



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. Transfers under the Uniform Transfers to Minor's Act

Whereas, _____ is under the age of twenty-one (21) years and has been named as a beneficiary of Athene Annuity & Life Assurance Company of New York's, policy/contract number (insert policy/contract number) .

Whereas, _____ is the _____ of _____, and has furnished satisfactory proof of that relationship.

Wherefore, Athene Annuity & Life Assurance Company of New York hereby agrees to transfer the following to _____ as custodian for _____ under the _____ Uniform to Transfers to Minor's Act:

Proceeds in the amount of \$ _____ dollars and interest totaling \$ _____ from _____ under policy number _____, issued to _____.

Dated: _____ 20____. By: _____, at Athene Annuity & Life Assurance Company of New York

ACKNOWLEDGMENT

_____, agrees to receive the property described above as custodian for _____ under the _____ Uniform Transfers to Minor's Act.

Signature of Custodian: _____ Notary Public: _____

Dated: _____ 20____.