

## **Athene Annuity & Life Assurance Company**

1. Policy/Contract Information	
Policy Number	•
Name of Insured	
Name of Owner (If different from Insured)	Social Security Number or Tax I.D. Number
(i. amoroni manara)	Cook Cooking Hambor of Hamilton
Street Address, City, State, Zip (Please indicate address for mailing page 1)	payment and/or correspondence)
Name of Joint Policy Owner (If applicable)	
Name of Assignee or Irrevocable Beneficiary (If applicable)	
2. Request for Partial Cash Surrender Value*	
I (We) hereby request a partial cash surrender value of this policy	in the amount of:
A. \$ net check, or full amount avai	lable, if less.
B. The maximum amount available.	
C. \$ Repay loan interest and princi	
☐ D. \$ Pay (# of months) pren	nium on policy number
*This action may have adverse tax consequences, including a replease consult your own tax advisor.	10% penalty, if your policy is a Modified Endowment Contract.
3. Withholding Election	
If the distribution you are receiving as a result of this transaction re Income Tax unless you elect not to have withholding apply. You may indicating below. If you do not complete this section at all, we will as if you had instructed us to do so below. Even if you elect not Federal Income Tax on the taxable portion of your distribution, if applicated tax payment rules if your payments of estimated tax and withholding,	y elect whether to have withholding apply to your distribution by so be required to withhold 10 percent of any taxable proceeds just to have Federal Income Tax withheld, you are liable for payment of icable. You also may be subject to tax penalties under the estimated
☐ I do <u>not</u> want to have Federal Income Tax withheld from m☐ I <u>do</u> want to have Federal Income Tax withheld from my dis	•

## 4. Additional Information for Universal Life Insurance Policies

A Universal Life (UL) policy provides valuable protection while allowing additional premium received, above the actual cost of the insurance, to accumulate interest. The projected return of this type of coverage, over a period of years, can be favorable. The planned premium payments and accumulated values, however, must be sufficient to carry the ongoing cost of the coverage.

Universal Life insurance policies are designed to work as follows:

- Premium payments are deposited into the policy's accumulation value and begin earning interest immediately
- On each monthly anniversary, the cost of insurance (COI) and expense charges (if applicable) are deducted from the accumulation value
- Any balance remaining in the accumulation value earns interest.
- The COI <u>increases each year</u> on the anniversary date based on the insured's attained age.
- If the COI is greater than the premium received, the accumulation value will decrease. The policy will lapse if the accumulation value, plus premiums received, is less than the COI.

A partial surrender will affect your policy by reducing the death benefit and cash surrender values. As a result of a partial surrender, it may be necessary to increase your premium payment in order for your policy to have sufficient value to pay the cost of insurance. If your premium payment is not increased when requested, your coverage will lapse.

If you intend to use some or all of the funds from this partial surrender to purchase a new life insurance policy or annuity from us, it is considered a replacement of existing coverage. Your state requires us to have available a replacement form that lists some things that you should consider before making a replacement. If you are considering a replacement and did not receive a copy of the replacement form or have lost your copy, or otherwise have any questions about replacing your existing coverage, please contact us at 888-234-8373.



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## 5. Acknowledgement and Signatures

I (We) understand that under current tax law, the policy changes requested and/or subsequent policy changes may cause the policy to be a Modified Endowment Contract, which could include taxation of any loans, withdrawals, or surrenders in excess of the amount of premiums paid into the policy.

X		
Signature of Owner	Date	
x		
Signature of Joint Owner (If applicable)	Date	
x		
Signature of Owner's Spouse (Required if resident of Community Property State)	Date	
(, logalita ii , colatini ci colaling i , spelly ciale)		
XSignature of Assignee or Irrevocable Beneficiary	Date	
(if applicable)	Date	