

Affidavit of Attorney-In-Fact



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

OWNER INFORMATION				
First Name	MI	Last Name		
Policy/Contract Number(s)				
Social Security Number	Date of Birth (mm/dd/yyyy)		Telephone Number	
Street Address		City	State	Zip
County of		Email Address		

I, _____, (Attorney-In-Fact) being duly sworn, do hereby depose and say that:

1. I reside at _____;
2. I am Attorney-In-Fact for _____ under Power of Attorney executed by _____, dated _____;
3. As of the date of this Affidavit, _____ is alive;
4. As of the date of this Affidavit, _____ has not revoked, altered or amended the Power of Attorney.

Note: Please submit a copy of the Power of Attorney referenced in #2 above if it has not already been submitted.

Signed under oath this _____ day of _____, 20_____

 Attorney-In-Fact

Before me personally appeared the above-named _____
 and acknowledged the foregoing as his/her free act and deed before me.

 Notary Public (Notary Seal)

STATE OF _____

COUNTY OF _____

My commission expires: _____