street Any City, US 12345		1234
Pay to the order of _____		Date _____
ABC Bank PO Box 111 Any City, US 11111		Dollars
Memo :107198557: 111111 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 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 days for funds to transfer).

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.

NOTE: Periodic annuity payments for qualified plans or tax-sheltered annuities with only a period certain payout for less than 10 years, federal tax law requires withholding the mandatory tax of at least 20%.

☐ Do not withhold federal income tax from my payment.

☐ 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.

Settlement Option Selection Form



5. YOUR TAX WITHHOLDING ELECTION (continued)

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. NEW BENEFICIARY ELECTION

Percentages for all beneficiaries must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. If a new beneficiary is not elected, we will default to your estate.

Full Name of Individual, Trust, or Company*	Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	
Social Security Number/Tax Identification Number* _____	Date of Birth* (mm/dd/yyyy) / /		
Street Address	City	State	Zip
Telephone Number	Relationship to Claimant*	Email Address	

Full Name of Individual, Trust, or Company*	Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	
Social Security Number/Tax Identification Number* _____	Date of Birth* (mm/dd/yyyy) / /		
Street Address	City	State	Zip
Telephone Number	Relationship to Claimant*	Email Address	

Full Name of Individual, Trust, or Company*	Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	
Social Security Number/Tax Identification Number* _____	Date of Birth* (mm/dd/yyyy) / /		
Street Address	City	State	Zip
Telephone Number	Relationship to Claimant*	Email Address	

***Required fields.**

Settlement Option Selection Form



6. NEW BENEFICIARY ELECTION (continued)

Full Name of Individual, Trust, or Company*		Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Percentage* %	
Social Security Number/Tax Identification Number* _____		Date of Birth* (mm/dd/yyyy) ____/____/____			
Street Address		City		State	Zip
Telephone Number	Relationship to Claimant*		Email Address		

*Required fields.

You may also use additional blank pages completed with beneficiary information. Each blank page must be signed and dated, labeled with the word "Attachment," and include the contract number and all required beneficiary information.

☐ Check this box if you need more space and have attached additional pages to your form.

7. 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)	
Joint Owner Signature X	Date (mm/dd/yyyy) ____/____/____

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	