



ANNUITIZATION ELECTION

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. Benefit Election

I elect to receive my retirement benefits based on the information provided below. I am aware that the amounts shown below are approximate and actual benefits will depend on considerations such as, but not limited to, the value of my account, my age and the annuity rates charged by Athene Annuity & Life Assurance Company of New York on the date the benefits are to begin. Please refer to your contract, as all options may not be available.

Type of Annuitization:

Approximate Income

- Fixed Period** – The company provides payments for a fixed period of time. The minimum payout period is 5 years, and the maximum payout period is 30 years. Please indicate the payout period below, and **complete the Beneficiary Designation (Section 5) below**. If the beneficiary designation is left blank, the beneficiary will be your Estate.

\$ _____

Select the number Years* (Must be 5 –30) _____

Select the frequency Monthly Quarterly Semi-Annual Annual

- Life Annuity with a Period Certain** – The company provides payment for as long as the annuitant lives. However, if the annuitant dies before the end of the selected 'Period Certain' the company will continue making payments to the beneficiary until the end of the 'Period Certain'. Such payments will be made to the person(s) specified by the owner in the Beneficiary Designation (Section 5) below. **Please complete the Beneficiary Designation below (Section 5)**. If left blank, the beneficiary will be your Estate.

\$ _____

Select the number Years for the Period Certain * 5 10 20

Select the frequency Monthly Quarterly Semi-Annual Annual

A copy of your birth certificate or driver's license must be submitted if you elect this option.

- Life Annuity** – The company provides payment for the lifetime of the annuitant. Payments end with the last payment made prior to the annuitant's death. If the annuitant dies before the first payment is made, no payments will be due under this option. If the claimant dies after receipt of the first payment, no further payments will be due under this option.

\$ _____

Select the frequency Monthly Quarterly Semi-Annual Annual

A copy of your birth certificate or driver's license must be submitted if you elect this option.

- Other**, as specified on page 4 of your contract _____

* Per the Internal Revenue Code, if the deferred annuity is a qualified plan, the period you select may be no greater than your life expectancy.

Your first payment will be made one month after all requirements are received in good order. (i.e. If you choose monthly payments, you will receive your first payment one month after all requirements have been received; if you choose annual payments, you will receive your first payment one year after all requirements have been received.)

Athene Annuity & Life Assurance Company of New York

3. DISTRIBUTION METHOD

- Check
- Electronic Funds Transfer (EFT) - Please complete form ANY- 108 Electronic Funds Deposit Authorization.

NOTE: The policy, or Policy Schedule Page, must be submitted with this request. (If you lost your policy, please check the box below.)

- I/We declare that this policy has been lost or destroyed and that it has not been assigned, pledged or otherwise disposed of. I/We release the Company from all liability under the original policy, and agree to return the policy to the Company if it is found.

4. DESIGNATE YOUR BENEFICIARY (Required for all options with a period certain. Not applicable for "Life Annuity" which has no beneficiary payments.)

I (we), as Owner(s) revoke any previous designation of beneficiary(ies) and hereby designate the following as the beneficiary(ies). It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any surviving primary beneficiaries, if none survives, proceeds will be paid in equal shares to any surviving contingent beneficiaries.

- If the beneficiary is a trust, please submit a copy of the Trust Verification Form.
- Percentages indicated below must be in whole numbers, and must total 100%
- If no beneficiary(ies) are designated, the beneficiary will be estate of the owner.

Name (Primary)	Address _____ City _____ ST _____ Zip _____ Telephone Number (_____) _____ Date of Birth _____ Relationship to Payee _____ SSN or EIN _____	Percent
Name (Primary)	Address _____ City _____ ST _____ Zip _____ Telephone Number (_____) _____ Date of Birth _____ Relationship to Payee _____ SSN or EIN _____	Percent
Name (Primary)	Address _____ City _____ ST _____ Zip _____ Telephone Number (_____) _____ Date of Birth _____ Relationship to Payee _____ SSN or EIN _____	Percent
Name (Primary)	Address _____ City _____ ST _____ Zip _____ Telephone Number (_____) _____ Date of Birth _____ Relationship to Payee _____ SSN or EIN _____	Percent
Name (Contingent)	Address _____ City _____ ST _____ Zip _____ Telephone Number (_____) _____ Date of Birth _____ Relationship to Payee _____ SSN or EIN _____	Percent
Name (Contingent)	Address _____ City _____ ST _____ Zip _____ Telephone Number (_____) _____ Date of Birth _____ Relationship to Payee _____ SSN or EIN _____	Percent
Name (Contingent)	Address _____ City _____ ST _____ Zip _____ Telephone Number (_____) _____ Date of Birth _____ Relationship to Payee _____ SSN or EIN _____	Percent

Athene Annuity & Life Assurance Company of New York**5. INCOME TAX WITHHOLDING**

The annuity payments you receive from Athene Annuity & Life Assurance Company of New York will be subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the taxable portion of your payments. You may elect not to have withholding apply to your payments by returning this form, ensuring that Section 3 is fully completed, and that you have signed and dated the form in Section 6. Your election will remain in effect until you revoke your election by submitting your request in writing.

