



REQUEST TO CANCEL
ANNUITIZATION

Athene Annuity & Life Assurance Company

1. Contract Information

Supplementary Contract Number

Name of Annuitant

Name of Contract Owner

Social Security Number

Street Address, City, State, Zip

Telephone Number

Please check here if this is a permanent change of address

Name of Joint Owner *(If applicable)*

Social Security Number

2. Request to cancel annuitization

I have elected not to accept the supplementary contract issued upon the annuitization of my deferred annuity. Please reinstate my deferred annuity contract.

3. 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