



ACKNOWLEDGEMENT OF ANNUITIZATION TO 'LIFE ONLY'

Athene Annuity & Life Assurance Company of New York

1. Contract Information

Contract Number	Name of Annuitant <i>(if different from owner)</i>
Name of Contract Owner	Owner's Social Security Number
Street Address, City, State, Zip	Telephone Number
Name of Joint Owner <i>(if applicable)</i>	Name of Joint Annuitant <i>(if applicable)</i>

2. Annuitant/Owner's Acknowledgement

I/(We, in the case of a joint survivor annuity) understand that the "Lifetime Only" annuitization option I/we elected provides the scheduled payments to me/us while living, only. There is no beneficiary and no death benefit. I/We understand that scheduled annuity payments will be made until my death, or the death of the last surviving annuitant, if there is more than one annuitant. At that time all payments will cease, even if no payments have yet been made.

3. Signature(s)

X _____ Signature of Owner	_____ Date
X _____ Signature of Joint Owner <i>(if applicable)</i>	_____ Date
X _____ Signature of Owner's Spouse <i>(Required if resident of Community Property State)</i>	_____ Date

4. To be completed by Notary Public:

Signed and sworn before me on this the _____ day of _____, 20____ in the State of _____,

County of _____ . My Commission expires: _____.

X _____
Signature of Notary Public