



**SUBSTANTIALLY EQUAL PERIOD PAYMENTS
UNDER IRC SECTIONS 72(Q) AND 72 (T)**

Athene Annuity & Life Assurance Company of New York

1. CONTRACT INFORMATION

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

2. RULES AND REGULATIONS

- a. Payments must be substantially equal as determined under 72(q) or 72(7) of the Internal Revenue Code.
- b. A written request must be received to start or stop withdrawals under this option.
- c. No other withdrawals are allowed while this option is in effect.
- d. Payments under this option are not subject to withdrawal charges or any market value adjustment, if applicable.
- e. Once withdrawals have been started under this option, no additional payments can be made to the contract.
- f. Withdrawals must continue until the later of age 59½ or five full years from the date of the first payment. Any modification prior to age 59½ or five full years from the date of the first payment, will be considered an election to stop this distribution and may result in penalties. You should contact your tax advisor prior to making an election to stop the distributions under this option.
- g. The Substantially Equal Periodic Payments will continue until the owner discontinues the withdrawals or surrenders the contract.

3. DISTRIBUTION ELECTION AMOUNT AND METHOD OF PAYMENT

Frequency and Amount of Payment (Please note: except for annual, the payment must be \$100.00 or greater):

<input type="checkbox"/> Monthly	\$ _____	<input type="checkbox"/> Semi-Annually	\$ _____
<input type="checkbox"/> Quarterly	\$ _____	<input type="checkbox"/> Annually	\$ _____

Date of First Payment: _____ (Cannot be the 29th, 30th, or 31st) Subsequent payments will be generated on the same day of the month, depending on the frequency of payment. If this day is not a business day, the payment will be generated on the next business day.

Delivery of Funds:

Direct Deposit (This must be selected if you did not choose an annual payment frequency)

Check

4. INCOME TAX WITHHOLDING

FEDERAL WITHHOLDING – Please Check **One** (If no election is made, federal income tax will be withheld.)

- Withhold 10%
- Withhold another amount: \$ _____ or _____%
- Do not withhold federal income tax

STATE WITHHOLDING If you reside in one of the following states – CA, DC, DE, GA, IA, KS, MA, ME, MI*, NE, NC OK, OR, VT, or VA – and federal income tax is withheld, we will automatically withhold state income tax. If your state allows, you may opt out. See the enclosed **State Tax Withholding Information** to determine if your state allows you to opt out. If you do not reside in one of the states previously listed, you may still elect to withhold **UNLESS** you live in AK, FL, NH, NV, SD, TN, TX, WA, WY. Please check one of the following boxes.

- Do not withhold. I live in one of the states listed above, but my state allows me to opt out
- Withhold \$ _____ or _____%

***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 the MI W-4P is not returned, we are required to withhold state income tax.

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. 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 will not render tax advice. Please consult your tax advisor regarding your financial situation.



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5. CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) The IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form, if any, indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code, if any: _____ (FATCA reporting codes can be found in the General Instructions for IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your return.

6. ACKNOWLEDGMENT/SIGNATURE(S)

I/We have reviewed the Guidelines for Automatic Substantially Equal Periodic Payments (SEPP) under I.R.C. Section 72(q) or 72(t). I/We elect to begin the Substantially Equal Periodic Payments Program and intend the periodic payments to satisfy the Internal Revenue Code requirements for exceptions to the premature distribution penalty. It is intended that these payments constitute distributions, which are part of a series of substantially equal periodic payments made over my life or life expectancy.

I/We understand that payments must continue until the later of five years or age 59½, and that the payment stream may not be modified during this period. I/We understand that "modification" includes changing the distributions in any way or depositing additional money to this contract.

I/We acknowledge and agree that Athene Annuity & Life Assurance Company of New York is not certifying or implying that any distributions made pursuant to the Substantially Equal Periodic Payments Program satisfy IRS requirements for exception to the premature distribution penalty. I/We further acknowledge and agree that any taxes or penalties that may be imposed as a result of this distribution are exclusively my responsibility, and Athene Annuity & Life Assurance Company of New York has no liability for any such taxes or penalties whatsoever.

I/We accept responsibility for any taxes or penalties due as a result of changing this election.

Signature of Owner

Date

Signature of Joint Owner

Date