



IRA CHARITABLE DISTRIBUTION AGREEMENT

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

2. AUTHORIZATION

I hereby request the Company to remit payment from this policy as indicated below:

I hereby designate the amount of \$ _____ (not to exceed \$100,000.00) to be paid to the organization listed below in accordance with Pension Protection Act of 2006 and as extended under the Emergency Economic Stabilization Act of 2008 and as extended under the 2010 Tax Relief Act and as extended under The American Taxpayer Relief Act of 2012. I understand that the distribution will be reported to me as a taxable distribution in the year the payment is disbursed. I understand that Athene Annuity & Life Assurance Company of New York will report this distribution on Tax Form 1099-R as a normal distribution, and it is my responsibility to maintain written documentation of the contribution to the charity listed below and to ensure that I apply for the charitable deduction on my income tax return. I do hereby certify that the named charity meets the requirement of Code Sec. 170(b)(1)(A) as described and that I have attained 70 ½.

Check must be payable directly to the charitable organization indicated below.

Athene Annuity & Life Assurance Company of New York will not render tax advice. Please consult with your tax advisor regarding your financial situation.

3. ORGANIZATION INFORMATION

Name of Organization

()
Telephone Number

Street Address

City

ST

Zip

4. INCOME TAX WITHHOLDING INFORMATION

FEDERAL WITHHOLDING – Please Check One (If no election is made, federal income tax will be withheld.)

- Withhold 10%
- Withhold another amount: \$ _____ or _____ %
- Do not withhold federal income tax

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. If you do not reside in one of the states previously listed, you may still elect to withhold UNLESS you live in 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 the MI W-4P is not returned, we are required to withhold state income tax.

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. 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.

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5. CERTIFICATION OF TAXPAYER IDENTIFICATION

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. Exemption from FATCA reporting code, if any: _____ (FATCA reporting codes can be found in the General Instructions for IRS Form W-9.) If you are only 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.

6. SIGNATURE

Signature of Contract Owner

Date