

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. 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. REQUEST FOR ONE TIME WITHDRAWAL OR FULL SURRENDER

Select ONE of the following options:

Not all options are available for all contracts. Refer to your contract for available options.

<input type="checkbox"/> Penalty Free Amount
<input type="checkbox"/> Specific Dollar Amount: \$_____ <input type="checkbox"/> Net* <input type="checkbox"/> Gross**
<input type="checkbox"/> Interest
<input type="checkbox"/> Full Surrender
<p>*Net The amount of the withdrawal AFTER taxes and/or penalties (if applicable) are deducted. (NOTE: The actual check amount may vary slightly from the amount requested.)</p> <p>**Gross The full amount of the withdrawal BEFORE taxes and/or penalties (if applicable) are deducted.</p> <p>NOTE: If you request a withdrawal for a specific dollar amount, but do not check Net or Gross, the withdrawal will be considered a gross withdrawal.</p>

3. REQUIRED MINIMUM DISTRIBUTION

Select ONE of the following options:

Payment Amount	
<input type="checkbox"/>	Calculate the RMD for my contract using one of the calculations below: <input type="checkbox"/> Uniform Life (Single) based on my date of birth. <input type="checkbox"/> Joint Life Expectancy with spouse who is more than 10 years younger. <input type="checkbox"/> Spouse's Date of Birth <input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> <input type="checkbox"/> Inherited IRA* - Deceased Date of Birth and Date of Death are REQUIRED to calculate RMD. Your request will be returned if this information is missing. Deceased's: Date of Birth <input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> Date of Death <input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/>
*For Inherited IRAs, your payments will be based on current IRS regulations.	
<input type="checkbox"/>	Single Payment <i>A new form will be required for any future RMD requests.</i>
<input type="checkbox"/>	Systematic Payment Please select one of the frequencies listed below for your RMD payment. If no frequency is selected, your request will be processed as an annual payment. <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Start my payments on <input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> (mm/dd/yyyy) <i>Not all dates are available for all contracts. Requests for payments after the 28th of the month will be paid on the 28th.</i>

4. SYSTEMATIC WITHDRAWAL

Payments:	Please select one of the following options. <input type="checkbox"/> Penalty Free Amount <input type="checkbox"/> Interest* <input type="checkbox"/> Gross Amount* - Please send me a gross amount of \$ <input style="width: 150px; height: 20px;" type="text"/> each period. <input type="checkbox"/> Specified Percentage* of the accumulation value <input style="width: 50px; height: 20px;" type="text"/> % (Amount will be recalculated each contract anniversary and distributed equally among all payments.) *If the amount elected exceeds the amount available without penalty, a surrender charge will be deducted.
Frequency:	The minimum payment is \$100.00 per frequency. <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Please process my payments on <input style="width: 150px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> / <input style="width: 50px; height: 20px;" type="text"/> (mm/dd/yyyy) (Not all dates are available for all contracts. If your desired date is not available we will set your withdrawal to the next available date.)

Variable Annuity Disbursements



5. SPECIFY THE APPROPRIATE PORTFOLIO(S)

If no portfolio(s) are specified, the withdrawal will be taken proportionately from all portfolio(s) based upon the balance in each, in comparison to the total accumulated balance (pro-rata). This may cause an interest/market value adjustment on the amount withdrawn from a guaranteed period of fixed account II. Any amount exceeding your free withdrawal amount may incur a withdrawal charge.

Please be sure that the following percentages total 100%:

FUND:	\$	%
FUND:	\$	%
FUND:	\$	%
FUND:	\$	%
TOTAL	\$	%

6. YOUR TAX WITHHOLDING ELECTION

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

The lump sum payment 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 payment included in your income subject to federal income tax. If you choose to withhold federal income tax, we may also be required to withhold state income tax. If you DO NOT make a withholding election, 10% federal income tax will be withheld. Tax withholding elections do not apply to interest accrued from the date of death to the date of payment.

Select One Option Only:

- Do not withhold federal income tax from my payment. (Not allowed for qualified retirement plans (other than IRA) or tax-sheltered annuities.)
- Withhold federal income tax at the default rate of 10%. (For qualified retirement plans (other than IRA) and tax-sheltered annuities, the default rate is 20%)
- Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding, the IRS requires you submit form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distributions. 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.

9. YOUR CONFIRMATION

- 1. I have no plans to replace this annuity contract with another annuity contract; or**
- 2. I do plan to replace this annuity contract and made my agent aware so that appropriate replacement forms and other required documentation can be completed.**

The National Association of Insurance Commissioners (NAIC) definition of a replacement includes any transaction in which a new policy or contract is to be purchased, and it is known or should be known to the proposing agent that by reason of the transaction, an existing policy or contract has been, or is to be, surrendered.

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)	Signature Date (mm/dd/yyyy) / /
Joint Owner's Signature X	Joint Owner Name (please print)	Signature Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, print your name and provide your signature below and check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request that verifies your authorization to act on behalf of the owner, if you have not sent this documentation to us previously.

- Conservator
 Guardian
 Power of Attorney
 Assignee

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