

# Name Change 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

## 1. INFORMATION ABOUT THE OWNER

First Name	M.I.	Last Name	Suffix		
Policy / Contract Number(s)					
Mailing Address		City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (last four digits) X X X - X X -	Date of Birth (mm/dd/yyyy) / /		Email Address		
Personal Phone ( ) -	Business Phone ( ) -	<input type="checkbox"/> Address Change Requested (Confirmation of this change will be sent to you prior to processing this request.)			

## 2. NAME CHANGE

Change the Name Of:  Insured/Annuitant  Owner  Other (Payor): \_\_\_\_\_

Former Name (Please print)	New Name (Please print)
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Reason for Change:  Marriage  Divorce  Court Order  Other: \_\_\_\_\_

**NOTE:** For name changes due to marriage, attach a copy of the marriage certificate. For all other name changes, attach the legal supporting documentation.

## 3. YOUR CONFIRMATION

By signing below, I acknowledge this request is subject to the provisions and conditions of my policy/contract(s) and Athene may request additional information in order for my request to be processed.

Owner Signature X	Owner's Title (if Trust or Corporation)	Date (mm/dd/yyyy) / /
Joint Owner Signature (if applicable) X	Print Name	Date (mm/dd/yyyy) / /

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 (if applicable) X	Print Name	Date (mm/dd/yyyy) / /
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