



Athene Annuity & Life Assurance Company

1. Policy Information

Policy Number

Name of Insured

Name of Owner (If different from Insured)

Social Security Number or Tax I.D. Number

Street Address, City, State, Zip (Please indicate address for mailing payment and/or correspondence) Check here if new address.

Name of Joint Policy Owner (If applicable)

Name of Assignee or Irrevocable Beneficiary (If applicable)

2. Request for Full Cash Surrender Value*

I (We) make application for the present cash surrender value of this policy; and in consideration of the payment thereof less any fee for this action charged by Athene Annuity & Life Assurance Company hereinafter referred to as "the Company", I hereby surrender all rights and interest under said policy and do hereby release and forever discharge the Company from all liability of every kind of nature thereunder.

NOTE: The Policy or Policy Schedule Page must be submitted with this request. If you lost your policy, please check box below.

Declaration of Lost Policy

I (We) declare that this policy has been lost or destroyed and that it has not been assigned, pledged or otherwise disposed of. I (We) release the Company from all liability under the original policy and agree to return the policy to the Company if found.

*This action may have adverse tax consequences, including a 10% penalty, if your policy is a Modified Endowment Contract. Please consult your own tax advisor.

3. Withholding Election

If the distribution you are receiving as a result of this transaction results in taxable income to you, we are required to withhold Federal Income Tax unless you elect not to have withholding apply. You may elect whether to have withholding apply to your distribution by so indicating below. If you do not complete this section at all, we will be required to withhold 10 percent of any taxable proceeds just as if you had instructed us to do so below. Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution, if applicable. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

- I do not want to have Federal Income Tax withheld from my distribution, if applicable.
 I do want to have Federal Income Tax withheld from my distribution, if applicable.

MICHIGAN residents, please visit www.michigan.gov/taxes to obtain the MI W-4P form regarding tax withholding or opt-out information

Please provide acknowledgement/ signature as requested on reverse



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4. Acknowledgement and Signatures

I (We) understand that under current tax law, the policy changes requested and/or subsequent policy changes may cause the policy to be a Modified Endowment Contract, which could include taxation of any loans, withdrawals, or surrenders in excess of the amount of premiums paid into the policy.

X _____
Signature of Owner Date Printed Name of Witness

X _____
Signature of Witness Date Witness Address, City, State, Zip

X _____
Signature of Joint Owner (If applicable) Date Printed Name of Witness

X _____
Signature of Witness Date Witness Address, City, State, Zip

X _____
Signature of Owner's Spouse Date Printed Name of Witness
(Required if resident of Community Property State)

X _____
Signature of Witness Date Witness Address, City, State, Zip

X _____
Signature of Assignee or Irrevocable Beneficiary Date Printed Name of Witness
(if applicable)

X _____
Signature of Witness Date Witness Address, City, State, Zip