



ASSIGNMENT OF PERIODIC PAYMENT POLICY AS COLLATERAL SECURITY

Athene Annuity & Life Assurance Company of New York

1. Contract Information

Contract Number, Name of Annuitant, Name of Contract Owner, Social Security Number, Street Address, City, State, Zip, Telephone Number, Name of Joint Owner, if applicable, Social Security Number

2.

For value received, I hereby assign, transfer and set over to: (hereinafter called the "assignee") all of my rights, title and interest in and to policy number: (hereinafter called the policy) issued by Athene Annuity & Life Assurance Company of New York (hereinafter called the "insurer") with full power to the assignee or the assignee's legal representative to exercise all rights, options and privileges in connection therewith and to enjoy all benefits and advantages to be had or derived there from, subject to the rules and regulations of the insurer and all superior liens, if any, which the insurer may have against the policy. This assignment shall apply to and be effective upon any policy to which we have right to and may be issued in lieu of or in exchange for this policy and shall also apply to and be effective upon any supplementary contracts issued in connection therewith. It is expressly agreed that, without detracting from the generality of the foregoing, the assignee shall have the sole right to collect from the insurer the monthly guaranteed income of \$ less any elected federal and/or tax withholding as it becomes due to as Payee, beginning and ending with payment due on.

It is expressly agreed the right to designate and change the contingent payee as permitted by the policy or allowed by the insurer is excluded from this assignment and does not pass by virtue hereof.

I understand, as owner/payee of the above contract, I will continue to be responsible for the reporting of any taxable income under my tax identification number.

The undersigned guarantees the validity of this assignment to the assignee or the assignee's executor, administrators or assigns (successors or assigns if the assignee is a corporation).

3. Acknowledgement / Signature(s)

The undersigned guarantees the validity of this assignment to the assignee or the assignee's executor, administrators or assigns (successors or assigns if the assignee is a corporation).

Signature of Owner, Date, Signature of Joint Owner (if applicable), Date, Signature of Owner's Spouse (Required if resident of Community Property State), Date



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AS COLLATERAL SECURITY

Athene Annuity & Life Assurance Company of New York

4. Contract Information

Contract Number

Name of Contract Owner

Name of Joint Owner, *if applicable*

State of _____

County of _____

INDIVIDUAL ACKNOWLEDGEMENT

On this day of _____, 20____, before me personally came _____, known to be the individual(s) described in and who executed the foregoing assignment and acknowledges that he executed the same

CORPORATE ACKNOWLEDGEMENT

On this day of _____, 20____, before me personally came _____, known to be _____ (Title) of fixed by the order of the board of directors of said corporation and that he signed his name thereto by like order.

My commission expires _____.

Recorded and filed at the home office of Athene Annuity & Life Assurance Company of New York

Date _____ Authorized Signature _____

NOTICE: the rules of the insurer require that an assignment must be in writing and the insurer shall not be deemed to have knowledge of such assignment unless the original or a duplicate there of shall be filed at the home office of the insured, its receipt duly acknowledged and if the terms of the policy so require, proper endorsement made thereon, the insured will not assume or accept any responsibility as to the validity of any assignment. (1) any irrevocable beneficiary(ies), if any, shall join the execution of the assignment the appropriate acknowledgement by an assignor must be made before a notary public and certified by him under his official seal. (2) when an assignment is executed by an on behalf of a corporation, the seal of the corporation should be attached, together with a certified copy of the by-laws of such corporation, or a certified copy of the minutes of the meeting of the board of directors, authorizing such officers so to act.