

Athene Annuity & Life Assurance Company

1. Contract Information

Contract Number _____

Name of Annuitant _____ Social Security or Tax I.D. Number _____

Name of Contract Owner *(If different from Annuitant)* _____ Social Security or Tax I.D. Number _____

Street Address, City, State, Zip _____

Name of Joint Contract Owner *(If applicable)* _____ Social Security or Tax I.D. Number _____

2. Full Name of Trust

Please be sure to accurately state the Trust's full name _____

3. Type of Trust

Irrevocable Revocable

4. Date of Trust: _____ **4.a Statute That Governs the Trust:** _____

5. Trust Tax Identification Number (Please check one):

The Trust does not have a separate taxpayer identification number. Thus, the personal taxpayer identification number of the FIRST Settlor/Grantor listed below should be used; or

The Trust tax identification number is: _____

6. Names of Settlers/Grantors of Trust

1. _____ (SSN) _____

2. _____ (SSN) _____

(Please attach additional pages if insufficient space has been provided.)

7. Names of ALL current Trustees:

1. _____

2. _____

3. _____

(Please attach additional pages if insufficient space has been provided.)

8. Names of ALL Successor Trustees *(if applicable)*:

1. _____

2. _____

3. _____

(Please attach additional pages if insufficient space has been provided.)



Athene Annuity & Life Assurance Company

9. Instructions for Trustee Signature/Authentication

The Trust Agreement requires that; (Please mark the appropriate box)

- Any of the Trustees, acting alone
- All of the Trustees acting together
- Other (explain) _____

Must sign or otherwise authenticate forms and/or requests on behalf of the Trust in connection with our products.

10. Neither the Insurance Agent nor any person affiliated with the insurance agent is a beneficiary of the Trust

- Agree
- Disagree

If you marked Disagree, please attach an explanation of why they are named a beneficiary of the Trust

Note: Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a contract/policy sold by that agent, unless that agent is a family member, or has a recognized insurable interest.

11. The Trust is validly executed and in full force and effect?

- Yes
- No

Note: Trust must be formed and domiciled in the United States or one of its Territories at all times.

12. Certifications of Beneficial Owner(s)

A Beneficial Owner is an individual who will receive 25% or more of the Trust proceeds. The Beneficial Owner, if any, may or may not be the Trustee or the Grantor of the Trust.

To help the United States government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners. Athene may require a valid copy of your identification (i.e. non-expired governmental identification: driver's license, passport, etc) to purchase a contract.

A response below is required: Either check the box or enter information for at least one beneficial owner.

Check here if no individual will receive 25% or more of the Trust proceeds.

Name	Date of Birth	Social Security Number	For Foreign Person(s): Passport Number and Country of Issuance or other similar identification number ¹

¹ In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

13. Certifications by Trustee(s)

The Trustee(s) states
and agrees that:

The Trust, if named owner, is authorized under the terms of the Trust to purchase and/or hold insurance on the life of any insured/annuitant. If named beneficiary, the Trust is authorized to receive proceeds as provided under the terms of the insurance policy and/or annuity contract. I/we have also determined the insurance product is appropriate for the Trust's purpose and the terms of the insurance product conforms to the income distribution requirements, if any, of the Trust.

I/We certify that Athene Annuity and Life Assurance Company (the "Company") may rely solely on this Verification and the information provided for policy/contract administration purposes and the Company has no obligation to investigate the terms of the Trust or the authority of the Trustee(s). The Company expressly denies responsibility regarding the use and applications of any payments made to the Trust by the Trustee(s) and the Trustee(s) will hold the Company harmless from any action the Company takes at the direction of the Trustee(s).

The Trustee(s) declares that each and every Trustee and successor Trustee are bound by this certification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the company receives written notification at its Home Office of a change of Trustee. Furthermore, the Trustee(s) agrees to notify the Company of any changes to the Trust itself that will alter the information provided in this Trust Verification.

The signature(s) below certify the previous information provided and agreed to on this Verification is true

and accurate: Notes: The number of Trustees indicated in section 8 must sign below

If additional signature blocks are required, please photocopy this form and attach accordingly

X _____
Signature of Trustee Date

X _____
Signature of Trustee Date

14. Athene Annuity & Life Assurance Company Service Centers**For contracts beginning with MA:**

Athene Annuity & Life Assurance Company
PO Box 725449
Atlanta, GA 31139

Overnight Mail

Athene Annuity & Life Assurance Company
6425 Powers Ferry Road, Suite 300
Atlanta, GA 30339
1-866-690-1992 Fax: 770-690-1985

For all others:

Athene Annuity & Life Assurance Company
PO Box 19087
Greenville, SC 29602-9087

Overnight Mail

Athene Annuity & Life Assurance Company
2000 Wade Hampton Blvd.
Greenville, South Carolina 29615
1-800-234-5514 Fax: 866-860-4024