



Required Minimum Distribution Form (RMD)

Athene Annuity & Life Assurance Company of New York

1. Policy 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	Social Security Number

2. Distribution Election

I hereby authorize Athene Annuity & Life Assurance Company of New York to withdraw the Required Minimum Distribution (RMD) from my IRA, TSA/403(b) or qualified retirement plan annuity contract due at age 70½ and each year thereafter, as defined by the Internal Revenue Service.

- Calculate the RMD for the current tax year, and all subsequent tax years.
- I qualify under IRS rules to defer my first RMD until April 1 _____ (Indicate year) immediately preceding my *Required Beginning Date. Calculate and distribute the RMD for the prior tax year, the current year and all subsequent tax years.
- Calculate and withdraw the RMD for the current tax year **only**.
- I have satisfied my RMD for this contract from another account for the current tax year. I understand that I must complete a new form and submit to Athene Annuity & Life Assurance Company of New York, if any RMD should be processed from this annuity.

*Required Beginning Date (RBD) is April 1 following the calendar year in which you attain age 70½. If you are a participant of a government or church 403(b) plan, the RBD is the later of the April 1 following the calendar year in which you 1) Attain age 70½, or 2) Retire from employment.

3. Calculation Method

- Single Life Expectancy, using the Uniform Lifetime Table.
- Joint Life Expectancy (Available only when a spouse is the designated sole beneficiary, and is more than 10 years younger than you). My spouse's date of birth is ____/____/____.

4. Frequency, Distribution Method and Payment Date

PLEASE ANSWER ALL THREE OF THESE ITEMS:

1. **Frequency***: Monthly (Direct Deposit Only) Quarterly Semi-Annually Annually
2. **Distribution Method**: Check Direct Deposit (this must be elected if the Frequency selected is "monthly." Please complete the enclosed Electronic Funds Deposit Authorization form.
3. **First Payment Date** _____ (MM/DD/YYYY – excluding the 29th, 30th and 31st). Subsequent payments will be generated on the same day, depending on the frequency of the payment. If this day is not a business day, the payment will be generated on the next business day.

*Except for the annual frequency, the minimum payment must be \$100.00.



Required Minimum Distribution Form (RMD)

Athene Annuity & Life Assurance Company of New York

5. Income Tax Withholding

FEDERAL WITHHOLDING - Please Check One (If no election is made, 10% federal income tax will be withheld)

- Do not withhold
- Withhold 10%
- Withhold a flat amount of \$ _____, or a specific percentage of _____%

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. You may elect to withhold if you live in any state except **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 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 will not render tax advice. We suggest that you consult your tax advisor regarding your financial situation.

6. Certification of Taxpayer Identification Number

Under penalties of perjury, I certify that:

1. The 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, however if you are 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.

7. Acknowledgement / Signature(s)

Signature of Contract Owner

Date