

# Request to Change Reduced Paid-Up or Extended Term Insurance



**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

## 1. CONTRACT INFORMATION

Contract/Policy Number		Name of Annuitant/Insured	
Name of Contract/Policy Owner		Social Security Number - -	Telephone Number
Street Address ( <b>REQUIRED</b> if mailing address is a P.O. Box)			
City		State	Zip
Name of Joint Owner, if applicable		Social Security Number - -	

## 2. REQUEST FOR REDUCED PAID-UP STATUS/EXTENDED TERM INSURANCE

- Please change the status of this policy to Reduced Paid-Up Life Insurance. I/We understand that the coverage will continue for a reduced face amount and no further premiums will be required. If the policy had a loan at the time of this request, I/we understand that it will be paid in full from the cash value, and then the remaining cash value will be used to calculate the reduced face amount of coverage.
- Change the status of this policy to Extended Term Insurance. I/We understand that the coverage will continue for a term period to be determined on the premium due date, and that no further premiums will be required. If the policy has a loan at the time of this request, I/we understand that it will be paid in full from the cash value, and the remaining cash value will be used to calculate the face amount and the term period of the coverage.
- I/We understand that if this policy is continued under the Extended Term Insurance option or the Reduced Paid-Up Insurance Provision, all Riders, Benefits and Endorsements attached to this policy will terminate, unless otherwise provided for in the Rider, Benefit or Endorsement.

## 3. ACKNOWLEDGEMENT/SIGNATURE(S)

I(We) submit this request for the proposed changes with a full and complete understanding of each and every requested change. I(We) hereby request that such changes be made.

Signature of Owner X	Date (mm/dd/yyyy) / /
Signature of Joint Owner (if applicable) X	Date (mm/dd/yyyy) / /
Signature of Spouse (Required if resident of a Community Property State) X	Date (mm/dd/yyyy) / /