

**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. CONTRACT INFORMATION**

Contract Number	
Name of Owner	Social Security Number or Tax I.D. Number
Name of Annuitant <i>(if different from Owner)</i>	Social Security Number or Tax I.D. Number
Street Address of Contract Owner, City, State, Zip	Owner Telephone Number
Name of Joint Owner <i>(if applicable)</i>	Social Security Number or Tax I.D. Number

**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 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. Each of us will be responsible to immediately return such payments.*

We agree to hold Athene 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 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 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.

**3. ACKNOWLEDGEMENT/SIGNATURE(S)**

Signature of Owner X	Date
Signature of Joint Owner <i>(if applicable)</i> X	Date
Signature of Owner's Spouse <i>(Required if resident of community property state)</i> X	Date
Signature of New Payee X	Date