



# ELECTION OF WITHHOLDING

## Non-Periodic Payments

### 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	Social Security Number

#### 2. Income Tax Withholding

**FEDERAL WITHHOLDING** - Please Check  One (If no election is made, 10% federal income tax will be withheld)

- Do not withhold
- Withhold 10%
- Withhold a flat amount of \$ \_\_\_\_\_, or a specific percentage of \_\_\_\_\_%

**STATE WITHHOLDING** If you reside in one of the following states – AR, CA, DC, DE, GA, IA, KS, MA, ME, MI\*, MS, NC, NE, OK, OR, VA, or VT - and federal income tax is withheld, we will automatically withhold state income 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. You may elect to withhold if you live in any state except AK, FL, NH, NV, SD, TN, TX, WA, WY. Please check one of the following boxes:

- Do not withhold. I live in one of the states listed above, but my state allows me to opt out.
- Withhold \$ \_\_\_\_\_ or \_\_\_\_\_%.

**\*MICHIGAN RESIDENTS:** Please refer to [www.michigan.gov/taxes](http://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. Please consult your tax advisor regarding your financial situation.



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**3. Certification of Taxpayer Identification**

Under penalties of perjury, I certify that:

1. The 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. Exemption from FATCA reporting code, if any \_\_\_\_\_. FATCA reporting codes can be found in the General Instructions for IRS Form W-9, however if you are submitting this form for an account you hold in the United States, you may leave this field blank.

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.

**4. Acknowledgement / Signature(s)**

I/We submit this request for the proposed changes with a full and complete understanding of such change.

\_\_\_\_\_  
Signature of Contract Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner, If applicable

\_\_\_\_\_  
Date