



Athene Annuity & Life Assurance Company PO Box 19086 Greenville, SC 29602-9086
Overnight Address: 2000 Wade Hampton Blvd. Greenville, SC 29615-1064

1.800.423.9398 ■ Variable Annuities

1. Contract Information

Contract Number

Name of Annuitant

Name of Contract Owner (If different from Annuitant)

Name of Joint Contract Owner (If applicable)

Address City State Zip Code Telephone Number

2. Telephone Transfer Authorization

- I hereby authorize Athene Annuity & Life Assurance Company to accept transfer instructions from me by telephone.
I hereby authorize Athene Annuity & Life Assurance Company to accept telephone transfer instructions related to the above-referenced insurance policy or annuity with the person or persons who can verbally confirm policy information outlined above as well as personal information listed below.

Name Driver's License, SSN. or TIN No. Date of Birth

Address City State Zip Code Telephone Number

Name Driver's License, SSN. or TIN No. Date of Birth

Address City State Zip Code Telephone Number

Any authorization provided to transfer funds is subject to the terms and provisions in the policy and prospectus. I accept any liability that may occur as a result of any telephone transfer or reallocation and hold Athene Annuity & Life Assurance Company ("the Company") harmless against any loss, cost, or expense rising out of that telephone transfer or reallocation. I understand (a) that this authorization can be terminated by me at any time by supplying written notification to the Company; and (b) that the Company reserves the right, in its sole discretion, to terminate this authorization at any time.

This request is not valid unless signed and dated in section 7 and all pages are returned to Athene Annuity & Life Assurance Company.

3. Asset Rebalancing

This program permits you to automatically rebalance the values in your subaccounts to return to their original percentage allocations.

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus.

The minimum allowable period to participate in this program is 6 months. The Fixed Account options are not part of the asset rebalancing. Asset rebalancing is not available if dollar cost averaging is in effect.

Rebalance portfolios to the original percentages: Monthly Quarterly Semi-Annually Annually

Designated day: _____ (withdrawal will occur on the 15th day of the month or any other day designated (other than the 29th, 30th, or 31st). If the designated day falls on a non-business day, the withdrawal will occur the next business day.)

Variable Portfolios:

Invesco Variable Insurance Funds			Lazard Retirement Series, Inc.	
V.I. Core Equity	%		Lazard Retirement U.S. Small-Mid Cap Equity	%
V.I. High Yield	%			
American Century Investments			Lord Abbett Series Fund, Inc.	
VP Income & Growth	%		Growth and Income	%
VP Value	%			
Dreyfus Stock Index Fund, Inc.			T. Rowe Price Equity Series, Inc.	
	%		Blue Chip Growth	%
			Personal Strategy Balanced	%
Fred Alger Management, Inc.			Fidelity Variable Insurance Products	
Alger American LargeCap Growth	%		Fidelity VIP Contrafund®	%
Alger American Capital Appreciation	%		Fidelity VIP Growth	%
Alger American Midcap Growth	%		Fidelity VIP Investment Grade Bond	%
Janus Aspen Series			Fidelity VIP Mid Cap	%
Overseas	%		Fidelity VIP Government Money Market	%
			Fidelity VIP Overseas	%
			TOTAL	100%

4. Allocation of Future Premium Payments

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus. Allocation must be at least \$1,000 per variable portfolio selected; and must be in whole percentages totaling 100%.

Variable Portfolios:

Invesco Variable Insurance Funds			Lazard Retirement Series, Inc.	
V.I. Core Equity	%		Lazard Retirement U.S. Small-Mid Cap Equity	%
V.I. High Yield	%			
American Century Investments			Lord Abbett Series Fund, Inc.	
VP Income & Growth	%		Growth and Income	%
VP Value	%			
Dreyfus Stock Index Fund, Inc.			T. Rowe Price Equity Series, Inc.	
	%		Blue Chip Growth	%
			Personal Strategy Balanced	%
Fred Alger Management, Inc.			Fidelity Variable Insurance Products	
Alger American LargeCap Growth, OS	%		Fidelity VIP Contrafund®	%
Alger American Capital Appreciation, OS	%		Fidelity VIP Growth	%
Alger American Midcap Growth, OS	%		Fidelity VIP Investment Grade Bond	%
Janus Aspen Series			Fidelity VIP Mid Cap	%
Overseas	%		Fidelity VIP Government Money Market	%
			Fidelity VIP Overseas	%
			Fixed Accounts (\$5,000 minimum I or II)	
			Fixed I*	%
			Fixed II Guarantee Periods**	
			3 year	%
			5 year	%
			7 year	%
			TOTAL	100%

* Fixed Account I - not available in MA, OR, SC, WA.

**Not available in MA, OR, SC, VT or WA. Restrictions apply in FL & TX.

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5. Transfer Request

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus. You are entitled to make a certain number of free transfers during the policy year subject to the terms and provisions of the policy and prospectus. Additional transfers can be made at a cost of \$25 each. Minimum transfer amount is \$250 or whole percentages. A minimum of \$1,000 must remain in a variable portfolio after a transfer. At least \$5,000 must remain in Fixed Account I, or any Guaranteed Period in Fixed Account II. A transfer from a Guaranteed Period of Fixed Account II may result in an interest/market adjustment. If your request causes the variable portfolio to fall below \$1,000, the entire amount will be moved to the transferring fund.

