



Change of Ownership Form
Change of Beneficiary Form

Athene Annuity & Life Assurance Company of New York

1. Contract Information

Contract Number	Name of Insured/Annuitant
Name of Owner	Name of Joint Owner (If applicable)

2. Owner Designation

I hereby assign all my right, title and interest of said policy to the new owner and/or contingent owner designated below and vest in the new owner all incidents of ownership and the right to exercise all rights and privileges without my consent.

According to Section 72(e)(3)(c) of the Internal Revenue Code, a change of ownership may be a taxable event. Please contact your tax advisor before making the decision whether or not to change the ownership on your policy.

If ownership is changing to a trust, please submit a copy of the Trust Verification Form and the Other Non-Natural Owner Form.

Joint owners will have right of survivorship unless otherwise designated or stated in your contract.

Name of New Owner	Relationship to Current Owner	Date of Birth	Social Security No.
Street Address	City	State	() Telephone Number
Mailing Address (If different from above)	City	State	Zip Code
Name of New Joint Owner (If applicable)	Relationship to Current Owner	Date of Birth	Social Security No.
Street Address	City	State	() Telephone Number
Mailing Address (If different from above)	City	State	Zip Code
Name of New Contingent Owner (If applicable-life only)	Relationship to Current Owner	Date of Birth	Social Security No.
Street Address	City	State	() Telephone Number
Mailing Address (If different from above)	City	State	Zip Code

3. Required Signatures

X	Signature of Existing Owner	Date
X	Signature of Existing Owner's Spouse (If resident of Community Property State)	Date
X	Signature of Existing Joint Owner (If applicable)	Date
X	Signature of New Owner (If applicable)	Date
X	Signature of New Joint Owner (If applicable)	Date
X	Signature of New Contingent Owner (If applicable)	Date



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Name of Insured/Annuitant

Name of Owner

2. Beneficiary Designation

I (we), as Owner(s) revoke any previous designation of beneficiary(ies) and hereby designate the following as the beneficiary(ies). It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any surviving primary beneficiaries, if none survives, proceeds will be paid in equal shares to any surviving contingent beneficiaries.

- If the beneficiary is changing to a trust, please submit a copy of the Trust Verification Form.
- Percentages indicated below must total 100%.

A. PRIMARY BENEFICIARY(IES)

Check here if additional designations are attached separately

Form fields for the first primary beneficiary: Name, Relationship to Owner, Date of Birth, Social Security No., Percentage, Street Address, City, State, Zip, Telephone Number.

Form fields for the second primary beneficiary: Name, Relationship to Owner, Date of Birth, Social Security No., Percentage, Street Address, City, State, Zip, Telephone Number.

Form fields for the third primary beneficiary: Name, Relationship to Owner, Date of Birth, Social Security No., Percentage, Street Address, City, State, Zip, Telephone Number.

B. CONTINGENT BENEFICIARY

Check here if additional designations are attached separately

Form fields for the contingent beneficiary: Name, Relationship to Owner, Date of Birth, Social Security No., Percentage, Street Address, City, State, Zip, Telephone Number.

Any designation as a class of the children of the Insured shall be construed to mean such lawful (including those living, born later or legally adopted) children of the Insured as shall survive the Insured, unless otherwise limited by me in this request.

3. Required Signatures

X Signature of Owner Date

X Signature of Spouse (if community property state)

X Signature of Irrevocable Beneficiary (if applicable)