

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 ABOU	UT THE OWNER				
First Name		Middle Initial	Last Nam	е	
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:*
Street Address (REQUIRED i	f mailing address is a P.O. B	ox)			
City				State	Zip
*for your protection, confirma	ation of your address chang	ge will be sent	to you.	•	
2. REQUEST FOR ONE TIME	IE WITHDRAWAL OR FUL	L SURRENDE	2		
Select ONE of the following on Not all options are availables	•	o your contra	ct for ava	ilable option	s.
Penalty Free Amount					
Specific Dollar Amount: \$	S	let* Gross	**		
☐Interest					
☐ Full Surrender					
*Net The amount of the wi (NOTE: The actual chec **Gross The full amount of t	ck amount may vary slightly t	from the amou	int reques	sted.)	
NOTE : If you request a without considered a gross withdraw	drawal for a specific dollar a			•	

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3. REQUIRED MINIMUM DISTRIBUTION

Select ONE of the following options:

Payment Amount
Calculate the RMD for my contract using one of the calculations below: Uniform Life (Single) based on my date of birth. Joint Life Expectancy with spouse who is more than 10 years younger. Spouse's Date of Birth // 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 / / Date of Death / /
*For Inherited IRAs, your payments will be based on current IRS regulations.
Single Payment
A new form will be required for any future RMD requests.
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. Annual Semi-Annual Quarterly Monthly Start my payments on / / (mm/dd/yyyy) Not all dates are available for all contracts. Requests for payments after the 28th of the month will be paid on the 28th.
4. SYSTEMATIC WITHDRAWAL
Please select one of the following options. Penalty Free Amount Interest* Gross Amount* - Please send me a gross amount of \$ each period. Specified Percentage* of the accumulation value %. (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. Annual Semi-Annual Quarterly Monthly Please process my payments on / / (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.)

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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:

regarding your specific tax situation.

	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.
De you tha stat	The Income Tax Withholding Instructions (select one option only): In the sending on the type of withdrawal you receive, some states require a state specific form to opt out of withholding. If the do not provide this state specific form, make an election or if your state requires a greater amount of state withholding a what has been elected below, we will withhold at the rate specified by your state of residence on file until the required as specific form is received by our office. If state withholding is elected and no percentage is specified, we will default of the mandatory percentage required in your state.
	Do not withhold state income tax from my payments.
	Withhold% or \$ state income tax from my payment.
	IE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax held, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if

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your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor



7. YOUR PAYMENT METHOD

Select where you would like your withdrawal mailed from the options below. The Alternate Address below applies to the OWNER. If this withdrawal is a transfer, send in appropriate transfer paperwork.

NOTE: If no payment method is elected and EFT is on file, payment will be sent to your bank account on file.

Address of Record				
Alternate Address:	Street Address	City	State	Zip Code
'		l.		

☐ EFT

8. YOUR DIRECT DEPOSIT

For Athene to deposit money directly in your bank account using electronic funds transfer (EFT), please provide your banking information below. Athene will perform bank account validation using third party software and if approved, Athene will utilize the banking information provided for this request and all future disbursements until Athene receives written notification to terminate or suspend the banking information. Athene may contact your financial institution to verify information regarding the banking information and to resolve any problems related to electronic deposits or errors in deposit. The date of the disbursement is when the funds are removed from your contract, not the date the funds are posted to your bank account. It may take 2-3 business days to reach your account. This processing time is dependent on your bank. Weekends and holidays may delay access to your monies, and you can contact your bank for additional information relating to fund access. (Note: If your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.)

Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check):	Account Number (Bottom center of check):
account in order to process your request.) Checking - A voided/blank check accompanying	## Any City, US 1234 ANG Bank PO Box 111 Any City, US 11111 Memo:107198557: 1111111 1234 Routing /Transit / Account Number Check Number ABA No.

NOTE: Your signature below authorizes Athene to electronically credit or, if necessary, electronically debit your account. If an incorrect amount is deposited this authorizes Athene to direct your bank to debit this account. This authorization will remain in effect until revoked. Direct Deposit requests can only be accepted for U.S. bank accounts. Athene reserves the right to stop EFT should suspicious activity be identified.

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Signature Date (mm/dd/vvvv)

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 Insurace Commissions (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 know to the proposing agent that by reason of the transaction, an existing policy or contract has been, or is to be, surrendered.

IRS CERTIFICATION

Owner's Signature

Print Name

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 Title (if corporation or trust)

		, ,	•	"		3 3 3 3
X				/	/	
Joint Owner's Signature	Joint C)wner Name (please	print)	Signature Date	(mm/dd	/уууу)
X				/	/	
If you are signing on behalf to indicate the capacity in w to act on behalf of the owner	hich you are signing. Pro	ovide documentation	n with the reques			
Conservator	Guardian	Power o	f Attorney	Assignee		
Signature				Signature Date ((mm/dd/	уууу)

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