



Athene Annuity & Life Assurance Company

1. Contract Information

Contract Number

Name of Annuitant (if different from owner)

Name of Contract Owner

Social Security Number

Street Address, City, State, Zip

Telephone Number

Name of Joint Owner (if applicable)

2. Certification of Lost Insurance Policy/Annuity Contract

I hereby certify that the above-referenced certificate/policy/contract has been lost or destroyed; that it has not been assigned, pledged, delivered to any person having any right, title, or interest in it or otherwise disposed of.

Check here if you would like to receive verification of your insurance policy or annuity contract. Please note, duplicate policies/contracts are not issued.

3. Required Signatures

X _____
Signature of Owner

Date

X _____
Signature of Witness

Date

X _____
Printed Name of Witness

Witness Address, City, State, Zip