



CHANGE OF PAYEE

Athene Annuity & Life Assurance Company

1. Contract Information

Contract Number	Name of Annuitant (if different from owner)
Name of Contract Owner	Social Security Number
Street Address, City, State, Zip	Telephone Number
Name of Joint Owner (If applicable)	

2. Request for Payee Change

I request that all payments, beginning with the payment due on _____, be made payable and sent to the payee shown below.

Name of New Payee	Social Security Number
Mailing Address for new Payee	Telephone Number

3. Certification

I understand, as owner of the above contract, I will continue to be responsible for the reporting of any taxable income under my tax identification number. I am requesting payments be sent to the above-indicated alternate payee for my convenience only.

It is agreed, Athene Annuity & Life Assurance Company will be notified immediately, in the event of the annuitant's death. Any payments made after the death of the annuitant, including legal interest, will be immediately returned to Athene Annuity & Life Assurance Company. Each of us will be responsible to immediately return such payments.

We agree to hold Athene Annuity & Life Assurance Company harmless from any claims whatsoever which may result from this request, including any claim brought by the Executor of the Estate. **It is further agreed; we are responsible to promptly notify Athene Annuity & Life Assurance Company of the death of anyone party to this agreement.** This agreement does not affect the original contract and will terminate on the earlier of the death of the annuitant or when Athene Annuity & Life Assurance Company receives written notification of termination of this agreement from me, the owner of this contract and the Company has had up to 30 days to act on it. In the case of death benefits, separate arrangements will be made with the beneficiary(ies), if applicable.

4. Acknowledgement / Signature(s)

I submit this request for the proposed changes with a full and complete understanding of each and every requested change. I hereby request that such changes be made.

X _____ Signature of Owner	_____ Date
X _____ Signature of Joint Owner (If applicable)	_____ Date
X _____ Signature of Owner's Spouse (Required if resident of Community Property State)	_____ Date
X _____ Signature of New Payee	_____ Date