



**NAME CHANGE &  
ADDRESS CHANGE FORM**

**Athene Annuity & Life Assurance Company**

*This form is to be used for a change in LEGAL NAME OR ADDRESS ONLY. A request to change Beneficiary(ies) or Owner requires completion of a separate form.*

**1. Policy Information**

Policy Number

Name of Insured/Annuitant

Name of Owner

Name of Joint Owner *(If applicable)*

**2. Change Address of**     Insured/Annuitant     Owner     Joint Owner     Contingent Owner  
 Payor     Beneficiary     Contingent Beneficiary

Street Address

City, State, Zip Code

Mailing Address *(if different from above)*

City, State, Zip Code

**3a. Change Name of**     Insured/Annuitant     Owner     Joint Owner     Contingent Owner

because of     Marriage     Divorce     Court Order     Adoption    *(Submit copy of supporting legal document)*

- Copy of legal document required *(e.g., marriage certificate, divorce decree, court order, adoption decree)*.

I hereby certify that I am one and the same person as the insured, policy owner, joint policy owner or contingent policy owner under the policy number noted in Section 1 and that I am now using and will hereafter continue to use the Present Name listed below. It is agreed that all receipts, releases, or other documents requiring my signature and any payment under the policy to me in my present name will be binding on all parties in interest.

Former Name:

Present Name:

**X**

Insured sign here to certify name change *(If applicable)*

**3b. Change Name of**     Payor     Beneficiary     Contingent Beneficiary

because of     Marriage     Divorce     Court Order     Adoption

Former Name:

Present Name:

**4. Required Signatures**

**X**  
Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**X**  
Signature of Joint Owner *(If applicable)* \_\_\_\_\_ Date \_\_\_\_\_

**Witness needed only for Name Change in 3a or 3b**

**X**  
Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

**X**  
Witness Street Address, City, State, Zip \_\_\_\_\_