



Athene Annuity & Life Assurance Company

1. Contract Information

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

2. Transfers under the Uniform Transfers to Minor's Act

Whereas, _____ is under the age of twenty-one (21) years and has been named as a beneficiary of Athene
(Name of Minor Beneficiary)
 Annuity & Life Assurance Company's policy/contract number _____.

Whereas, _____ is the _____ of _____, and
(Name of custodian) (Relationship to minor) (Name of Minor Beneficiary)
 has furnished satisfactory proof of that relationship.

Wherefore, Athene Annuity & Life Assurance Company hereby agrees to transfer the following to _____
(Name of Custodian)
 as custodian for _____ under the _____ Uniform to Transfers to Minor's Act:
(Name of Minor Beneficiary) (State of Minor's Residence)

Proceeds in the amount of \$ _____ dollars and interest totaling \$ _____ from _____ under policy
(Date of death)
 number _____, issued to _____.
(Name of Decedent)

Dated: _____ 20____. By: _____, at Athene Annuity & Life Assurance Company

ACKNOWLEDGMENT

_____, agrees to receive the property described above as custodian for _____
(Name of Custodian) (Name of Minor Beneficiary)
 under the _____ Uniform Transfers to Minor's Act.
(Minor's state of residence)

Signature of Custodian: _____ Notary Public: _____

Dated: _____ 20____.