

# Variable Universal Life Request for Service Form



**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

Policy Number				
Name of Insured			Social Security No.	
Name of Policy Owner (If different from Insured)			Social Security No. or Tax I.D. No.	
Name of Joint Policy Owner (If applicable)			Social Security No. or Tax I.D. No.	
Address	City	State	Zip	Telephone Number ( ) -

## 2. TELEPHONE TRANSFER AUTHORIZATION

- I hereby authorize Athene to accept transfer instructions from me by telephone.
- I hereby authorize Athene to accept telephone transfer instructions related to the above referenced insurance policy or annuity with the person or persons who can verbally confirm policy information outlined above as well as personal information listed below.

Name		Driver's License, SSN. or TIN No.		Date of Birth (mm/dd/yyyy) / /	
Address	City	State	Zip	Telephone Number ( ) -	

Name		Driver's License, SSN. or TIN No.		Date 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.

## 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.

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### 3. ASSET REBALANCING (continued)

The minimum allowable period to participate in this program is 6 months and you must have an un-loaned accumulation value of at least \$5,000 to participate. The Fixed Account option is not part of the asset rebalancing. Asset rebalancing is not available if dollar cost averaging is in effect.

Rebalance portfolios to the original percentages:  Monthly  Quarterly  Semi-Annually  Annually

Designated day: \_\_\_\_\_ (withdrawal will occur on the 15th day of the month or any other day designated (other than the 29th, 30th, or 31st). If the designated day falls on a non-business day, the withdrawal will occur the next business day.)

<b>Variable Portfolios:</b>			
<b>Invesco Variable Insurance Funds</b>		<b>T. Rowe Price Equity Series, Inc.</b>	
V.I. Core Equity	%	Blue Chip Growth	%
V.I. High Yield	%	Equity Income Portfolio-II	%
		Health Sciences Portfolio-II	%
<b>Lincoln Variable Insurance Products</b>		Personal Strategy Balanced	%
LVIP Disciplined Core Value	%		
LVIP Ultra	%	<b>Vanguard Variable Insurance</b>	
LVIP Value	%	VIF Capital Growth	
		VIF Mid-Cap Index	%
<b>BNY Mellon Investment Portfolios</b>		VIF Real Estate Index	%
Small Cap Stock Index Portfolio	%	VIF Small Company Growth	%
		VIF Total Bond Market Index	%
<b>BNY Mellon Stock Index Fund, Inc.</b>	%	VIF Total Stock Market Index	%
<b>Janus Aspen Series</b>		<b>Fidelity Variable Insurance Products</b>	
Overseas	%	Fidelity VIP Contrafund®	%
		Fidelity VIP Growth	%
<b>Lazard Retirement Series, Inc.</b>		Fidelity VIP Investment Grade Bond	%
Lazard Retirement U.S. Small-Mid Cap Equity	%	Fidelity VIP Mid Cap	%
		Fidelity VIP Government Money Market	%
<b>Lord Abbett Series Fund, Inc.</b>		Fidelity VIP Overseas	%
Calibrated Dividend Growth Fund	%		
Bond Debenture	%		
Growth & Income	%		
Mid Cap Stock	%	<b>TOTAL</b>	<b>100%</b>

### 4. 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. If you intend to adjust future allocations, section 7 of this form must be completed. You are entitled to make free transfers during a 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 with a total value of more than \$250. A minimum of \$250 must remain in either a Variable or Fixed Account after a transfer. Only one transfer out of the Fixed Account is allowed each policy year.

