

**Athene Annuity & Life Assurance Company**

**1. Policy Information**

Policy Number

Name of Insured

Name of Owner *(If different from Insured)*

Owner Social Security Number or Tax I.D. Number

Owner 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 Policy Loan\***

I (We) request a loan on this policy and, after payment of interest is made in accordance with my policy, ask that you pay proceeds as follows:

- A. \$\_\_\_\_\_ net check, or full amount available, if less.
- B. Issue a check for the full amount available.
- C. Pay loan interest with this policy loan
- D. \$\_\_\_\_\_ Pay \_\_\_\_\_ (# of months) premium on policy number \_\_\_\_\_.  
(# months)

**\*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](http://www.michigan.gov/taxes) to obtain the MI W-4P form regarding tax withholding or opt-out information**

***Please read information and sign as requested on reverse*** →

**Athene Annuity & Life Assurance Company**

**4. Acknowledgement and Signatures**

Each undersigned acknowledges receipt of this loan made under the terms of the above numbered policy, and hereby assigns said policy to the Athene Annuity & Life Assurance Company as security for said loan in full, which shall bear interest from its date at the rate provided in said policy.

Each undersigned represents that said policy is free and clear of any pledge, transfer or other encumbrance and further warrants that there are no proceedings in bankruptcy pending against any of the undersigned. If the policy has been collaterally assigned, this form must be approved and signed by the assignee.

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/Irrevocable Beneficiary Date Printed Name of Witness  
*(If applicable)*

X \_\_\_\_\_  
Signature of Witness Date Witness Address, City, State, Zip