

Athene Annuity & Life Assurance Company	
1. Contract Information	
Contract Number	
Name of Annuitant/Insured	
Name of Contract Owner (If not same as Annuitant/Insured)	
Name of Joint Contract Owner (If applicable)	
2. Authorization for Electronic Funds Deposit	
BANK ACCOUNT INFORMATION	
Name of Financial Institution	Please Check 🗹 One: 🗆 Checking Acct. 🗆 Savings Acct.
Name of Financial Institution	
Full Manage on Devils Assessment	Additional Name (a) an Davis Assessed
Full Name on Bank Account	Additional Name(s) on Bank Account
ABA Routing Number (9 digits)	Bank Account Number (4-17 digits)
Please attach a VOIDED check for checking accounts OR	
a deposit slip for savings accounts for	r account information verification.
ATTACH YOUR VO	
OR	SIDED CHECK
SAVINGS ACCOUNT DEPOSIT SLIP HERE	
(Deposit Slips will not be accepted for Checking Accounts)	
OR	
Check this box for paperless and online accounts and ensure that your bank's	
routing number and your account number are entered in the spaces above.	
As the back account owner I authorize Athene Appuity and Life	Accurance Company to automatically deposit funds for all
As the bank account owner, I authorize Athene Annuity and Life Assurance Company to automatically deposit funds for all withdrawals from this annuity contract to my checking or savings account. In the event that funds are inadvertently deposited into my account, I also authorize Athene Annuity & Life Assurance Company to withdraw said funds.	
This authorization will remain in effect until written notice of change of account or termination is delivered to Athene Annuity and Life	
Assurance Company in a timely manner so as to afford Athene Annuit no event shall a termination request include entries processed prior to	y & Life Assurance Company an opportunity to act thereon. In
no event shall a termination request include entries processed pror to	receipt of such holice.
XSignature of Bank Account Owner	
Signature of Bank Account Owner	Date
3. Acknowledgement by Policy Owner(s) (If not the same as Bank Account Owner)	
By signing where indicated below I hereby acknowledge my approval for Athene Annuity and Life Assurance Company to withdraw funds from the annuity contract and request that those funds be deposited into the bank account referenced above.	
X	
X Signature of Policy Owner	Date
XSignature of Joint Policy Owner (<i>If applicable</i>)	Date
	5410