*Please see list of funds on page 3*

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**4. TRANSFER REQUEST** (continued)

<b>From: Variable Portfolios</b>				<b>To: Variable Portfolios</b>			
<b>Invesco Variable Insurance Funds</b>				<b>Invesco Variable Insurance Funds</b>			
V.I. Core Equity	\$	or	%	V.I. Core Equity	\$	or	%
V.I. High Yield	\$	or	%	V.I. High Yield	\$	or	%
<b>Fred Alger Management, Inc.</b>				<b>Lincoln Variable Insurance Products</b>			
Alger American LargeCap Growth, OS	\$	or	%	LVIP Disciplined Core Value	\$	or	%
Alger American Capital Appreciation, OS	\$	or	%	LVIP Ultra	\$	or	%
Alger American Midcap Growth, OS	\$	or	%	LVIP Value	\$	or	%
Alger American SmallCap	\$	or	%				
				<b>BNY Mellon Investment Portfolios</b>			
<b>Lincoln Variable Insurance Products</b>				Small Cap Stock Index Portfolio	\$	or	%
LVIP Disciplined Core Value	\$	or	%				
LVIP Ultra	\$	or	%	<b>BNY Mellon Stock Index Fund, Inc.</b>	\$	or	%
LVIP Value	\$	or	%				
				<b>Janus Aspen Series</b>			
<b>BNY Mellon Investment Portfolios</b>				Overseas	\$	or	%
Small Cap Stock Index Portfolio	\$	or	%		\$	or	%
Socially Responsible Growth	\$	or	%	<b>Lazard Retirement Series, Inc.</b>			
				Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%
<b>DreyfusStockIndexFund, Inc.</b>	\$	or	%				
				<b>Lord Abbett Series Fund, Inc.</b>			
<b>Janus Aspen Series</b>				Calibrated Dividend Growth Fund	\$	or	%
Overseas	\$	or	%	Bond Debenture	\$	or	%
				Growth & Income	\$	or	%
<b>Lazard Retirement Series, Inc.</b>				Mid Cap Stock	\$	or	%
Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%				
				<b>T. Rowe Price Equity Series, Inc.</b>			
<b>Lord Abbett Series Fund, Inc.</b>				Blue Chip Growth	\$	or	%
Calibrated Dividend Growth Fund	\$	or	%	Equity Income Portfolio-II	\$	or	%
Bond Debenture	\$	or	%	Health Sciences Portfolio-II	\$	or	%
Growth & Income	\$	or	%	Moderate Allocation	\$	or	%
Mid Cap Stock	\$	or	%				

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**4. TRANSFER REQUEST** (continued)

<b>T. Rowe Price Equity Series, Inc.</b>				<b>Vanguard Variable Insurance</b>			
Blue Chip Growth	\$	or	%	VIF Capital Growth	\$	or	%
Equity Income Portfolio-II	\$	or	%	VIF Mid-Cap Index	\$	or	%
Health Sciences Portfolio-II	\$	or	%	VIF Real Estate Index	\$	or	%
Moderate Allocation	\$	or	%	VIF Small Company Growth	\$	or	%
				VIF Total Bond Market Index	\$	or	%
<b>Vanguard Variable Insurance</b>				VIF Total Stock Market Index	\$	or	%
VIF Capital Growth	\$	or	%				
VIF Mid-Cap Index	\$	or	%	<b>Fidelity Variable Insurance Products</b>			
VIF Real Estate Index	\$	or	%	Fidelity VIP Contrafund®	\$	or	%
VIF Small Company Growth	\$	or	%	Fidelity VIP Growth	\$	or	%
VIF Total Bond Market Index	\$	or	%	Fidelity VIP Investment Grade Bond	\$	or	%
VIF Total Stock Market Index	\$	or	%	Fidelity VIP Mid Cap	\$	or	%
				Fidelity VIP Government Money Market	\$	or	%
<b>Variable Insurance Products</b>				Fidelity VIP Overseas	\$	or	%
Fidelity VIP Contrafund®	\$	or	%				
Fidelity VIP Growth	\$	or	%	<b>Fixed Account</b>			
Fidelity VIP Investment Grade Bond	\$	or	%				
Fidelity VIP Mid Cap	\$	or	%				
Fidelity VIP Government Money Market	\$	or	%				
Fidelity VIP Overseas	\$	or	%				
<b>Federated Investment Management Company</b>							
Federated Managed Volatility Fund II	\$	or	%				
<b>Neuberger Berman Advisers Management Trust</b>							
Large Cap Value	\$	or	%				
<b>Allspring</b>							
VT Discovery SMID Cap Growth Fund	\$	or	%				
VT Opportunity	\$	or	%				
<b>Fixed Account</b>							
	\$	or	%				
<b>TOTAL</b>	\$	or	%	<b>TOTAL</b>	\$	or	%

