



AUTHORIZATION TO OBTAIN DISCLOSURE INFORMATION For Existing Contracts

Athene Annuity & Life Assurance Company of New York

Do you want Athene Annuity & Life Assurance Company of New York to contact the Replaced Company and complete the required Regulation 60 disclosure forms? Yes No

1. REPLACED COMPANY INFORMATION

Company Name Telephone Number Fax Number

Street Address City State Zip

Name of Contact Telephone/extension Number

List Policy/Contract Number(s): _____

2. AUTHORIZATION AND REQUEST FOR DISCLOSURE

By signing this form, I authorize the undersigned agent and Athene Annuity-NY to obtain account information from my current insurer related to my existing life insurance or annuity contract. I am considering replacement of this contract with my existing Athene Annuity-NY annuity contract.

Annuitant Name Date of Birth Social Security Number (Optional)

Print Owner Name Telephone Number

Address City State Zip

Owner Signature Date Agent Signature Date

3. REPLACEMENT INFORMATION

Replacing Agent Name GA Number Agent Number

Address City State Zip

Telephone Number Fax Number

4. EXISTING ATHENE ANNUITY OF NEW YORK POLICY

Policy Number