

**Athene Annuity and Life Company** Home Office, West Des Moines, IA 50266 Athene Life Insurance Company of New York Athene Annuity & Life Assurance Company of New York

Home Office, Pearl River, NY 10965

1. CONTRACT INFORMATION						
Contract Number						
Name of Annuitant						
Name of Contract Owner (If different from Annu	itant)					
Name of Joint Contract Owner (If applicable)						
Address	City		State	Zip		Telephone Number
<ul> <li>TELEPHONE TRANSFER AUTHORIZA</li> <li>I hereby authorize Athene to accept transfer</li> <li>I hereby authorize Athene to accept teleph policy or annuity with the person or persons personal information listed below.</li> </ul>	instruct one trai	nsfer instr	uctions rela	ated to th		
Name of Joint Contract Owner (If applicable)		SSN. or T	TN No.		Dat	te of Birth (mm/dd/yyyy)
Address	City		State	Zip		Telephone Number ( ) -
Name of Joint Contract Owner (If applicable)		SSN. or T	TN No.		Dat	re of Birth (mm/dd/yyyy) / /
Address	City	•	State	Zip	•	Telephone Number ( ) -

Any authorization provided to transfer funds is subject to the terms and provisions in the policy and prospectus. I accept any liability that may occur as a result of any telephone transfer or reallocation and hold Athene ("the Company") harmless against any loss, cost, or expense rising out of that telephone transfer or reallocation. I understand (a) that this authorization can be terminated by me at any time by supplying written notification to the Company; and (b) that the Company reserves the right, in its sole discretion, to terminate this authorization at any time.

This request is not valid unless signed and dated in section 7 and all pages are returned to Athene.

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#### 3. ASSET REBALANCING

This program permits you to automatically rebalance the values in your subaccounts to return to their original percentage allocations.

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus.

The minimum allowable period to participate in this program is 6 months. The Fixed Account options are not part of the asset rebalancing. Asset rebalancing is not available if dollar cost averaging is in effect.

Rebalance portfolios to the original percentages: $\square$ Monthly $\square$ Quarterly $\square$ Semi-Annually $\square$ Annually	
Designated day: (withdrawal will occur on the 15th day of the month or any other day des	ignated
(other than the 29th, 30th, or 31st). If the designated day falls on a non-business day, the withdrawal will occur t	the nex
business day.)	

Variable Portfolios:					
Invesco Variable Insurance Funds		Lazard Retirement Series, Inc.			
V.I. Core Equity	%	Lazard Retirement U.S. Small-Mid Cap Equity	%		
V.I. High Yield	%				
		Lord Abbett Series Fund, Inc.			
Lincoln Variable Insurance Products		Growth and Income	%		
LVIP Disciplined Core Value	%				
LVIP Value	%	T. Rowe Price Equity Series, Inc.			
		Blue Chip Growth	%		
BNY Mellon Stock Index Fund, Inc.	%	Moderate Allocation	%		
Fred Alger Management, Inc.		Fidelity Variable Insurance Products			
Alger American LargeCap Growth	%	Fidelity VIP Contrafund®	%		
Alger American Capital Appreciation	%	Fidelity VIP Growth	%		
Alger American Midcap Growth	%	Fidelity VIP Investment Grade Bond	%		
		Fidelity VIP Mid Cap	%		
Janus Aspen Series		Fidelity VIP Government Money Market	%		
Overseas	%	Fidelity VIP Overseas	%		
		TOTAL	100%		

#### 4. ALLOCATION OF FUTURE PREMIUM PAYMENTS

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus. Allocation must be at least \$1,000 per variable portfolio selected; and must be in whole percentages totaling 100%.