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## 5. INTEREST SWEEP (Available for Duo only)

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.

This program permits you to automatically transfer the interest earned in the Fixed Account to another subaccount(s). The amounts allocated into dollar cost averaging are excluded from this program.

Transfer interest in Fixed Account  Monthly  Quarterly into the following sub account(s):

----- %  
 ----- %  
 TOTAL 100 %

Designated day: \_\_\_\_\_ (transfer will occur on the 15th day of the month or any other day you designate (other than the 29th, 30th, or 31st). If the designated day falls on a non-business day, the transfer will occur the next business day.)

## 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.

You must have an un-loaned accumulation value of at least \$5,000 to participate. You must participate in dollar cost averaging for at least 6 or 12 months (please select below). If you participate in dollar cost averaging, you may not select or participate in the asset rebalancing program. Dollar cost averaging automatically terminates if the policy value in the selected transfer portfolio is zero.

Designated day: \_\_\_\_\_ (withdrawal will occur on the 15th day of the month or any other day you designate (other than the 29th, 30th, or 31st). If the designated day falls on a non-business day, the transfer will occur the next business day.)

A. Please elect either  6 month OR  12 month dollar cost averaging

B. Select Portfolio to transfer FROM one of the following:  Money Market  Fixed Account\*  Other

C. Select the % or \$ amount to be transferred (minimum \$250) \_\_\_\_\_ % or \$ \_\_\_\_\_

D. Indicate total % or \$ amount to be transferred (minimum \$1,500) \_\_\_\_\_ % or \$ \_\_\_\_\_

To:							
<b>Invesco Variable Insurance Funds</b>				<b>T. Rowe Price Equity Series, Inc.</b>			
V.I. Core Equity	\$	or	%	Blue Chip Growth	\$	or	%
V.I. High Yield	\$	or	%	Equity Income Portfolio-II	\$	or	%
				Health Sciences Portfolio-II	\$	or	%
<b>Lincoln Variable Insurance Products</b>				Moderate Allocation	\$	or	%
LVIP Disciplined Core Value	\$	or	%				
LVIP Ultra	\$	or	%	<b>Vanguard Variable Insurance</b>			
LVIP Value	\$	or	%	VIF Capital Growth	\$	or	%
				VIF Mid-Cap Index	\$	or	%
<b>BNY Mellon Investment Portfolios</b>				VIF Real Estate Index	\$	or	%
Small Cap Stock Index Portfolio	\$	or	%	VIF Small Company Growth	\$	or	%
				VIF Total Bond Market Index	\$	or	%
<b>BNY Mellon Stock Index Fund, Inc.</b>	\$	or	%	VIF Total Stock Market Index	\$	or	%

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**6. DOLLAR COST AVERAGING** (continue)

<b>Janus Aspen Series</b>				<b>Fidelity Variable Insurance Products</b>			
Overseas	\$	or	%	Fidelity VIP Contrafund®	\$	or	%
V.I. High Yield	\$	or	%	Fidelity VIP Growth	\$	or	%
				Fidelity VIP Investment Grade Bond	\$	or	%
<b>Lazard Retirement Series, Inc.</b>				Fidelity VIP Mid Cap	\$	or	%
Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%	Fidelity VIP Government Money Market	\$	or	%
				Fidelity VIP Overseas	\$	or	%
<b>Lord Abbett Series Fund, Inc.</b>							
Calibrated Dividend Growth Fund	\$	or	%				
Bond Debenture	\$	or	%				
Growth & Income	\$	or	%				
Mid Cap Stock	\$	or	%				
				<b>TOTAL</b>	\$	or	%

\*Not available in AL, MA or WA.

