

Collateral Assignment Release



Athene Annuity and Life Company
Athene Annuity & Life Assurance 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

Insured/Annuitant's Name	Policy/Contract Number(s)
Owner's Name(s)	Social Security / Tax Identification Number(s)

For Value Received:
 The undersigned assignee of the above referenced policy/contract(s) issued by the Insurer hereby releases and relinquishes all right, title, and interest in and to said policy/contract to the owner thereof, and hereby cancels and releases said assignment dated: _____, _____.

Assignee Signature X	Print Name (and Title, if Assignee is not a natural person)	Date (mm/dd/yyyy) / /
Assignee's Address		

Note: If the assignee(s) is not a natural person, for example a trust, a corporation or an association, then additional documentation may be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.

State of	This Collateral Assignment Release was acknowledged and signed before me by or on behalf of the Assignee this _____ day of _____, 20_____,
County of	
(Notary Seal)	_____ Signature of Notary
	_____ Name of Notary Typed, Printed, or Stamped
	<input type="checkbox"/> Personally Known, or <input type="checkbox"/> Produced Identification
	Type of Identification Produced _____