

Affidavit Of Divorce  
Provided In Exchange For Policy Services



**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**

This affidavit is used when a request has been received from an owner of a policy/contract requesting a policy/contract service transaction during divorce proceedings or after a divorce decree has been entered.

**1. POLICY/CONTRACT NUMBER(S)**

List all of the policy/contracts numbers that are applicable:

**2. AFFIANT/OWNER INFORMATION**

Full Name		Social Security Number	
Street / PO Box	City	State	Zip
Daytime Telephone	Evening Telephone	Date of Birth (mm/dd/yyyy) / /	

**3. AFFIDAVIT**

Please check appropriate box:

I am currently separated or I am in the process of a divorce. As it relates to the policy/contract(s) identified above, I depose and state;

1. I have no expectation or reason to believe that my current spouse will be entitled to these funds as a result of my pending divorce proceeding or court action;
2. I have no expectation or reason to believe that my current spouse will be awarded this policy/contract(s) or any part thereof as a result of my pending divorce proceeding or court action;
3. I have no expectation or reason to believe that any court will direct my current spouse be designated as beneficiary of this policy/ contract after our divorce.

I was married at the time the policy/contract(s) identified above was issued, but I am now divorced. As it relates to the policy/contract(s) identified above, I acknowledge and agree that prior to processing any policy/contract requests, the Company requires that I provide a complete copy of my divorce decree and the marital separation agreement. I certify that the required documents are attached to this affidavit.

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**4. REQUIRED SIGNATURES**

I declare under penalty of perjury and upon personal knowledge that the foregoing is true, complete and accurate, and further agree to indemnify and hold harmless the Company and all of its affiliates for any cause of action resulting from any false, incomplete or inaccurate information set forth herein.

Signature of Affiant	Date (mm/dd/yyyy) / /
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SUBSCRIBED AND SWORN TO BEFORE ME on this  day of , 20,  
by   
Affiant

I hereby certify that the affiant personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same, and that I personally know the above-named person or relied upon the following form(s) of identification of the above-named person:

Form(s) of Identification

Notary Public Signature

Printed Name of Notary Public

Notary Seal:

My commission expires:   
(mm/dd/yyyy)