



**Athene Annuity & Life Assurance Company**  
Home Office, West Des Moines, IA 50266

**Athene Annuity & Life Assurance Company of New York**  
Home Office, Pearl River, NY 10965

**INSTRUCTIONS**

- Use this form to request a one-time withdrawal from your annuity contract to a Qualified Charity.
- Do NOT use this form for any transfer to another financial investment company.
- If you are requesting a required minimum distribution payable to you, the owner, use Form VAR1215TC - Required Minimum Distribution (RMD) Request.

**1. INFORMATION ABOUT THE OWNER**

Individual		Email Address		
Policy/Contract Number(s)		<input type="checkbox"/> Address Change Requested*		
Mailing Address	City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)	City	State	Zip	Country
Social Security / Tax Identification Number	Date of Birth (mm/dd/yyyy) / /	Personal Phone ( ) -		

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

**2. AUTHORIZATION**

I hereby request the Company to remit payment from this policy as indicated below:

I hereby designate the amount of \$ \_\_\_\_\_ (not to exceed \$100,000.00) to be paid to the organization listed below in accordance with Pension Protection Act of 2006 and as extended under the Emergency Economic Stabilization Act of 2008 and as extended under the 2010 Tax Relief Act and as extended under **The American Taxpayer Relief Act of 2012**. I understand that the distribution will be reported to me as a taxable distribution in the year the payment is disbursed. I understand that Athene will report this distribution on Tax Form 1099-R as a normal distribution, and it is my responsibility to maintain written documentation of the contribution to the charity listed below and to ensure that I apply for the charitable deduction on my income tax return. I do hereby certify that the named charity meets the requirement of Code Sec. 170(b)(1)(A) as described and that I have attained 72.

**Check must be payable directly to the charitable organization indicated below .**

Athene will not render tax advice. We suggest you consult with your tax advisor regarding your financial situation.



**3. 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 This may cause an interest/market value adjustment on the amount withdrawn from a guaranteed period of fixed account II.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	\$		%

**4. ORGANIZATION INFORMATION**

Name of Organization		Telephone Number	
Street Address	City	State	Zip

**5. YOUR TAX WITHHOLDING ELECTION**

The IRS requires that we withhold 10% federal income tax from any taxable portion of this distribution unless you advise us otherwise. Applicable state income tax will also be withheld as appropriate. If you DO NOT want us to withhold 10% from any taxable portion of this distribution, please select one of the options below:

- Do not withhold federal or state income taxes from my payment
- 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 this distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We encourage you to consult your tax advisor to clarify your personal tax position.**



**6. YOUR CONFIRMATION**

NOTE: this form must be received by the Company within 60 days of the signature date.

**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/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	Date (mm/dd/yyyy) / /
Print Name	