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 – CA, DC, DE GA, IA, KS, MA, ME, MI*, NE, NC, OK, OR, VT, or VA - 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 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 is unable to render tax advice, and therefore, we suggest that you consult your tax advisor regarding your financial situation.

6. 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.

7. Acknowledgement / Signature(s)

I submit this request for the proposed changes with a full and complete understanding of each and every requested change.

Signature of Owner

Date

Signature of Joint Owner

Date

Athene Annuity & Life Assurance Company of New York

Neither Athene Annuity & Life Assurance Company of New York, nor any of its employees, agents or representatives gives legal, tax or accounting advice. The information provided here is merely a summary of our understanding of the withholding requirements as they relate to our contract, and is not a warranty or representation concerning such matters. We will not be responsible for any penalties incurred by you, should the amount distributed be incorrect. We recommend you consult with your tax advisor.

If your state is not mentioned below, we will not withhold state income tax, regardless of whether or not federal withholding is elected. However, upon request, we will withhold state income tax.

AR, CA, DC, DE, GA, IA, KS, MA, ME, MI, MS, NC, NE, OK, OR, VA, VT - Requires that if you elect to have federal income tax withheld, we must automatically withhold state income tax also. (Some exceptions may apply, please see below)

- AR** • IRAs and all other "qualified" plans - State tax withholding is required, you cannot opt out.
 • Non-Qualified – Periodic payments – State tax withholding is required, you cannot opt out.
 • Non-Qualified - Lump Sum Distributions – State tax withholding is required, unless you opt out using state form AR4P which must be completed and returned.
- CA** You may opt out of state withholding, even if you elect to have federal income tax withheld.
- DC** • IRAs and all other "qualified" plans - State tax withholding is required, you cannot opt out.
 • Non-Qualified - You may opt out of state withholding, even if you elect to have federal income tax withheld.
- DE** If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- GA** You may opt out of state withholding, even if you elect to have federal income tax withheld.
- IA** You may NOT opt out of state withholding, even if you elect to have federal income tax withheld.
- KS** If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- MA** You may NOT opt out of state withholding, even if you elect to have federal income tax withheld.
- ME** If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- MI** State tax withholding is required, unless you opt out using Michigan State Tax Form MI W-4Pm which must be completed and returned.
- MS** State tax withholding is required on all premature distributions (typically distributions under age 59½) , Otherwise, you may opt out of state income tax withholding.
- NC** If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- NE** You may opt out of state withholding, even if you elect to have federal income tax withheld.
- OK** You may NOT opt out of state withholding, even if you elect to have federal income tax withheld.
- OR** If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- VA** IRA or SEP-IRA – You may opt out of state income tax withholding. All other distributions, you may NOT opt out.
- VT** If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.

AK, FL, NH, NV, SD, TN, TX, WA, WY – State income tax withholding is NOT allowed in these states.



Electronic Funds Deposit Authorization

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. Bank Account Information

Type of Account: Checking Account Savings Account

Name of Financial Institution	Full Name on Bank Account	Additional Name(s) on Bank Account
ABA Routing Number (9 digits)	Bank Account Number (4-17 digits)	

Please attach a VOIDED check for checking accounts; OR a deposit slip for savings accounts to be used for account information verification.
(Deposit slips will not be accepted for checking accounts)

Check this box for paperless and online accounts, and ensure that both the routing number and account number is entered in the spaces above.
If you have a paperless/online account, please include a letter from the bank showing the owner name(s) of the account. If the bank's letter lists joint owners both must sign this form.

3. Authorization For Electronic Funds Deposit

As the bank account owner, I authorize Athene Annuity & Life Assurance Company of New York to:

- Automatically deposit funds, for all withdrawals from this annuity contract, to the checking or savings account referenced above.
- Withdraw funds which may be inadvertently deposited to the account referenced above. This includes, but is not limited to, any payments made after the death of the annuitant.

This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Athene Annuity & Life Assurance Company of New York in a timely manner, so as to afford the company an opportunity to act thereon. (Such requests should be received no less than 10 business days prior to due date of the next payment.) **In no event shall a "change" or "termination" request include entries processed prior to receipt of such notice.**

Signature of Bank Account Owner	Signature of Co-Bank Account Owner (if applicable)	Date
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4. Acknowledgement of Contract Owner(s) (If not the same as the Bank Account Owner)

By signing where indicated below, I hereby acknowledge my approval for Athene Annuity & Life Assurance Company of New York to withdraw funds from the annuity contract, and request that those funds be deposited into the bank account referenced above.

X _____ Signature of Owner	_____ Date
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X _____ Signature of Joint Owner (If applicable)	_____ Date
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