

Required Minimum Distribution (RMD) Request



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

INSTRUCTIONS

- Use this form to begin taking your Required Minimum Distribution (RMD) from your qualified policy/contract.
- The IRS requires that you take your RMD annually, starting the year you turn 72.
- Please seek the advice of your Financial or Tax Professional for questions regarding IRS requirements.

1. INFORMATION ABOUT THE OWNER

First Name		Middle Initial	Last Name	
Policy/Contract Number(s)				
Date of Birth (mm/dd/yyyy) / /		Social Security Number - -		Contact Telephone Number
Mailing Address			Email Address	
City		State	Zip	Address Change Requested: <input type="checkbox"/>
Street Address (REQUIRED if mailing address is a P.O. Box)				
City		State	Zip	

2. YOUR PAYMENT OPTIONS

Please select from the following options:

Payment Amount	
<input type="checkbox"/>	Specific Dollar Amount \$_____ (any amount taken above the annual RMD amount calculated for this contract may be subject to surrender fees or other contract charges, if applicable)
<input type="checkbox"/>	Calculate the RMD for my contract using one of the calculations below:
<input type="checkbox"/>	Uniform Life (Single) based on my date of birth.
<input type="checkbox"/>	Joint Life Expectancy with spouse who is more than 10 years younger.
<input type="checkbox"/>	Spouse's Date of Birth <input type="text" value="/ /"/>
<input type="checkbox"/>	Inherited IRA* - Deceased Date of Birth and Date of Death are REQUIRED to calculate RMD. Your request will be returned if this information is missing.
	Deceased's: Date of Birth <input type="text" value="/ /"/> Date of Death <input type="text" value="/ /"/>
*For Inherited IRAs, your payments will be based on current IRS regulations.	

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2. YOUR PAYMENT OPTIONS (Continued from Page 1)

Payment Method																	
<input type="checkbox"/> Single Payment <i>A new form will be required for any future RMD requests.</i>																	
<input type="checkbox"/> Systematic Payment Please select one of the frequencies listed below for your RMD payment. If no frequency is selected, your request will be processed as an annual payment. <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly																	
Start my payments on <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> (mm/dd/yyyy) <i>Not all dates are available for all contracts. Requests for payments after the 28th of the month will be paid on the 28th.</i>																	
To provide faster access to your money, we will deposit your money directly in your bank account using electronic funds transfer (EFT). Weekends and holidays may delay your withdrawal. Please provide the following information:																	
<input style="width: 90%;" type="text"/> Account Name (as it appears on the account)	<input style="width: 90%;" type="text"/> Bank Name																
Routing Number (Bottom left of check): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Account Number (Bottom center of check): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>																
Type of account: (Your name must appear on the account in order to process your request.)																	
<input type="checkbox"/> Checking	Name of Account → <input style="width: 150px;" type="text"/>																
<input type="checkbox"/> Savings	Bank Name → <input style="width: 150px;" type="text"/>																
Please submit account certification by attaching a voided check or a verification letter on bank letterhead signed by a bank representative.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;"> Joe Smith 123 Any Street Any City, US 12345 </td> <td style="width: 20%; text-align: right; padding: 5px;"> 1234 Date _____ </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <div style="font-size: 2em; font-weight: bold; opacity: 0.5;">VOID</div> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Pay to the order of _____ \$ _____ Dollars </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ABC Bank PO Box 111 Any City, US 11111 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Memo :107198557: 1111111 1234 </td> </tr> <tr> <td style="text-align: center; padding: 5px;">↑</td> <td style="text-align: center; padding: 5px;">↑</td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Transit /ABA No</td> <td style="text-align: center; font-size: 8px;">Checking Account Number</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 8px;">Check Number</td> </tr> </table>		Joe Smith 123 Any Street Any City, US 12345	1234 Date _____	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">VOID</div>		Pay to the order of _____ \$ _____ Dollars		ABC Bank PO Box 111 Any City, US 11111		Memo :107198557: 1111111 1234		↑	↑	Transit /ABA No	Checking Account Number		Check Number
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I acknowledge: (1) this request is to remain in effect until Athene receives written notification of termination in such time and in such manner as to afford Athene and the Depository a reasonable opportunity to act on the notification, (2) the date of transfer is when the funds are removed from my contract, not the date the funds are posted into my bank account (It may take 2-3 business days for funds to transfer).

3. YOUR TAX WITHHOLDING ELECTION

Please select from the options below. If you do not select an option we will withhold 10% federal income tax. If federal income tax is withheld we may also be required to withhold state income tax.

- 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 the withdrawal. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific situation before making this decision.



4. YOUR CONFIRMATION

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

1. I understand that the required minimum distribution will be calculated on the value of each individual contract noted on this form and that a withdrawal will be made from each contract.
2. I understand that the Company does not include qualified funds held at other financial institutions in the calculation.
3. I understand that this withdrawal is subject to any applicable surrender or withdrawal charges as stated in the contract.

5. 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 Signature X	Date (mm/dd/yyyy) / /
Owner's Title (if Trust or Corporation)	

If you are signing on behalf of the owner, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.

- Conservator
 Guardian
 Power of Attorney
 Assignee

Signature X	Date (mm/dd/yyyy) / /
Print Name	