Variable Portfolios:			
Invesco Variable Insurance Funds		Lazard Retirement Series, Inc.	
V.I. Core Equity	%	Lazard Retirement U.S. Small-Mid Cap Equity	%
V.I. High Yield	%		
		Lord Abbett Series Fund, Inc.	
Lincoln Variable Insurance Products		Growth and Income	%
LVIP Disciplined Core Value	%		
LVIP Value	%	T. Rowe Price Equity Series, Inc.	
		Blue Chip Growth	%
BNY Mellon Stock Index Fund, Inc.	%	Moderate Allocation	%

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#### 4. ALLOCATION OF FUTURE PREMIUM PAYMENTS (continued)

Fred Alger Management, Inc.		Fidelity Variable Insurance Products			
Alger American LargeCap Growth	%	Fidelity VIP Contrafund®	%		
Alger American Capital Appreciation	%	Fidelity VIP Growth	%		
Alger American Midcap Growth	%	Fidelity VIP Investment Grade Bond	%		
		Fidelity VIP Mid Cap	%		
Janus Aspen Series		Fidelity VIP Government Money Market	%		
Overseas	%	Fidelity VIP Overseas	%		
		Fixed Accounts (\$5,000 minimum I or II)			
		Fixed I*	%		
		Fixed II Guarantee Periods**			
		3 year	%		
		5 year	%		
		7 year	%		
		TOTAL	100%		

<sup>\*</sup> Fixed Account I - not available in MA, OR, SC, WA.

#### 5. TRANSFER REQUEST

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus. You are entitled to make a certain number of free transfers during the policy year subject to the terms and provisions of the policy and prospectus. Additional transfers can be made at a cost of \$25 each. Minimum transfer amount is \$250 or whole percentages. A minimum of \$1,000 must remain in a variable portfolio after a transfer. At least \$5,000 must remain in Fixed Account I, or any Guaranteed Period in Fixed Account II. A transfer from a Guaranteed Period of Fixed Account II may result in an interest/market adjustment. If your request causes the variable portfolio to fall below \$1,000, the entire amount will be moved to the transferring fund.

From: Variable Portfolios Invesco Variable Insurance Funds			To: Variable Portfolios Invesco Variable Insurance Funds					
								V.I. Core Equity
V.I. High Yield	\$	or	%	V.I. High Yield	\$	or	%	
Lincoln Variable Insurance Products				Lincoln Variable Insurance Products				
LVIP Disciplined Core Value	\$	or	%	LVIP Disciplined Core Value	\$	or	%	
LVIP Value	\$	or	%	LVIP Value	\$	or	%	
BNY Mellon Stock Index Fund, Inc.	\$	or	%	BNY Mellon Stock Index Fund, Inc.	\$	or	%	
Fred Alger Management, Inc	c.			Fred Alger Management, Inc	:.			
Alger American LargeCap Growth, OS	\$	or	%	Alger American LargeCap Growth, OS	\$	or	%	
Alger American Capital Appreciation, OS	\$	or	%	Alger American Capital Appreciation, OS	\$	or	%	
Alger American Midcap Growth, OS	\$	or	%	Alger American Midcap Growth, OS	\$	or	%	

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<sup>\*\*</sup>Not available in MA, OR, SC, VT or WA. Restrictions apply in FL & TX.

# Service Request for Annuity Contracts



### 5. TRANSFER REQUEST (continued)

Janus Aspen Series				Janus Aspen Series				
Overseas	\$	or	%	Overseas	\$	or	%	
Lazard Retirement Series, Inc	2.			Lazard Retirement Series, Inc				
Lazard Retirement U.S. Small- Mid Cap Equity	\$	or	%	Lazard Retirement U.S. Small- Mid Cap Equity	\$	or	%	
Lord Abbett Series Fund, Inc.	,			Lord Abbett Series Fund, Inc.	,			
Growth and Income	\$	or	%	Growth and Income	\$	or	%	
T. Rowe Price Equity Series, I	nc.			T. Rowe Price Equity Series, I	nc.			
Blue Chip Growth	\$	or	%	Blue Chip Growth	\$	or	%	
Moderate Allocation	\$	or	%	Moderate Allocation	\$	or	%	
Variable Insurance Products				Fidelity Variable Insurance Pi	roducts			
Fidelity VIP Contrafund®	\$	or	%	Fidelity VIP Contrafund®	\$	or	%	
Fidelity VIP Growth	\$	or	%	Fidelity VIP Growth	\$	or	%	
Fidelity VIP Investment Grade Bond	\$	or	%	Fidelity VIP Investment Grade Bond	\$	or	%	
Fidelity VIP Mid Cap	\$	or	%	Fidelity VIP Mid Cap	\$	or	%	
Fidelity VIP Government Money Market	\$	or	%	Fidelity VIP Government Money Market	\$	or	%	
Fidelity VIP Overseas	\$	or	%	Fidelity VIP Overseas	\$	or	%	
Fixed Accounts (\$5,000 minir	num I or II	)		Fixed Accounts (\$5,000 minin	num I o	r II)		
Fixed I*	\$	or	%		\$	or	%	
Fixed II Guarantee Periods**	red II Guarantee Periods**		l	Fixed II Guarantee Periods**	1			
3 year	\$	or	%	3 year	\$	or	%	
5 year	\$	or	%	5 year	\$	or	%	
7 year	\$	or	%	7 year	\$	or	%	
TOTAL	\$		100%	TOTAL	\$		100%	

