



Athene Annuity & Life Assurance Company

1. Policy/Contract Information

Policy/Contract Number

Name of Insured/Annuitant (If different than Owner)

Name of Owner

Name of Joint Owner (If applicable)

2. Collateral Release of Assignment by Assignee

By signing below, the undersigned authorizes the release and discharge of the assignment dated \_\_\_\_\_ pertaining to the above referenced policy/contract.

Acknowledged and agreed to:

Printed Name of Assignee

By: X \_\_\_\_\_  
Signature of Assignee  
(If Assignee is a company, signature of authorized representative)

\_\_\_\_\_ Date

3. Home Office Acknowledgement

For Administrative Use Only:

Athene Annuity & Life Assurance Company retains a duplicate of this release of assignment, but assumes no responsibility for the validity of such release. The Company waives any provision of the policy requiring its return for endorsement of either an assignment or the release of an assignment.

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_