



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, Check here if this is a permanent change of address

2. Distribution Election Please check [X] one of the following options

- Interest earned during the frequency elected below.
Maximum amount available without a surrender charge.
Specified Dollar Amount of \$ per payment
Specified Percentage of the accumulation value %

Please note:

- If the total amount of withdrawals during a contract year exceeds the penalty free amount available...
Interest rates are expressed as annual effective interest rates.
A written request must be received to start, change or stop withdrawals under this option.
For most contracts, distributions are available through electronic funds transfer.

3. Payment Frequency and Distribution Method

Select the Frequency of your payments [] Monthly [] Quarterly [] Semi-Annual [] Annually

- The minimum payment is \$100.00.

Select Date for payment to begin (MM/DD/YYYY)

- Do not use the 29th, 30th or 31st day of the month
Subsequent payments will be generated on the same day of the month, depending on the frequency of the payment.

Select how you would like to receive your payments:

- Check
Direct Deposit (Complete the enclosed Electronic Funds Deposit Authorization form)

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4. Income Tax Withholding:

Before completing your election of withholding below, please carefully review the accompanying document entitled "SAFE HARBOR EXPLANATION OF ELIGIBLE ROLLOVER DISTRIBUTIONS FROM 403(b) ANNUITIES."

FEDERAL WITHHOLDING: Check one of the following. If this section is not completed, 20% federal income tax, as well as any mandatory state withholding, will be withheld from each payment.

I HAVE REVIEWED THE *SAFE HARBOR EXPLANATION OF ELIGIBLE ROLLOVER DISTRIBUTIONS FROM 403(B) ANNUITIES AND HAVE DETERMINED THAT THESE DISTRIBUTIONS ARE NOT ELIGIBLE FOR ROLLOVER.*

- Withhold 10%
- Withhold another amount: \$_____ or _____%
- Do not withhold Federal Income Tax

I HAVE REVIEWED THE *SAFE HARBOR EXPLANATION OF ELIGIBLE ROLLOVER DISTRIBUTIONS FROM 403(B) ANNUITIES AND HAVE DETERMINED THAT THESE DISTRIBUTIONS ARE ELIGIBLE FOR ROLLOVER.*

- Withhold 20%
- Withhold \$_____ or _____% from each payment. (Must be greater than 20%, if the amount or percentage is less than 20%, we will withhold 20%)

State Income Tax – If you reside in one of the following states - CA, DC, DE, GA, IA, KS, MA, ME, MI*, NE, NC, OK, OR, VT, VA - and you elect to have federal income tax withheld, we will automatically withhold for state tax. If your state allows, you may opt out. See the enclosed *State Tax Withholding Information*, to determine if your state allows you to opt out. Unless you live in AK, FL, NH, NV, SD, TN, TX, WA or WY, you may elect to withhold state income tax, regardless of what state you live in.

- Do not withhold. I live in one of the states listed above.
- Withhold \$_____ or _____%

***MICHIGAN residents:** Please refer to www.michigan.gov/taxes for information regarding the MI W-4P form for tax withholding or opt out information. If this form is not received, State Income Tax will be withheld.

Notice: Federal law requires withholding a minimum of 10% federal income tax from taxable distributions, unless you elect not to have taxes withheld, or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is includable in your income subject to federal income tax. You may revoke this withholding election at any time by contacting Athene Annuity & Life Assurance Company of New York in writing unless the distribution is from a tax sheltered annuity or qualified plan that is eligible to be rolled over to an IRA or qualified plan. In these cases, the distribution will be subject to a 20% mandatory withholding therefore you may not elect to waive the federal income tax withheld. Electing not to withhold at this time does not release the liability for payment of federal and, if applicable, state income tax on the taxable portion of your payment. You may incur tax penalties if your withholding and tax payments are not adequate.

Athene Annuity & Life Assurance Company of New York will not render tax advice. We suggest that you consult your tax advisor regarding your financial situation.

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5. TSA/403(b) Withdrawal Restrictions: Section 403(b) of the Internal Revenue Code imposes restrictions on 403(b) annuity withdrawals

A RESTRICTED WITHDRAWALS: Withdrawals of post-1988 salary reduction contributions and post-1988 interest attributable to salary reduction contributions may only be made under one or more of the following circumstances:

1. You have attained age 59½.
2. You have deceased.
3. You are disabled as defined in Section 72(m)(7) of the Internal Revenue Code.
4. You have a severance from employment.
5. The distribution is a qualified reservist distribution under Section 72(t)(2)(G)
6. You have sustained a financial hardship** and this withdrawal is necessary to meet that need. For such hardships, only salary reduction contributions are available for withdrawal; interest attributable to salary reduction contributions is not available.
7. A Qualified Domestic Relations Order (QDRO) has directed a withdrawal to an alternate payee.

NOTE: Even if withdrawals are allowed under these restrictions, a 10% tax penalty may apply if you have not attained age 59½.

