

Athene Annuity & Life Assurance Company of New York

PLEASE COMPLETE AND RETURN THIS FORM TO ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK TO VERIFY THAT THIS ROLLOVER CONTRIBUTION MEETS THE IRS REQUIREMENTS AS STATED IN IRC SEC 408(d)(3)(B) AND IRC SEC 72(t)(8)(E)

1. CONTRACT INFORMATION

Contract Number _____

Name of Annuitant _____

Name of Contract Owner _____

Social Security Number _____

Street Address, City, State, Zip _____

Telephone Number _____

\$ _____
PLEASE ENTER AMOUNT OF CONTRIBUTION

2. COMPLETE THIS SECTION IF FUNDS BEING ROLLED OVER CAME FROM A TRADITIONAL, ROTH OR SIMPLE IRA

Traditional IRA to Traditional IRA Roth IRA to Roth IRA Traditional IRA to Roth Conversion IRA Simple IRA to Traditional IRA

1. **TIMELINESS – 60 days**
Have more than 60 days elapsed since funds were disbursed from the distributing IRA? Yes No
2. **RMD ROLLOVER RESTRICTION**
Does the contribution contain any Required Minimum Distribution amounts? Yes No
3. **TWELVE MONTH RESTRICTION**
Have you rolled over **any** distribution from **any** IRA during the preceding 12 months. Yes No
4. **SIMPLE IRA ROLLOVER RESTRICTIONS**
Did you first participate in your employer's SIMPLE salary reduction arrangement less than 2 years ago? Yes No

3. COMPLETE THIS SECTION IF FUNDS BEING ROLLED OVER CAME FROM A QUALIFIED PLAN

Qualified Plan to IRA Rollover

1. **ELIGIBLE PLAN** (Indicate the type of qualified plan from which you received the funds)
 Qualified Retirement Plan – 401(a) 403(b)/TSA Other _____
2. **ELIGIBLE ROLLOVER DEPOSIT:**
Does the contribution contain any Required Minimum Distribution amounts? Yes No
Is the contribution from part of a series of "Substantially Equal Periodic Payments"? Yes No
Does the contribution contain any nontaxable amounts attributable to the purchase of life insurance under the distribution plan? (i.e. PS 58 costs) Yes No
Does the contribution include any amounts that constitute a distribution due to hardship? Yes No
3. **TIMELINESS – 60 days**
Have more than 60 days elapsed since funds were disbursed from the distributing IRA? Yes No

4. ACKNOWLEDGMENT/SIGNATURE

I have read and understand the rollover rules and conditions and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property to an IRA, I have been advised to see a tax professional. I assume full responsibility for this rollover transaction and will not hold Athene Annuity & Life Assurance Company of New York liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of \$ _____ in cash as a rollover contribution.

Signature of Owner _____

Date _____