

# Transfer of Collateral Assignment

**Athene Annuity and Life 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 Number(s) / Tax Identification Number(s)
Collateral Assignee/Transferor	Collateral Assignment dated (mm/dd/yy)

For value received, the Collateral Assignee/Transferor hereby assigns, transfers and sets over to the Transfer Assignee named below, his/her/its heirs, executors, administrators, successors and assigns all right, title and interest in and to the Collateral Assignment by and between the Owner(s) and the Collateral Assignee/Transferor, subject to the terms and conditions of the Policy/Contract(s), to any prior assignment, and to all superior liens, if any, which the Insurer may have against the Policy/Contract(s). All terms and conditions of the original Collateral Assignment between Owner(s) and Collateral Assignee/Transferor, as they relate to the rights and claims under the Policy/Contract(s), apply to this Transfer and remain in full force and effect.

Transfer Assignee's Name
Transfer Assignee's Tax Identification Number
Transfer Assignee's Address

The Insurer shall have no duty or obligation to inquire into or investigate the reason or validity of a request from either the Transferee Assignee or the Owner to exercise any of their rights under the Collateral Assignment, or whether the other party has notice of it.

**REQUIRED SIGNATURES**

Collateral Assignee/Transferor Signature X	Collateral Assignee/Transferor (Please Print)
Transfer Assignee Signature X	Transfer Assignee (Please Print)

**Note:** If any of the parties 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 Transfer of Collateral Assignment was acknowledged and signed before me by or on behalf of the Collateral Assignee/Transferor this _____ day of _____, 20_____, by _____.
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 _____	