# Trust Verification

ATHENE®
Athene.com

**Submit completed form to:**
P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922
Email: documents@athene.com

**Contact us:**
Annuity Customer Contact Center: 888-266-8489
Email: askathene@athene.com

**Athene Annuity and Life Company**
7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

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

## INSTRUCTIONS - ALL SECTIONS MUST BE COMPLETED

Use this form to provide information about your Trust, including information about Trustee(s) and amended Trust dates.

### A. **Trust Information**

Please list all existing contracts with Athene that have this Trust as owner or beneficiary.

1. Contract Number(s):
2. Full Name of Trust:
3. Contract Owner (only required if Contract Owner is not the Trust identified in #2):
4. Trust Dates:

| | | | |
|---|---|---|---|
| Original Trust Date: | | | |
| Amended Trust Dates: (if applicable) | | | |
| | | | |

5. State that Governs the Trust:
6. Type of Trust: (please select one)

☐ Revocable ☐ Irrevocable

☐ Charitable Remainder: I certify that the trust is tax-exempt as a charitable remainder annuity trust or a charitable remainder unitrust under Section 664 of the Internal Revenue Code.

7. Trust Tax Identification Number (TIN): (please select one)

☐ The Trust Tax Identification Number (TIN) is:

☐ The Trust does not have a separate Tax Identification Number (TIN) and the personal TIN of the First Settlor/Grantor listed below is used.

8.

| Name of Settlor/Grantor of Trust | Social Security Number | Date of Birth | Living | Deceased |
|---|---|---|---|---|
| | | / / | ☐ | ☐ |
| | | / / | ☐ | ☐ |

9. Names of ALL current Trustees (All current Trustees must sign on page 3):

| Name of Trustee(s) | |
|---|---|
| | |
| | |
| | |

# Trust Verification

ATHENE®
Athene.com

## A. Trust Information (continued)

10. Names of ALL Successor Trustees (if applicable):

| | |
|---|---|
| | |
| | |

11. Names of Notary and/or other Witnesses of Trust:

| | |
|---|---|
| | |
| | |

12. Signature required by the Trust Agreement to authenticate forms and/or request on behalf of the Trust in connection with insurance products (please check one):

☐ ANY of the current Trustees, acting alone ☐ ALL of the Trustees, acting together

☐ Other(explain)

13. Neither the insurance agent nor any person affiliated with the insurance agent is a beneficiary of the Trust.

☐ Agree ☐ Disagree, (please attach an explanation of why the individual or individuals are named as a beneficiary of the Trust)

Note: Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a contract/policy sold by that agent, unless that agent is a family member, or has a recognized insurable interest.

## B. Certification of Beneficial Owner(s)

A Beneficial Owner is an individual who will receive 25% or more of the Trust proceeds. The Beneficial Owner, if any, may or may not be the Trustee or the Grantor of the Trust.

To help the United States government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners. Athene may require a valid copy of your identification (i.e. non-expired governmental identification: driver's license, passport, etc) to purchase a contract.

**A response below is required:** Either check the box or enter information for at least one beneficial owner.

☐ **Check here if no individual will receive 25% or more of the Trust proceeds. If checked, go to Section C**

| Name | Date of Birth | Social Security Number | For Foreign Person(s): Passport Number and Country of Issuance or other similar identification number[1] |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

[1] In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

# Trust Verification

ATHENE®
Athene.com

## C. Certifications by Trustee(s)

The Trustee(s) states and agrees that:

- The Trust, if named owner, is authorized under the terms of the Trust to purchase and/or hold insurance on the life of any insured/annuitant. If named beneficiary, the Trust is authorized to receive proceeds as provided under the terms of the insurance policy and/or annuity contract. I/We have also determined the insurance product is appropriate for the Trust's purpose and the terms of the insurance product conforms to the income distribution requirements, if any, of the Trust.
- I/We certify that the Company may rely solely on this Verification and the information provided for policy/contract administration purposes and the Company has no obligation to investigate the terms of the Trust or the authority of the Trustee(s). The Company expressly denies responsibility regarding the use and applications of any payments made to the Trust by the Trustee(s) and the Trustee(s) will hold the Company harmless from any action the Company takes at the direction of the Trustee(s).
- The Trustee(s) understands that under Section 72(u) of the Internal Revenue Code, an annuity owned by a non-natural owner, including a trust, is generally not entitled to tax-deferred status. A non-natural owner of an annuity is entitled to tax-deferred status only if certain exceptions under Section 72(u) apply. Accordingly, the income on the contract accumulated each year may be treated as ordinary income to the owner each year, whether or not any distributions are made from the annuity. The Trustee(s) acknowledges that the Company's tax reporting obligation is limited to issuing IRS Form 1099-R to reflect distributions that actually occur during a particular tax year. The Trustee(s) further acknowledges that the income on the contract may be currently taxable to the owner whether or not the Company issues a 1099-R to the owner in a particular year, and that the amount shown on a 1099-R for a given year, if any, may not reflect the actual amount reportable by the owner as taxable income for that year. The Company is not required to calculate the income on the contract in any particular year. The Trustee(s) acknowledges that the Trustee(s) is responsible for determining the amount of income on the contract that accumulates each year, and for complying with all tax reporting requirements.
- The Trustee(s) acknowledges that this document is intended for information purposes only, does not constitute tax advice, and does not modify the terms and conditions of the contract. All Trustees should consult with a qualified tax advisor prior to entering into the contract.
- The Trustee(s) declares that each and every Trustee and Successor Trustee is bound by this certification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the Company receives written notification at its Home Office of a change of Trustee. Furthermore, the Trustee(s) agrees to notify the Company of any changes to the Trust itself that will alter the information provided in this Trust Verification.
- The Trustee(s) declare that the Trust Agreement containing the terms of the Trust, including the names of the Trustee(s) and the date of the Trust, was formed and domiciled in the United States or one of its Territories and is now in full force and effect.
- For annuity contracts and for existing life insurance policies in states requiring that insurable interest exist on the transfer of issued policies, I/we agree that the beneficial interests under the Trust are now, can and will be established only for individuals who are related to and/or have a substantial interest in the Annuitant/Insured/Proposed Insured by blood or law or hold a lawful, substantial economic interest in the continued life of the Annuitant/Insured/Proposed Insured.

The signature(s) on the following page certifies the information provided and agreed to in this Verification is true and accurate:

**Note: Each Trustee named in section A, number 9 must sign below**

| Signature of Trustee<br>X | Date | Signature of Trustee<br>X | Date |
|---|---|---|---|
| Signature of Trustee<br>X | Date | Signature of Trustee<br>X | Date |
| Signature of Trustee<br>X | Date | Signature of Trustee<br>X | Date |

**Please be advised that the Company reserves the right to request and receive a copy of the Trust documents.**