

Co-Ownership and Appointment of Designated Owner 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 appoint or transfer ownership to multiple (2-5) co-owners and appoint a designated owner for the policy/contract(s) listed below.
- All future withdrawals from the listed policy/contract(s) will be taxable to the designated owner.
- Please read all Terms of Co-Ownership in Section 4 before signing.
- This transaction may result in a taxable event for the Current Owner. Please seek the advice of your Financial or Tax Professional before proceeding.
- Original contingent designated owners/co-owners are no longer valid and need to be re-elected using this form.
- Current beneficiary designations selected prior to this ownership change will remain in place, unless the new Designated Owner completes a Beneficiary Change Request (Form 13977T).
- The Beneficiary Change Request should be signed and dated by the new owner on or after the Ownership Change Request.
- **If premiums are paid electronically into the policy, you may need to update this information.**

1. CURRENT OWNER INFORMATION

Individual, Trustee or Company Name					
If Trust, list Trust Name and Trust Date				Email Address	
Policy/Contract Number(s)				<input type="checkbox"/> Address Change Requested	
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number	Date of Birth (mm/dd/yyyy) / /		Personal Phone () -		

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2. DESIGNATED OWNER / CO-OWNERS

DESIGNATED OWNER / CO-OWNER

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date			
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (REQUIRED)		Date of Birth (mm/dd/yyyy) / /		Email Address	
Personal Phone () -	Business Phone () -	Relationship to Current Owner			
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

1st CONTINGENT DESIGNATED OWNER / CO-OWNER

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date			
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (REQUIRED)		Date of Birth (mm/dd/yyyy) / /		Email Address	
Personal Phone () -	Business Phone () -	Relationship to Current Owner			
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2nd CONTINGENT DESIGNATED OWNER / CO-OWNER

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date			
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (REQUIRED)		Date of Birth (mm/dd/yyyy) / /		Email Address	
Personal Phone () -	Business Phone () -	Relationship to Current Owner			
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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2. DESIGNATED OWNER / CO-OWNERS (Continued from Page 2)

3rd CONTINGENT DESIGNATED OWNER / CO-OWNER

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date			
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (REQUIRED)		Date of Birth (mm/dd/yyyy) / /		Email Address	
Personal Phone () -	Business Phone () -	Relationship to Current Owner			
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4th CONTINGENT DESIGNATED OWNER / CO-OWNER

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date			
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (REQUIRED)		Date of Birth (mm/dd/yyyy) / /		Email Address	
Personal Phone () -	Business Phone () -	Relationship to Current Owner			
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. CURRENT OWNER CONFIRMATION

Current Owner(s):

I (We) transfer all right, title and interest in the above policy/contract, and all claims, dividends, values and rights in and to be derived therefrom, during the lifetime of the annuitant/insured, subject to the conditions of the policy/contract to the new owner.

Current Owner Signature X	Date (mm/dd/yyyy) / /
Current Joint Owner Signature (if applicable) X	Date (mm/dd/yyyy) / /
Owner Title (if Trust or Corporation)	

Spousal Consent is required for residents of Community Property States (AZ, CA, ID, LA, NM, NV, TX, WA or WI).

If you do not have a spouse, or if your spouse is deceased, please check this box.

Spouse Signature X	Date (mm/dd/yyyy) / /
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4. YOUR CONFIRMATION

1. **Co-Ownership.** The undersigned hereby request that the Company recognize them as Co-Owners of the listed contract ("Contract"), and refer to themselves as "we", "our", "Co-Owner" or "Co-Owners" herein. This co-ownership agreement is intended for ease of Contract administration and not to reduce or alter the rights of any existing Owners.
2. **Designated Owner.** By signing, we hereby appoint the listed Designated Owner as "Designated Owner" of the Contract. We further understand and agree that any mailings from the contract, including annual statements, disbursement checks, verification notices, etc., shall be sent to the Designated Owner's address of record.
3. **Who Controls the Contract.** The Co-Owners agree that the following must sign or otherwise authenticate forms and/or requests in connection with any request concerning the policy/contract(s) listed on this form. (Please select one)

ANY of the Co-Owners, acting alone; ALL of the Co-Owners, acting together

Other (explain)

Note: A new completed Co-Ownership form signed by all Co-Owners is required to change the Designated Owner.

4. **Terms of Co-Ownership and Indemnification of Company:** By signing, we acknowledge and agree that:
 - (1) The Company shall send all Contract communications, including but not limited to, annual statements, notices and confirmation of requested changes to the Designated Owner;
 - (2) the name and Tax Identification Number (TIN) of the Designated Owner will be used for all tax reporting, if applicable, and that the Company is not responsible for any tax ramifications which may occur as a result of our co-ownership of the Contract, including tax reporting, if any, by the Company;
 - (3) we have obtained or had the opportunity to obtain, individually and collectively, our own independent legal advice before agreeing to co-ownership of the Contract and before executing this request;
 - (4) we hereby jointly and severally indemnify and hold the Company harmless and free from all claims, suits or other actions that may arise from our co-ownership of this Contract and our appointment of Designated Owner, including, but not limited to any all all actions taken by any of the Co-Owners and any tax ramifications that may result from our co-ownership of the Contract;
 - (5) we understand that we can agree upon a new Designated Owner and/or sequential Contingent Designated Owners by execution of an updated Co-Ownership and Appointment of Designated Owner Request;
 - (6) in the event of the death or resignation of the Designated Owner, we appoint our Contingent Designated Owner, individually, in sequential order as listed, as our new Designated Owner on the condition that there is only one Designated Owner at any point in time;
 - (7) the Company may share the identity and Tax Identification Number (TIN) of any and all Co-Owners with other Co-Owners of the Contract;
 - (8) we are responsible for providing the Company with sufficient notice and proof of a Co-Owner's death, as well as updated addresses and contact information;
 - (9) our heirs, estates, assignees, transferees, administrators, executors, relatives, representatives, beneficiaries, predecessors and successors are subject to the terms and restrictions herein; and
 - (10) the Company explicitly reserves the right, at its own discretion, to limit the number of co-owners allowed.

Co-Owner Signature X	Date / /	Printed Name
Co-Owner Signature X	Date / /	Printed Name
Co-Owner Signature X	Date / /	Printed Name
Co-Owner Signature X	Date / /	Printed Name
Co-Owner Signature X	Date / /	Printed Name
Other Required Signatures (Irrevocable Beneficiaries, if any) X	Date / /	Printed Name