



IRA Transfer & Direct Rollover Form

Athene Annuity & Life Assurance Company of New York

1. OWNER'S NAME AND ADDRESS

Name _____ Social Security Number _____

Street Address, City, State, Zip _____ Telephone Number _____

2. PRESENT TRUSTEE/CUSTODIAN OR INSURANCE COMPANY

Account/Contract Number _____

Company Name _____

Attention _____

Street Address, City, State, Zip _____ Telephone Number _____

If this is a total Distribution:
Please check one of the following:
 I have enclosed the contract.
 I certify that the contract has been lost or destroyed.

3. TRANSFER / DIRECT ROLLOVER INFORMATION

Type of Plan Transfer/Rollover **FROM:** Traditional IRA SEP-IRA TSA/403(b) Roth-IRA
 Qualified Retirement Plan [401(a), 401(k)] SIMPLE-IRA Gov't 457(b)

Type of Plan Transfer/Rollover **TO:** Traditional IRA SEP-IRA
 Roth IRA (*Effective Date of Existing Roth* _____)
 Qualified Retirement Plan

PLEASE NOTE: If this is a direct rollover from a Qualified Retirement Plan, TSA/403(b), 457(b), or a conversion from a Traditional IRA to a Roth-IRA, any required minimum distribution (RMD) is not eligible to be rolled over, and must be taken prior to your direct rollover or conversion. Athene Annuity & Life Assurance Company of New York is unable to render tax advice; therefore, we suggest that you consult your tax counsel or tax advisor regarding your financial situation.

4. AUTHORIZATION TO CURRENT TRUSTEE, CUSTODIAN OR INSURANCE COMPANY

Please liquidate All (or) Part (\$ _____ or _____ %) of the above-referenced account. Transfer/rollover the proceeds (net of the required minimum distribution, if any) directly to Athene Annuity & Life Assurance Company of New York. (If this is a conversion from a Traditional IRA to a Roth-IRA, please complete the withholding information in Section 5)

Immediately (or) On the Maturity Date of _____ (*not to exceed 90 days*)

Make check payable to: Athene Annuity & Life Assurance Company of New York
 FBO Account Owner's Name and Contract Number as shown below

New Contract Number _____
 Existing Contract Number _____

Mail the check, **with a copy of this form**, to the address listed on the Letter of Acceptance.

Athene Annuity & Life Assurance Company of New York

5. CONVERSION OF TRADITIONAL IRA TO ROTH IRA – TAX WITHHOLDING (If no election is made, 10% federal income tax, will be withheld.)

- Withhold 10 %
 Withhold another amount: \$_____ or _____%
 Do not withhold Federal Income Tax

State Income Tax – If you reside in one of the following states - CA, DC, DE, GA, IA, KS, MA, ME, MI*, NE, NC, OK, OR, VT, VA - and you elect to have federal income tax withheld, we will automatically withhold for state tax. If your state allows, you may opt out. *Check here, if you live in one of these states, and you DO NOT want to have State withholding.*

- Do not withhold State Income tax, unless required by state law.

***MICHIGAN residents:** Please refer to www.michigan.gov/taxes for information regarding the MI W-4P form for tax withholding or opt out information. If this form is not received, State Income Tax will be withheld.

Notice: Federal law requires withholding a minimum of 10% federal income tax from taxable distributions, unless you elect not to have taxes withheld, or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is includable in your income subject to federal income tax. You may revoke this withholding election at any time by contacting Athene Annuity & Life Assurance Company of New York in writing unless the distribution is from a tax sheltered annuity or qualified plan that is eligible to be rolled over to an IRA or qualified plan. In these cases, the distribution will be subject to a 20% mandatory withholding therefore you may not elect to waive the federal income tax withheld. Electing not to withhold at this time does not release the liability for payment of federal and, if applicable, state income tax on the taxable portion of your payment. You may incur tax penalties if your withholding and tax payments are not adequate.

Athene Annuity & Life Assurance Company of New York is unable to render tax advice, and therefore, we suggest that you consult your tax counsel or tax advisor regarding your financial situation.

6. SIGNATURES

_____ Signature of Contract Owner	_____ Date
_____ Signature of Spouse (If resident of Community Property State)	_____ Date
_____ Signature Guarantee (If applicable)	_____ Date

7. LETTER OF ACCEPTANCE

Athene Annuity & Life Assurance Company of New York agrees to accept the funds being transferred/rolled over, and will deposit into the type of qualified plan noted above.

_____ Authorized Signature	_____ Date
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IRA TRANSFER / DIRECT ROLLOVER REQUEST PROCEDURES

Complete and return the appropriate forms listed below:

- Annuity Application**
- ANY V1020 Form** – This form requests your present custodian/trustee or insurance company to transfer or process a direct rollover of your funds directly from them to Athene Annuity & Life Assurance Company of New York.
- State Replacement Form** – If your present contract is an annuity, submit the state replacement form.
- ANY 102 – Required Minimum Distribution (RMD) Pkg** – If you are age 70½ or over in this calendar year, complete and return form ANY 102.
- Statement of Values** – Obtain a copy of the most recent statement of values from the existing company. This will give us information on cash value, surrender value, and tax qualification. The statement will also provide us the company's current address and phone number.