Clarity 2+2 Variable Annuity Service Form

ATHENE

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 Annuitant)				
Name of Joint Contract Owner (If applicable)				
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		SSN. or TIN No.		Date of Birth (mm/dd/yyyy) / /
Address	City	State	Zip	Telephone Number ( ) -

Name of Joint Contract Owner (If applicable)		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.

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3. ASSET REBALANCING (PROGRAM NOT AVAILABLE IF DOLLAR COST AVERAGING IS IN EFFECT.)

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.

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 transfer will occur the next business day.)

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

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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 a certain amount of 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 $1,000 must remain in either a Variable or Fixed Account I after a transfer. If your request causes the variable portfolio or Fixed Account I to fall below $1,000, the entire amount will be moved to the transferring fund.

From: Variable Portfolios				**To: Variable Portfolios**			
Invesco Variable Insurance Funds				**Invesco Variable Insurance Funds**			
V.I. Core Equity	$	or	%	V.I. Core Equity	$	or	%
V.I. High Yield	$	or	%	V.I. High Yield	$	or	%
Fred Alger Management, Inc.				**Lincoln Variable Insurance Products**			
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	%
Lincoln Variable Insurance Products				**BNY Mellon Investment Portfolios**			
LVIP Disciplined Core Value	$	or	%	Small Cap Stock Index Portfolio	$	or	%
LVIP Ultra	$	or	%				
LVIP Value	$	or	%	**BNY Mellon Stock Index Fund, Inc.**	$	or	%
BNY Mellon Investment Portfolios				**Janus Aspen Series**			
Small Cap Stock Index Portfolio	$	or	%	Overseas	$	or	%
BNY Mellon Index Fund, Inc.	$	or	%	**Lazard Retirement Series, Inc.**			
				Lazard Retirement U.S. Small-Mid Cap Equity	$	or	%
Janus Aspen Series							
Overseas	$	or	%	**Lord Abbett Series Fund, Inc.**			
				Calibrated Dividend Growth Fund	$	or	%
Lazard Retirement Series, Inc				Bond Debenture	$	or	%
Lazard Retirement U.S. Small-Mid Cap Equity	$	or	%	Growth & Income	$	or	%
				Mid Cap Stock	$	or	%

* Fixed Account I - not available in AL, MA, WA.

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5. TRANSFER REQUEST (continued)

Lord Abbett Series Fund, Inc.				**T. Rowe Price Equity Series, Inc.**			
Calibrated Dividend Growth Fund	$	or	%	Blue Chip Growth	$	or	%
Bond Debenture	$	or	%	Equity Income Portfolio-II	$	or	%
Growth & Income	$	or	%	Health Sciences Portfolio-II	$	or	%
Mid Cap Stock	$	or	%	Moderate Allocation	$	or	%
T. Rowe Price Equity Series, Inc.				**Vanguard Variable Insurance**			
Blue Chip Growth	$	or	%	VIF Capital Growth	$	or	%
Equity Income Portfolio-II	$	or	%	VIF Mid-Cap Index	$	or	%
Health Sciences Portfolio-II	$	or	%	VVIIF Real Estate Index	$	or	%
Moderate Allocation	$	or	%	VIF Small Company Growth	$	or	%
				VIF Total Bond Market Index	$	or	%
Vanguard Variable Insurance				VIF Total Stock Market Index	$	or	%
VIF Capital Growth	$	or	%				
VIF Mid-Cap Index	$	or	%	**Fidelity Variable Insurance Products**			
VVIIF 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	%
Variable Insurance Products				Fidelity VIP Overseas	$	or	%
Fidelity VIP Contrafund®	$	or	%				
Fidelity VIP Growth	$	or	%	**Fixed Account I***	$	or	%
Fidelity VIP Investment Grade Bond	$	or	%				
Fidelity VIP Mid Cap	$	or	%				
Fidelity VIP Government Money Market	$	or	%				
Fidelity VIP Overseas	$	or	%				
Fixed Account I	$	or	%				
TOTAL	$		100%	**TOTAL**	$		100%

* Fixed Account I - not available in AL, MA, WA.

6. INTEREST SWEEP

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 Fixed Account I* to another subaccount(s). The amounts allocated into dollar cost averaging are excluded from this program.

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6. DOLLAR COST AVERAGING (continue)

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

_______________________________________ ________%

_______________________________________ ________%

TOTAL 100 %

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.)

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 at least 6 or 12 months (please select below). 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.

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

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6. DOLLAR COST AVERAGING (continue)

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

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

Lord Abbett Series Fund, Inc.		Fixed I* ($5,000 Minimum)	%
Calibrated Dividend Growth Fund	%		
Bond Debenture	%		
Growth & Income	%		
Mid Cap Stock	%		
		TOTAL	%

*Not available in AL, MA or WA.

8. YOUR CONFIRMATION

I submit this request for the proposed changes with a full and complete understanding of each and every requested change. I hereby request that such changes be made.

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

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	

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