



Athene Annuity & Life Assurance Company
Athene Annuity & Life Assurance Company of New York

1. Contract/Policy Information

Contract/Policy 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 contract/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 contract/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.

*****OHIO Customers must also complete the Addendum to Ownership and Beneficiary Change Form*****

Name of New Owner	Relationship to Current Owner	Date of Birth	Social Security No. ()
Street Address	City	State	Zip Code 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	Zip Code 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	Zip Code 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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Contract/Policy Number	Name of Insured/Annuitant
Name of Owner	Name of Joint Owner (If applicable)

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%.

OHIO Customers must also complete the Addendum to Ownership and Beneficiary Change Form

A. PRIMARY BENEFICIARY(IES) Check here if additional designations are attached separately. **NOTE: Each page must be signed and dated.**

Primary Beneficiary Name	Relationship to Owner	Date of Birth	Social Security No.	Percentage

B. CONTINGENT BENEFICIARY(IES) Check here if additional designations are attached separately. **NOTE: Each page must be signed and dated.**

Contingent Beneficiary Name	Relationship to Owner	Date of Birth	Social Security No.	Percentage

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

A witness (over 18 years of age) must sign for all life insurance beneficiary changes when the owner resides in Massachusetts.

X _____ Signature of Owner	Date	_____
		Printed Name of Witness

X _____ Signature of Witness (Required for State of MA)	Date	_____
		Witness Address, City, State, Zip

X _____ Signature of Joint Owner (If applicable)	Date	_____
		Printed Name of Witness

X _____ Signature of Witness (Required for State of MA)	Date	_____
		Witness Address, City, State, Zip

X _____ Signature of Existing Owner's Spouse (Required if resident of Community Property State)	Date	_____
		Printed Name of Witness

X _____ Signature of Witness (Required for State of MA)	Date	_____
		Witness Address, City, State, Zip

X _____ Signature of Irrevocable Beneficiary (If applicable)	Date	_____
		Printed Name of Witness

X _____ Signature of Witness (Required for State of MA)	Date	_____
		Witness Address, City, State, Zip

Addendum to Ownership and Beneficiary Change Forms

Policy Number: _____

1. Will the Proposed Owner or beneficiary, or any entity on the Proposed Owner's behalf, receive any compensation (whether cash, property, a promise of future payment, a percentage of the death benefit, or otherwise) if this change is made? Yes No
2. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner's behalf? Yes No
If yes, provide details and a copy of the applicable entity's controlling documents.
3. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? Yes No

I hereby declare that my statements and answers on this form are complete and true. I agree that they will form a part of my contract of insurance in conjunction with the ownership or beneficiary change that accompanies this form.

Date: _____

Insured's Signature

Current Owner's Signature