



# Trust Verification Form

## Athene Annuity & Life Assurance Company of New York

### 1. CONTRACT INFORMATION

Contract / Policy Number	Name of Annuitant / Insured
Name of Contract / Policy Owner	Social Security Number
Street Address, City, State, Zip	Telephone Number
Name of Joint Owner (if applicable)	Social Security Number

### 2. DETAILS OF THE TRUST

Full Name of the Trust \_\_\_\_\_

Irrevocable     Revocable

Date of the Trust \_\_\_\_\_ Statute that governs the Trust \_\_\_\_\_

The Trust is validly executed and in full force and effect.  Yes  No (The trust must be formed and domiciled in the United States or one of its territories, at all times.)

### 3. TAX IDENTIFICATION NUMBER (Please check one of the following)

The Trust does not have a separate Taxpayer Identification number. Thus, the personal Taxpayer Identification Number of the FIRST Settlor/Grantor listed below should be used.

The Taxpayer Identification Number is \_\_\_\_\_

### 4. NAMES OF SETTLORS / GRANTORS OF THE TRUST

1. \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. \_\_\_\_\_ Social Security Number \_\_\_\_\_

(Please attach additional pages if necessary)

### 5. NAMES OF ALL TRUSTEES

1. \_\_\_\_\_

2. \_\_\_\_\_

(Please attach additional pages if necessary)

### 6. NAMES OF ALL SUCCESSOR TRUSTEES

1. \_\_\_\_\_

2. \_\_\_\_\_

(Please attach additional pages if necessary)



**Athene Annuity & Life Assurance Company of New York**

**7. REQUIRED SIGNATURES** (Please check  one of the following)

The Trust Agreement requires the following with respect to completing/authenticating forms and/or requests on behalf of the Trust, in connection with products issued by Athene Annuity & Life Assurance Company of New York:

- Any one of the Trustees, acting alone.
- All of the Trustees acting together.

**8. ACKNOWLEDGEMENT REGARDING BENEFICIAL INTEREST** (Please check  one of the following)

Neither the Insurance Agent, nor any person affiliated with the Insurance Agent, is a beneficiary of the Trust. Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a policy / contract sold by that agent, unless that agent is a family member, or has a recognized insurable interest.

- Agree
- Disagree

**9. Certifications of Beneficial Owner(s)**

A Beneficial Owner is an individual who will receive 25% or more of the Trust proceeds. The Beneficial Owner, if any, may or may not be the Trustee or the Grantor of the Trust.

To help the United States government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners. Athene may require a valid copy of your identification (i.e. non-expired governmental identification: driver's license, passport, etc) to purchase a contract.

**A response below is required:** Either check the box or enter information for at least one beneficial owner.

**Check here if no individual will receive 25% or more of the Trust proceeds.**

Name	Date of Birth	Social Security Number	For Foreign Person(s): Passport Number and Country of Issuance or other similar identification number <sup>1</sup>

<sup>1</sup> In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



**Athene Annuity & Life Assurance Company of New York**

**10. CERTIFICATION BY TRUSTEE(S)**

The Trustee(s) state(s) and agree(s) that:

The Trust, if named owner, is authorized under the terms of the Trust to purchase and/or hold insurance on the life of any insured / annuitant. If named beneficiary, the Trust is authorized to receive proceeds as provided under the terms of the insurance policy and / or annuity contract. I / We have also determined the insurance product is appropriate for the Trust's purpose and the terms of the insurance product conforms to the income distribution requirements, if any, of the Trust.

I / We certify that Athene Annuity & Life Assurance Company of New York (the "Company") may rely solely on this Verification and the information provided, for policy / contract administration purposes, and the Company has no obligation to investigate the terms of the Trust, or the authority of the Trustee(s). The Company expressly denies responsibility regarding the use and applications of any payments made to the Trust by the Trustee(s) and the Trustee(s) will hold the Company harmless from any action the Company takes at the direction of the Trustee(s).

The Trustee(s) declare(s) that each and every Trustee and Successor Trustee are bound by this certification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the Company receives written notification at its Home Office of a change of Trustee. Furthermore, the Trustee(s) agree(s) to notify the Company of any changes to the Trust itself that will alter the information provided in this Trust Verification.

**11. ACKNOWLEDGEMENT / SIGNATURE(S) (All trustees named in Section 5 must sign below)**

The signature(s) below certify(ies) that the previous information provided and agreed to on this Trust Verification is true and accurate.

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Date