**7. 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. Must be in whole percentages and total 100%.

<b>Invesco Variable Insurance Funds</b>		<b>T. Rowe Price Equity Series, Inc.</b>	
V.I. Core Equity	%	Blue Chip Growth	%
V.I. High Yield	%	Equity Income Portfolio-II	%
		Health Sciences Portfolio-II	
<b>Lincoln Variable Insurance Products</b>		Moderate Allocation	
LVIP Disciplined Core Value	%		
LVIP Ultra	%	<b>Vanguard Variable Insurance</b>	
LVIP Value	%	VIF Capital Growth	%
		VIF Mid-Cap Index	%
<b>BNY Mellon Investment Portfolios</b>		VIF Real Estate Index	%
Small Cap Stock Index Portfolio	%	VIF Small Company Growth	%
		VIF Total Bond Market Index	%
<b>BNY Mellon Stock Index Fund, Inc.</b>		VIF Total Stock Market Index	%
<b>Janus Aspen Series</b>		<b>Fidelity Variable Insurance Products</b>	
Overseas	%	Fidelity VIP Contrafund®	%
		Fidelity VIP Growth	%
<b>Lazard Retirement Series, Inc.</b>		Fidelity VIP Investment Grade Bond	%
Lazard Retirement U.S. Small-Mid Cap Equity		Fidelity VIP Mid Cap	%
		Fidelity VIP Government Money Market	%
		Fidelity VIP Overseas	%

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

Lord Abbett Series Fund, Inc.		Fixed Account	%
Calibrated Dividend Growth Fund	%		
Bond Debenture	%		
Growth & Income	%		
Mid Cap Stock	%		
		<b>TOTAL</b>	<b>%</b>

## 8. FULL SURRENDER OR PARTIAL SURRENDER OR LOAN

Full Surrender  Partial Surrender  Loan

If partial surrender or loan, remit to Policyowner the amount of \$\_\_\_\_\_ or complete the following amounts or fund percentage(s).

A Signature Guarantee is required if you request a surrender payable to a party other than yourself, if you request the check be mailed to an address other than the address we have on record for you, or if your address of record has been changed within 30 days of a withdrawal request.

### NOTES:

- The distributions you receive may be subject to Federal Income Tax Withholding.
- Must withdraw a minimum of \$250
- Cost for each partial surrender is \$25
- \$500 of cash surrender value in the policy must remain in your account.
- Maximum of 2 partial surrenders per policy year permitted
- Surrender/Loan will be pro-rata unless otherwise indicated
- **If Full Surrender requested, the original policy must be returned or a Lost Policy Affidavit completed**

From:							
<b>Invesco Variable Insurance Funds</b>				<b>T. Rowe Price Equity Series, Inc.</b>			
V.I. Core Equity	\$	or	%	Blue Chip Growth	\$	or	%
V.I. High Yield	\$	or	%	Equity Income Portfolio-II	\$	or	%
				Health Sciences Portfolio-II	\$	or	%
<b>Fred Alger Management, Inc.</b>				Moderate Allocation	\$	or	%
Alger American LargeCap Growth, OS	\$	or	%				
Alger American Capital Appreciation, OS	\$	or	%	<b>Vanguard Variable Insurance</b>			
Alger American MidCap Growth, OS	\$	or	%	VIF Capital Growth	\$	or	%
Alger American SmallCap	\$	or	%	VIF Mid-Cap Index	\$	or	%
				VIF Real Estate Index	\$	or	%
<b>Lincoln Variable Insurance Products</b>				VIF Small Company Growth	\$	or	%
LVIP Disciplined Core Value	\$	or	%	VIF Total Bond Market Index	\$	or	%
LVIP Ultra	\$	or	%	VIF Total Stock Market Index	\$	or	%
LVIP Value	\$	or	%				

