

Systematic Withdrawal Request



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

INSTRUCTIONS

Use this form to begin receiving systematic withdrawals under your contract.

This form may not be used for TSA/403(b) contracts, or Required Minimum Distributions. Please call the service center for the appropriate form.

1. INFORMATION ABOUT THE OWNER

Individual, Trustee, or Company Name			
If Trust, list Trust Name and Trust Date			
Contract Number			
Date of Birth (mm/dd/yyyy) / /	Social Security Number/TIN - -	Contact Telephone Number	
Mailing Address		Email Address	
City	State	Zip	Address Change Requested:* <input type="checkbox"/>
Street Address (REQUIRED if mailing address is a P.O. Box)			
City		State	Zip

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

2. YOUR PAYMENT OPTIONS

Payments:	<p>Please select one of the following options. PLEASE NOTE: All options are NOT available for all products. We will contact you if you select an option that is not available to your contract.</p> <p><input type="checkbox"/> Penalty Free Amount <input type="checkbox"/> Interest* (if available)</p> <p><input type="checkbox"/> Gross Amount* - Please send me a gross amount of \$ <input type="text"/> each period.</p> <p><input type="checkbox"/> Specified Percentage* of the accumulation value <input type="text"/> % (Amount will be recalculated each contract anniversary and distributed equally among all payments.)</p> <p>*If the amount elected exceeds the amount available without penalty, charges will be applied.</p>
Frequency:	<p>The minimum payment is \$100.00 per frequency.</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly</p> <p>Please process my payments on <input type="text"/> / <input type="text"/> / <input type="text"/> (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.)</p>

3. YOUR DIRECT DEPOSIT

Payment Method

For Athene to deposit money directly in your bank account using electronic funds transfer (EFT), please provide your banking information below. Athene will perform bank account validation using third party software and if approved, Athene will utilize the banking information provided for this request and all future disbursements until Athene receives written notification to terminate or suspend the banking information. Athene may contact your financial institution to verify information regarding the banking information and to resolve any problems related to electronic deposits or errors in deposit. The date of the disbursement is when the funds are removed from your contract, not the date the funds are posted to your bank account. It may take 2-3 business days to reach your account. This processing time is dependent on your bank. Weekends and holidays may delay access to your monies, and you can contact your bank for additional information relating to fund access. **(Note: If your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.)**

Account Name (as it appears on the account)	Bank Name
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Routing Number (Bottom left of check): <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> </div>	Account Number (Bottom center of check): <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></div> </div>
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Type of account:

Checking - A voided/blank check accompanying this form is not required but preferred.

Savings

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

Account Name →
 Joe Smith
 123 Any Street
 Any City, US 12345

1234
 Date _____

VOID

Bank Name →
 ABC Bank
 PO Box 111
 Any City, US 11111

Pay to the order of _____ \$ _____ Dollars

Memo: :107198557: 11111111 1234

↑
Routing /Transit /
ABA No.

↑
Account Number

↑
Check Number

NOTE: Your signature below authorizes Athene to electronically credit or, if necessary, electronically debit your account. If an incorrect amount is deposited this authorizes Athene to direct your bank to debit this account. This authorization will remain in effect until revoked. Direct Deposit requests can only be accepted for U.S. bank accounts. Athene reserves the right to stop EFT should suspicious activity be identified.

4. YOUR TAX WITHHOLDING ELECTION

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

The withdrawal you receive from your 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. If you choose to withhold federal income tax, we may also be required to withhold state 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.

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

Depending on the type of withdrawal you receive, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election or if your state requires a greater amount of state withholding than what has been elected below, we will withhold at the rate specified by your state of residence on file until the required state specific form is received by our office. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state.

- 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.

5. YOUR CONFIRMATION

NOTE: I understand that this withdrawal is subject to any applicable surrender or withdrawal charges as defined in the contract.

IRS CERTIFICATION

Under penalties of perjury, I certify that:

- 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
- I am not subject to backup withholding because:
 - I am exempt from backup withholding, or
 - 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
 - the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
- 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/Trustee'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	