



IRA TRANSFER & DIRECT ROLLOVER FORM

Athene Annuity & Life Assurance Company

1. OWNER'S NAME & ADDRESS

NAME _____ SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____

2. PRESENT TRUSTEE/CUSTODIAN OR INSURANCE COMPANY

If this is a Total Distribution:

ACCOUNT/CONTRACT NUMBER _____

PLEASE CHECK ONE

I have enclosed the contract.

I certify that the contract has been lost or destroyed.

COMPANY NAME _____

ATTENTION _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____

3. TRANSFER/DIRECT ROLLOVER INFORMATION

Type of Plan Transfer/Rollover **FROM:** Traditional IRA SEP-IRA TSA/403(b) Roth-IRA

Qualified retirement plan [401(a), 401(k)] SIMPLE-IRA Gov't. 457(b)

Type of Plan Transfer/Rollover **TO:** Traditional IRA SEP-IRA

Roth-IRA (Existing Roth IRA effective date: _____)

Qualified Retirement Plan

• **NOTE:** Please be aware if this is a direct rollover from a Qualified retirement plan, TSA/403(b), 457(b) or a conversion from a Traditional IRA to a Roth-IRA, the required minimum distribution (RMD) is not eligible to be rolled over and must be taken prior to your direct rollover or conversion. Athene Annuity & Life Assurance Company (ATH) is unable to render tax advice; therefore, we suggest that you consult your tax counsel or tax advisor regarding your financial situation.

4. AUTHORIZATION TO CURRENT TRUSTEE, CUSTODIAN OR INSURANCE COMPANY

PLEASE LIQUIDATE: All (or) Part (\$_____) of the above-referenced account, do not withhold taxes, and transfer or direct rollover (*net of required minimum distributions*) the proceeds, if any, directly to Athene Annuity.

Immediately (or) On Maturity Date of _____ (*not to exceed 90 days*).

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 address listed on the Letter of Acceptance.

New Contract Number _____ Existing Contract Number _____

5. CONVERSION OF TRADITIONAL IRA TO ROTH IRA

PLEASE CHECK ONE (If no election is made, federal income tax will automatically be withheld.)

- Withhold 10%
- Withhold another amount: \$ _____, or _____%
- Do not** withhold Federal Income Tax

State income tax will be withheld if Federal income tax is withheld and you live in one of the following states: CA, DE, GA, IA, KS, MA, ME, MI, NC, OK, OR, VT, VA

MICHIGAN residents: Please refer to www.michigan.gov/taxes for information regarding the MI W-4P form for tax withholding or opt out information

Notice: Federal law requires withholding a minimum of 10% federal income tax from taxable distributions, unless you elect not to have taxes withheld or specify a different withholding amount. Withholding will only apply to that portion of your distribution that is includable in your income subject to federal income tax. You may revoke this withholding election at any time by contacting Athene Annuity in writing. Electing not to withhold at this time does not release the liability for payment of Federal and, if applicable, State Income tax on the taxable portion of your payment. You may incur tax penalties if your withholding and tax payments are not adequate.

6. SIGNATURES

X _____
SIGNATURE OF CONTRACT OWNER

DATE

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

DATE

SIGNATURE GUARANTEE: _____
(If applicable)

7. LETTER OF ACCEPTANCE TO BE COMPLETED BY ATHENE ANNUITY

Athene Annuity agrees to accept the funds being transferred/direct rolled over to be deposited into the above noted type of plan.

AUTHORIZED SIGNATURE

DATE

IRA TRANSFER/DIRECT ROLLOVER REQUEST PROCEDURES

Complete and return the appropriate forms listed below:

1. **Annuity Application** – Application appropriate for your state.
2. **V1020 Form** – This form requests your present custodian/trustee or insurance company to transfer or process a direct rollover of your funds directly from them to Athene Annuity.
3. **State Replacement Form** – If your present contract is an annuity and your state requires, please submit the appropriate state replacement form.
4. **Required Minimum Distribution (RMD) Form V1216** – If you are age 70½ or over in this calendar year, please complete and return this form.
5. **Statement of Values** – Obtain a copy of your most recent statement of values from the existing company. This will give us information on cash value, surrender value and whether the contract is qualified or non-qualified. This statement will also provide us the company’s current address and phone number.