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**8. FULL SURRENDER OR PARTIAL SURRENDER OR LOAN** (continued)

BNY Mellon Investment Portfolios				Fidelity Variable Insurance Products			
Small Cap Stock Index Portfolio	\$	or	%	Fidelity VIP Contrafund®	\$	or	%
Socially Responsible Growth	\$	or	%	Fidelity VIP Growth	\$	or	%
				Fidelity VIP Investment Grade Bond	\$	or	%
<b>BNY Mellon Stock Index Fund, Inc.</b>	\$	or	%	Fidelity VIP Mid Cap	\$	or	%
				Fidelity VIP Government Money Market	\$	or	%
<b>Janus Aspen Series</b>				Fidelity VIP Overseas	\$	or	%
Overseas	\$	or	%				
				Federated Investment Management Company			
<b>Lazard Retirement Series, Inc.</b>				Federated Managed Volatility Fund II	\$	or	%
Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%				
				Neuberger Berman Advisors Management Trust			
<b>Lord Abbett Series Fund, Inc.</b>				Large Cap Value	\$	or	%
Calibrated Dividend Growth Fund	\$	or	%				
Bond Debenture	\$	or	%	<b>Allspring</b>			
Growth & Income	\$	or	%	VT Discovery SMID Cap Growth Fund	\$	or	%
Mid Cap Stock	\$	or	%	VT Opportunity	\$	or	%
				<b>Fixed Account</b>	\$	or	%
				<b>TOTAL</b>	\$	or	100%

**9. YOUR TAX WITHHOLDING ELECTION**

Please select from the options below. If you do not select an option we will withhold 10% federal income tax. If federal income tax is withheld we may also be required to withhold state income tax.

- Do not withhold state income tax from my payments.
- Withhold \_\_\_\_\_% or \$ \_\_\_\_\_ federal income tax from my payment.
- Withhold \_\_\_\_\_% or \$ \_\_\_\_\_ state income tax from my payment.

**NOTE: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the withdrawal. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific situation before making this decision.**

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**10. DEATH BENEFIT OPTION CHANGE**

- If owner is other than the insured, owner and insured signatures are required in Section 13.
- Evidence of insurability may be required.

- Level Death Benefit to Adjustable Death Benefit (Complete the following sections on an application A1028 (in Oregon use A1020): 1, 8 & 13. Submit the application with a completed Variable Life Request for Service Form.)
- Adjustable Death Benefit to Level Death Benefit

**11. CHANGE PREMIUM**

Please change my Modal Premium FROM:  Monthly  Semi-Annual  Annual  
TO:  Monthly  Semi-Annual  Annual

Please change my Planned Premium from \$\_\_\_\_\_ to \$\_\_\_\_\_

**12. CHANGE SPECIFIED AMOUNT**

- If owner is other than the insured, owner and insured signatures are required in Section 13.
- Evidence of insurability may be required.

Please INCREASE my Specified Amount to \$\_\_\_\_\_.

Please DECREASE my Specified Amount to \$\_\_\_\_\_.

**13. OTHER INFORMATION**

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**14 YOUR CONFIRMATION**

**IRS CERTIFICATION**

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
  - (a) I am exempt from backup withholding, or
  - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any):\_\_\_\_\_. (FATCA reporting codes can be found in the General Instructions on IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**

Owner's Signature X	Owner's Title (if corporation or trust)	Date (mm/dd/yyyy) / /
Joint Owner's Signature X	Joint Owner Name (please print)	Date (mm/dd/yy) / /

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

Conservator    Guardian    Power of Attorney

Signature X	Name and Title (please print)	Date (mm/dd/yyyy) / /
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