



NON-QUALIFIED ASSET TRANSFER FORM

Athene Annuity & Life Assurance Company

1. CLIENT INFORMATION

NAME OF OWNER SOCIAL SECURITY NUMBER(S)
STREET ADDRESS CITY STATE ZIP CODE TELEPHONE NUMBER

2. SOURCE OF ASSETS TO BE TRANSFERRED (Complete separate form for each Financial Institution)

NAME OF FINANCIAL INSTITUTION, MUTUAL FUND CO. OR BROKER DEALER
STREET ADDRESS OF ABOVE ENTITY CITY STATE ZIP CODE TELEPHONE NUMBER

3. TRANSFER INSTRUCTIONS

I hereby request and direct the following action to be taken:

- Liquidate CD Account No. on Maturity Date of (not to exceed 90 days)
All (or) Partial of \$
Mutual Fund Account No. Fund Name
Brokerage Account No.
Other Account No.

4. INSTRUCTIONS TO FINANCIAL INSTITUTION

Make check payable to: Athene Annuity & Life Assurance Company, FBO account owner's name, SSN and contract number shown below and mail the check with a copy of this form to the Athene Annuity Service Center.

- New Contract Number Existing Contract Number

5. ACKNOWLEDGEMENT

I am aware of any surrender/withdrawal penalties and income tax consequences, which may apply to this transaction. I authorize the above liquidation and the transfer of the net proceeds. I understand that Athene Annuity & Life Assurance Company (ATH) will apply the net proceeds on the date the proceeds are received at Athene Annuity.

X SIGNATURE OF OWNER DATE

X SIGNATURE OF JOINT OWNER (If applicable) DATE

X SIGNATURE OF SPOUSE (Only if resident of Community Property State) DATE

SIGNATURE GUARANTEE: (If applicable)

6. LETTER OF ACCEPTANCE TO BE COMPLETED BY ATHENE ANNUITY

Athene Annuity & Life Assurance Company (ATH) will accept the transfer described above.

AUTHORIZED SIGNATURE DATE