



AUTHORIZATION TO RELEASE POLICY INFORMATION

Athene Annuity & Life Assurance Company

Policy/Contract Number: _____

Authorized Individual

Name of Individual Authorized to Receive Information

Social Security No. or Driver's License No.

Street Address, City, State & Zip Code

Telephone Number

Authorized Agency (i.e., Interpretive Service, Agent, Financial Advisor)*

Name of Interpretive Service or Agency

Certification No. or License No.

Street Address, City, State, Zip

Telephone Number

*Some individuals may need telephone assistance due to language barriers.

Authorization and Signature(s)

By signing below, I hereby authorize Athene Annuity & Life Assurance Company to release information related to the above-referenced insurance policy or annuity contract (the "policy") to the person or persons referenced above. In order to obtain such information, Athene Annuity & Life Assurance Company must be able to verify the authorized agency or individual's identity and the authorized agency or individual must be able to identify the above-referenced policy and policy owner.

Any authorization provided to release information is subject to the terms and provisions in the policy, annuity and/or prospectus. I understand that I must notify Athene Annuity & Life Assurance Company in writing if I wish to revoke or change this authorization.

Signature of Policy/Contract Owner

Date

Print Name of Policy/Contract Owner

Social Security Number

Street Address, City, State & Zip Code

Telephone Number

Witness Signature

X

Signature of Witness

Date

Print Name of Witness

Address of Witness