



Electronic Funds Transfer (EFT) Authorization

Athene Annuity & Life Assurance Company

1. Policy/Contract Information

Policy/Contract Number	Name of Insured/Annuitant
Name of Policy/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 the routing number and account number are 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 Automatic Withdrawal for Life Insurance or Annuity Premium

As the bank account owner(s), I authorize my financial institution to debit premiums from the account referenced above, by and payable to Athene Annuity & Life Assurance Company. I understand and agree that the financial institution will not be liable for any payment that may not be honored, intentionally or inadvertently, even if such dishonor results in forfeiture of insurance.

Indicate the preferred withdrawal date (1st – 28th) _____

This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Athene Annuity & Life Assurance Company 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 withdrawal). 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

3. 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 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
X _____ Signature of Joint Owner (If applicable)	_____ Date