AFFIDAVIT OF POWER OF ATTORNEY

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 of Joint Owner (*If applicable*)

2. Affidavit as to Power of Attorney being in full force.

STATE OF _____

COUNTY OF _____

I, _____, being duly sworn, depose and say:

1. The Principal, _____, within did, in writing, appoint me as the Principal's true and lawful Attorney-in-Fact within the Power of Attorney executed on _____.

2. I have no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or knowledge of any facts indicating the same.

3. I hereby represent that the said principal is now alive; has not at any time revoked or repudiated the Power of Attorney; and that the Power of Attorney is still in full force and effect.

4. I make this affidavit for the purpose of inducing Athene Annuity & Life Assurance Company of New York to accept delivery of the above described instrument, as executed by me in my capacity of Attorney-in-Fact of the said Principal, with the full knowledge that the said Company, in accepting the execution and delivery of the aforesaid instrument, and in paying a good and valuable consideration therefore, will rely upon this affidavit.

3. Signature(s)

Signature of Attorney-in-Fact

Print Name of Attorney-in-Fact

Signed and sworn before me on this the _____day of _____, 20_____in the State of _____,

County of _____. My Commission expires: _____.

*X*_____

Signature of Notary Public