



401(k) Waiver

Athene Annuity & Life Assurance Company of New York

1. Contract Information

Contract Number

Name of Plan Participant

Name of 401(k) Plan

Social Security Number of Plan Participant

Street Address, City, State, Zip

Telephone Number

2. Request for Withdrawal

Please withdraw \$ _____ due to the following reason:

- Death
- Hardship
- Disability
- Retirement
- Termination of Employment
- Termination of Plan
- Other, please specify:

3. Acknowledgement / Signature(s)

X _____
Signature of Plan Trustee

Date