<sup>\*</sup> Fixed Account I - not available in MA, OR, SC, WA.

## 6. DOLLAR COST AVERAGING

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus.

Total contract value must be \$10,000 to participate. You must participate in dollar cost averaging for a minimum of 6 months. If you participate in dollar cost averaging, you may not select or participate in either an Automatic Withdrawal or Minimum Distribution Program. Dollar cost averaging automatically terminates if the contract value in the selected transfer portfolio is zero.

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<sup>\*\*</sup> Not available in MA, OR, SC, VT or WA. FL & TX residents have restrictions that apply on moving money from Fixed Account II.



6. DOLLAR COST AVERAGING (cor	ntinue)			
Designated day: (without other than the 29th, 30th, or 31st). If the business day.)				
A. Please elect either $\square$ 6 month OR $\square$	12 month dollar d	cost averaging		
B. Select Portfolio to transfer FROM one following:  Money Market		□ Othor		
C. Select the % or \$ amount to be transfer			% or \$	
D. Indicate total % or \$ amount to be transit				
To:	risieriea (iiiiiiiia	III Ψ1,300)	/0 OI	
Invesco Variable Insurance Funds		Lazard Retirement Seri	es. Inc.	
V.I. Core Equity	%		-	%
V.I. High Yield	%	Edzard Nethernent 0.5. 51	mair wife cap Equity	,,,
V r light rield	70	Lord Abbett Series Fun	d, Inc.	
Lincoln Variable Insurance Products		Growth and Income		%
LVIP Disciplined Core Value	%		I_	
LVIP Value	%	T. Rowe Price Equity Se	eries, Inc.	
	<u> </u>	Blue Chip Growth		%
BNY Mellon Stock Index Fund, Inc.	%	Moderate Allocation		%
	<b>'</b>			
Fred Alger Management, Inc.	0/	Fidelity Variable Insura		0.4
Alger American LargeCap Growth		Fidelity VIP Contrafund®		%
Alger American Capital Appreciation		Fidelity VIP Growth		%
Alger American Midcap Growth	%	Fidelity VIP Investment G	rade Bond	%
Janus Aspen Series		Fidelity VIP Mid Cap	Manay Markot	%
-	0/	Fidelity VIP Government	ivioney iviarket	%
Overseas	/0	Fidelity VIP Overseas		
		TOTAL		100%
*Not available in MA, OR, SC or WA.				
7. YOUR CONFIRMATION				
I submit this request for the proposed char change. I hereby request that such change		nd complete understandin	g of each and every req	uested
Owner Signature	Owner's Title (i	f corporation or trust)	Date (mm/dd/yyyy)	
X			/ /	
Joint Owner Signature (if applicable)	Print Name		Date (mm/dd/yyyy)	
X			/ /	
If you are signing on behalf of the owner, p to the capacity in which you are signing. Conservatorship, or Guardianship docutments	If you have not	already done so, please	provide your Power of	
☐ Conservator ☐ Guardian	1	Power of Attorney	Assignee	
Signature (if applicable)			Date (mm/dd/yyyy)	
X Drint Name			/ /	
Print Name				

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