

Internal Traditional IRA to Roth IRA Conversion



Athene Annuity and Life Company
Athene Annuity & Life Assurance 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. INFORMATION ABOUT THE OWNER

First Name		Middle Initial	Last Name	
Policy/Contract Number(s)				
Date of Birth (mm/dd/yyyy) / /		Social Security Number - -		Contact Telephone Number
Mailing Address			Email Address	
City		State	Zip	Address Change Requested:* <input type="checkbox"/>
Street Address (REQUIRED if mailing address is a P.O. Box)				
City			State	Zip

*For your protection, confirmation of your address change will be sent to you.

2. SPECIAL INFORMATION REGARDING ROTH CONVERSIONS

- Athene will report this conversion as a taxable distribution.
- If you are requesting a full conversion, and you are 73 or older in this calendar year, the Required Minimum Distribution (RMD) must be taken prior to the conversion. Sections 4 and 4a must be completed.
- If you are requesting a partial conversion, and you do not have an existing Roth IRA with our company, you will need to transfer the funds to a Roth IRA you have with another company. Please submit the appropriate transfer/conversion paperwork and a letter of acceptance from your new carrier.
- Athene will not render tax advice. Please consult your tax advisor before requesting this conversion.

3. REQUEST FOR CONVERSION

- I request that all, of the Traditional IRA referenced above be converted to a Roth IRA. I understand that the conversion to a Roth IRA is a fully taxable event.
- Full Conversion of the Traditional IRA to a Roth IRA within the existing contract is being requested. If you are 73 or older, please complete Section 4 and 4a.

4. RMD INSTRUCTIONS

This section and section 4a must be completed if you are age 73 or older during this calendar year. Please check one of the following:

- Distribute my RMD prior to processing the conversion.
- I have already satisfied my RMD for this year.
- I have satisfied my RMD from another source.

4a. **INCOME TAX WITHHOLDING FOR RMD**

Federal income tax withholding instructions (select one option only):

The withdrawal you receive from your annuity contract is subject to 10% federal income tax withholding. You may elect to not have withholding apply. Withholding will only apply to the portion of your withdrawal included in your income subject to federal income tax. Applicable state income tax will be withheld as appropriate. If you DO NOT make a withholding election, 10% federal income tax will be withheld. If you choose to withhold federal income tax, we may also be required to withhold state income tax.

- Do not withhold federal income taxes from my payment
- Withhold federal income tax at the default rate of 10%
- Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding other than 10%, the IRS requires you submit Form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distribution. You can access this form on the IRS.gov website.

State income tax withholding instructions (select one option only):

Depending on the type of withdrawal you receive, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election or if your state requires a greater amount of state withholding than what has been elected below, we will withhold at the rate specified by your state of residence on file until the required state specific form is received by our office. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state.

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

NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur 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 tax situation.

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5. 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.

I certify that; 1) I understand that this will be a taxable event and that I will receive a 1099 R form that will show the converted amount of my IRA as taxable to me, and 2) I understand that I will be sent a confirmation letter, along with an Endorsement form, that will become part of my contract.

Current Owner Signature (Plan Trustee)	Date (mm/dd/yyyy)
X	/ /
Owner's Title (if Trust or Corporation)	

New Owner Signature (Plan Participant)	Date (mm/dd/yyyy)
X	/ /
New Owner Title (if Trust or Corporation)	

If you are signing on behalf of the owner, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.

Conservator
 Guardian
 Power of Attorney
 Assignee

Signature	Date (mm/dd/yyyy)
X	/ /
Print Name	