

# Life Request for Policy Change



**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 TO MAKE POLICY CHANGE - Please check below the change(s) you would like to make to your life insurance policy

- Decrease Face Amount** to \$\_\_\_\_\_ (subject to policy minimum issue requirements). The decrease will be effective on the next monthly anniversary after receipt of this form in good order. PLEASE NOTE: Coverage must be paid current before this request can be processed. If the policy is in the grace period, sufficient premium based on the current specified amount must be paid to bring the coverage current.
- Cancel Accidental Death Benefit
- Cancel Waiver of Premium Benefit
- Cancel Family Insurance Rider
- Cancel Children's Insurance Rider
- Cancel Guaranteed Insurance Rider
- Other \_\_\_\_\_

## 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 change(s) be made.

Signature of Owner X	Date (mm/dd/yyyy) / /
Signature of Joint Owner (if applicable) X	Date (mm/dd/yyyy) / /
Signature of Insured X	Date (mm/dd/yyyy) / /
Signature of Assignee or Irrevocable Beneficiary, if applicable X	Date (mm/dd/yyyy) / /