B UNRESTRICTED WITHDRAWALS:

1. Withdrawals of pre-1989 salary reduction contributions, and pre-1989 interest attributable to salary reduction contributions
2. Withdrawals of both pre-1989 and post-1988 employer contributions, if any, and the interest thereon. Withdrawals of such, in ERISA plans, are restricted to those allowed in the Plan Document.
3. Direct Transfers to another 403(b) contract.

All withdrawals are made on a first-in-first-out (FIFO) basis, unless otherwise required by law.

6. Acknowledgment:

I have read the information on distributions, and I understand that the Internal Revenue Code permits distributions only as described herein. I hereby release Athene Annuity & Life Assurance Company of New York from any claims or demands, which I may have as a result of my failing to complete this form accurately. I certify that the distribution for which I have request is permitted because:

Check all that apply:

- Only pre-1989 salary reduction contributions and pre-1989 interest attributable to salary reduction are being withdrawn.
- Employer contributions and the interest thereon are being withdrawn.
- Post-1988 salary reduction contributions and interest attributable to salary reduction are also being withdrawn, and the following apply(ies):
 - I have attained age 59½.
 - I am disabled, as defined in Section 72(m)(7) of the Internal Revenue Code.
 - I have a severance of employment.
 - I have sustained a financial hardship* and this withdrawal is necessary to meet that need. Only salary reduction contributions are available, interest is not available. I am aware that I may not rollover a financial hardship withdrawal.
 - A Qualified Domestic Relations Order (QDRO) has directed a withdrawal to an alternate payee (copy of QDRO is be provided).
 - The participant is deceased.
 - I am eligible for a qualified reservist distribution under Section 72(t)(2)(G) of the Internal Revenue Code.

*FINANCIAL HARDSHIP – in general, a financial hardship will exist where: (a) you have an immediate and heavy financial need; and (b) a distribution is necessary to satisfy that immediate and heavy financial need.

- a) Expenses which are considered to be immediate and heavy financial needs include medical expenses for you, your spouse, dependents, or designated beneficiary of your plan, purchase (excluding mortgage payments) of a principal residence, payment of tuition, related education fees and room and board for the next 12 months for post-secondary education for you, your spouse and dependents, payment of amounts necessary to prevent the eviction from your principal residence or foreclosure on the mortgage of your principal residence, funeral or burial expenses for your deceased parent, spouse, children or other dependents and expenses for the repair of damage to your principal residence that would qualify for casualty deduction under Section 165 of the Internal Revenue Code (without regard to the 10% floor).
- b) A distribution is generally treated as necessary to satisfy a heavy financial need if the need cannot be reasonably relieved:
 1. Through reimbursement or compensation by insurance
 2. By liquidation of assets, to the extent such liquidation would not itself cause an immediate and heavy financial need
 3. By stopping elective contributions under your 403(b) program; or
 4. By making distributions or nontaxable (at the time of the loan) loans from plans maintained by your employer, or by any other employer, or by borrowing from commercial sources on reasonable commercial terms.

NOTE: The distribution may not be in excess of the amount of the immediate and heavy financial need.



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6. Spousal Consent:

You will need to ask the Employer sponsoring your 403(b) plan if this plan is subject to ERISA, and the qualified joint and survivor rules. If your 403(b) plan is an ERISA plan, you are married, and you do not specify a distribution in the form of a qualified joint and survivor annuity, then your spouse must sign below in the presence of a notary public; or a representative of your Employer's Plan. This spousal consent is valid until you change your distribution election. Please complete the appropriate information below.

- Options for ERISA plan status and marital status (SINGLE/MARRIED) with certification statements.

TO BE COMPLETED BY PARTICIPANT'S SPOUSE: I hereby consent to the election of distribution as indicated by my spouse, and understand that benefits under the 403(b) annuity will be paid in the form other than in a qualified joint and survivor annuity.

Signature of Spouse _____ Date _____

TO BE COMPLETED BY NOTARY PUBLIC (or, IF PLAN REPRESENTATIVE - see below)

Signed and sworn before me on this, the ____ day of _____, 20____, in the state of _____ County of _____ My commission expires _____.

Signature of Notary Public _____ Date _____

7. Waiver of 30-Day Notice Period:

As explained in the "SAFE HARBOR EXPLANATION OF ELIGIBLE ROLLOVER DISTRIBUTIONS FROM 403(b) ANNUITIES, federal tax law requires the withholding of 20% of certain distributions from your 403(b) annuity which are not directly rolled over to an IRA, or another eligible retirement plan.

After reviewing the enclosed explanation, please indicate your election regarding your distribution. You may consider your decision regarding the distribution for as long as you need, however, you may waive the 30-day Notice Period, which will allow you to receive the distribution prior to the end of the 30-day period. If you wish to waive this period, please check the box. [] I hereby elect to waive the 30-Day Notice Period

8. Certification of Taxpayer Identification Number

Under penalties of perjury, I certify that:

- 1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form, if any, indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your return.

9. Signature of Owner/Plan Participant

Signature of Owner/Plan Participant _____ Date _____

Print Name of Plan Representative _____ Signature of Plan Representative _____ Date _____