ATHENE

NAME CHANGE & ADDRESS CHANGE FORM

Athene Annuity & Life Assurance Company of New York

This form is to be used for a change in LEGAL NAME OR ADDRESS ONLY. A request to change Beneficiary(ies) or Owner requires completion of a separate form.

1. Policy Information

Policy/Contract Number

Name of Insured/Annuitant

Name of Owner

Name of Joint Owner (*If applicable*)

2. Change of Address for:

❍ Insured/Annuitant ❍ Owner ❍ Joint Owner ❍ Contingent Owner
❍ Payor ❍ Beneficiary ❍ Contingent Beneficiary

Street Address City, State, Zip Code

Mailing Address (*if different from above)* City, State, Zip Code

3a. Name Change of:

❍ Insured/Annuitant ❍ Owner ❍ Joint Owner ❍ Contingent Owner

Because of ❍ Marriage ❍ Divorce ❍ Court Order ❍ Adoption (*Submit copy of supporting legal document*)

Copy of legal document required (*e.g., marriage certificate, divorce decree, court order, adoption decree*).

I hereby certify that I am one and the same person as the insured, policy/contract owner, joint policy/contract owner or contingent policy/contract owner under the policy /contract number noted in Section 1 and that I am now using and will hereafter continue to use the Present Name listed below. It is agreed that all receipts, releases, or other documents requiring my signature and any payment under the policy/contract to me in my present name will be binding on all parties in interest.

Former Name:

Print Present Name: Sign Present Name:

3b. Name Change of:

❍ Payor ❍ Beneficiary ❍ Contingent Beneficiary

Because of ❍ Marriage ❍ Divorce ❍ Court Order ❍ Adoption

Former Name:

Print Present Name: Sign Present Name:

4. Required Signatures

X
Signature of Owner Date

X
Signature of Joint Owner (*If applicable*) Date

Witness signature needed only for Name Change only:

X
Signature of Witness Date

Print Name of Witness

X
Witness Street Address, City, State, Zip