

**Athene Annuity & Life Assurance Company of New York****1. Contract Information**

Contract Number

Name of Annuitant

Name of Owner (if different from Annuitant)

Social Security No. or Tax I.D. No.

Street Address, City, State, Zip (indicate mailing address for check)

Telephone Number

Name of Joint Owner (if applicable)

Social Security No. or Tax I.D. No.

**2. Distribution Election – I wish to withdraw or surrender from my annuity, the amount indicated below.***(This form may not be used for TSA/403(b) contracts. Please call the service center for appropriate form.)*Please Check  One Maximum amount available without a surrender chargeFor the following two options, please select one of the following:  Gross Amount  Net Amount. If no selection is made, a "Gross Amount" withdrawal will be processed. Specified Dollar Amount of \$ \_\_\_\_\_ Specified Percentage of: \_\_\_\_\_% of the accumulation value Full Surrender – the policy, or policy Data Page, must be submitted with this request. If you lost your policy, please check the box below: **Declaration of Lost Policy:** I declare this policy has been lost or destroyed and it has not been assigned, pledged or otherwise disposed of, and, I release the Company from all liability under the original policy and agree to return the policy to the Company if found.**3. 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 – 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, unless required by law. Withhold a flat amount of \$ \_\_\_\_\_, or a specific percentage of \_\_\_\_\_%**\*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 &amp; Life Assurance Company of New York will not render tax advice. We suggest that you consult tax advisor regarding your financial situation.

**Athene Annuity & Life Assurance Company of New York**

**4. Disclosure**

Please Read Carefully

1. I understand that if I am currently set up to automatically receive Required Minimum Distribution (RMD) payments from this contract, this partial withdrawal will affect the amount I will receive for my RMD.
  - a) If this partial withdrawal is equal to, or greater than, the calculated RMD amount for this calendar year, no RMD payment(s) will be made for the remainder of this calendar year, and the scheduled RMD payment(s) will begin again next year.
  - b) If this partial withdrawal is less than the calculated RMD amount for this calendar year, the RMD payment(s) will be reduced by the amount of this partial withdrawal. Once the calculated RMD amount has been paid out, no further RMD payment(s) will be made until next year.
2. I understand that by requesting a surrender or partial withdrawal of my annuity contract, I may incur surrender charges.
3. I understand that requesting a surrender or partial withdrawal of my annuity contract may result in tax consequences.
4. I have no plans to replace\* this annuity contract with another annuity contract; or
5. I do plan to replace\* this annuity contract and have made my agent aware so that appropriate replacement forms and other required documentation can be completed.

\*The National Association of Insurance Commissions (NAIC) definition of a replacement includes any transaction in which a new policy or contract is to be purchased, and it is known or should be known to the proposing agent that by reason of the transaction, an existing policy or contract has been or is to be surrendered.

**5. Certification of Taxpayer Identification Number**

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.

**6. Required Signature(s)**

X \_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
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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