From: Variable Portfolios

Invesco Variable Insurance Funds

V.I. Core Equity	\$	or	%
V.I. High Yield	\$	or	%

American Century Investments

VP Income & Growth	\$	or	%
VP Value	\$	or	%

Dreyfus Stock Index Fund, Inc.

\$	or	%
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Fred Alger Management, Inc.

Alger American LargeCap Growth, OS	\$	or	%
Alger American Capital Appreciation, OS	\$	or	%
Alger American Midcap Growth, OS	\$	or	%

Janus Aspen Series

Overseas	\$	or	%
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Lazard Retirement Series, Inc.

Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%
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Lord Abbett Series Fund, Inc.

Growth and Income	\$	or	%
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T. Rowe Price Equity Series, Inc.

Blue Chip Growth	\$	or	%
Personal Strategy Balanced	\$	or	%

Variable Insurance Products

Fidelity VIP Contrafund®	\$	or	%
Fidelity VIP Growth	\$	or	%
Fidelity VIP Investment Grade Bond	\$	or	%
Fidelity VIP Mid Cap	\$	or	%
Fidelity VIP Government Money Market	\$	or	%
Fidelity VIP Overseas	\$	or	%

Fixed Accounts (\$5,000 minimum I or II)

Fixed I*	\$	or	%
Fixed II Guarantee Periods**			
3 year	\$	or	%
5 year	\$	or	%
7 year	\$	or	%

TOTAL	\$		100%
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To: Variable Portfolios

Invesco Variable Insurance Funds

V.I. Core Equity	\$	or	%
V.I. High Yield	\$	or	%

American Century Investments

VP Income & Growth	\$	or	%
VP Value	\$	or	%

Dreyfus Stock Index Fund, Inc.

\$	or	%
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Fred Alger Management, Inc.

Alger American LargeCap Growth, OS	\$	or	%
Alger American Capital Appreciation, OS	\$	or	%
Alger American Midcap Growth, OS	\$	or	%

Janus Aspen Series

Overseas	\$	or	%
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Lazard Retirement Series, Inc.

Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%
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Lord Abbett Series Fund, Inc.

Growth and Income	\$	or	%
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T. Rowe Price Equity Series, Inc.

Blue Chip Growth	\$	or	%
Personal Strategy Balanced	\$	or	%

Fidelity Variable Insurance Products

Fidelity VIP Contrafund®	\$	or	%
Fidelity VIP Growth	\$	or	%
Fidelity VIP Investment Grade Bond	\$	or	%
Fidelity VIP Mid Cap	\$	or	%
Fidelity VIP Government Money Market	\$	or	%
Fidelity VIP Overseas	\$	or	%

Fixed Accounts (\$5,000 minimum I or II)

Fixed I*	\$	or	%
Fixed II Guarantee Periods**			
3 year	\$	or	%
5 year	\$	or	%
7 year	\$	or	%

TOTAL	\$		100%
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* Fixed Account I - not available in MA, OR, SC, WA.

** Not available in MA, OR, SC, VT or WA. FL & TX residents have restrictions that apply on moving money from Fixed Account II.

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6. Dollar Cost Averaging

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus.

Total contract value must be \$10,000 to participate. You must participate in dollar cost averaging for a minimum of 6 months. If you participate in dollar cost averaging, you may not select or participate in either an Automatic Withdrawal or Minimum Distribution Program. Dollar cost averaging automatically terminates if the contract value in the selected transfer portfolio is zero.

Designated day: _____ (withdrawal will occur on the 15th day of the month or any other day you designate (other than the 29th, 30th, or 31st). If the designated day falls on a non-business day, the transfer will occur the next business day.)

- A. Please elect either 6 month OR 12 month dollar cost averaging
- B. Select Portfolio to transfer FROM one of the following: Money Market Fixed Account* Other _____
- C. Select the % or \$ amount to be transferred (minimum \$250) _____ % or \$ _____
- D. Indicate total % or \$ amount to be transferred (minimum \$1,500) _____ % or \$ _____

To:

Invesco Variable Insurance Funds

V.I. Core Equity _____ %
 V.I. High Yield _____ %

American Century Investments

VP Income & Growth _____ %
 VP Value _____ %

Dreyfus Stock Index Fund, Inc.

_____ %

Fred Alger Management, Inc.

Alger American LargeCap Growth, OS _____ %
 Alger American Capital Appreciation, OS _____ %
 Alger American Midcap Growth, OS _____ %

Janus Aspen Series

Overseas _____ %

Lazard Retirement Series, Inc.

Lazard Retirement U.S. Small-Mid Cap Equity _____ %

Lord Abbett Series Fund, Inc.

Growth and Income _____ %

T. Rowe Price Equity Series, Inc.

Blue Chip Growth _____ %
 Personal Strategy Balanced _____ %

Fidelity Variable Insurance Products

Fidelity VIP Contrafund® _____ %
 Fidelity VIP Growth _____ %
 Fidelity VIP Investment Grade Bond _____ %
 Fidelity VIP Mid Cap _____ %
 Fidelity VIP Government Money Market _____ %
 Fidelity VIP Overseas _____ %

TOTAL **100%**

*Not available in MA, OR, SC or WA.

7. Signature of Owners

I submit this request for the proposed changes with a full and complete understanding of each and every requested change. I hereby request that such changes be made.

X _____
 Signature of Owner Date

X _____
 Signature of Joint Owner Date

X _____
 Signature of Owner's Spouse Date
 (Required if resident of Community Property State)

 Printed Name of Owner's Spouse

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