



Athene Annuity & Life Assurance Company

1035 EXCHANGE FORM
ABSOLUTE ASSIGNMENT

1. CONTRACT/POLICY INFORMATION

NAME OF OWNER, SOCIAL SECURITY NO., NAME OF INSURED/ANNUITANT, SOCIAL SECURITY NO. OR TAX I.D. NO., NAME OF JOINT OWNER, SOCIAL SECURITY NO. OR TAX I.D. NO., ADDRESS OF OWNER, CITY, STATE, ZIP CODE, TELEPHONE NUMBER

2. PRESENT INSURANCE COMPANY:

Funds are from: Annuity Contract (or) Life Policy, Contract/Policy is: Enclosed (or) Lost/Destroyed, CONTRACT/POLICY NUMBER, NAME OF INSURANCE COMPANY, ATTENTION, STREET ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER

3. TRANSFER AMOUNT

Full Exchange, Partial Exchange Transfer Amount \$ or %

4. AUTHORIZATION TO ATHENE ANNUITY FOR EXCHANGE/ABSOLUTE ASSIGNMENT

I, the undersigned, hereby assign and transfer all rights, titles, and interests of every nature and character in the above contract/policy to Athene Annuity & Life Assurance Company (ATH). I understand that I am designating Athene Annuity as irrevocable beneficiary and waiving all rights, claims and demands under the contract/policy.

I hereby declare that the contract/policy is not subject to any assignment, pledge, collateral assignment or other lien. I further declare that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

I understand that it is the intent of Athene Annuity to surrender the original contract/policy to the Company that issued it and that Athene Annuity assumes no responsibility for any delay by that Company in paying the surrender proceeds.

I represent and agree that Athene Annuity is furnishing this form and is participating in this transaction at my request. I agree that Athene Annuity makes no representation concerning my tax treatment under IRC Sec. 1035 or otherwise and that Athene Annuity has no responsibility or liability for the validity of this assignment.

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

5. LETTER OF ACCEPTANCE TO BE COMPLETED BY ATHENE ANNUITY

Athene Annuity hereby accepts the foregoing instrument, subject to all the terms and conditions thereof.

Athene Annuity Contract/Policy #

AUTHORIZED SIGNATURE OF ATHENE ANNUITY, DATE

## **1035 EXCHANGE REQUEST PROCEDURES**

Complete and return the appropriate forms listed below:

1. **Appropriate Annuity/Life Application** – Please note that the Proposed Annuitant/Insured and Owner(s) must be identical to the contract/policy you are exchanging.
2. **V1038 Form** – This form assigns ownership and beneficiary to Athene Annuity, and explains that this assignment intends to be part of an exchange of annuity contract/insurance policy under IRC Section 1035.
3. **State Replacement Form** – If required, also submit the appropriate state replacement form.
4. **Original Life Insurance Policy/Annuity Contract** – Include the annuity contract or life insurance policy Athene Annuity is replacing from the other company. If the client does not have the original contract/policy, please indicate by checking the appropriate box on the V1038 form.
5. **Statement of Values** – Obtain a copy of the client's 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.

## **PARTIAL 1035 EXCHANGE REQUEST PROCEDURES**

Complete and return the appropriate forms listed below:

1. **Appropriate Annuity/Life Application** – Please note that the Proposed Annuitant/Insured and Owner(s) must be identical to the contract/policy you are exchanging.
2. **V1038 Form** – Indicate dollar amount or percentage to be transferred.
3. **State Replacement Form** – If required, also submit the appropriate state replacement form.
4. **Statement of Values** – Obtain a copy of the client's 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.

### **ATHENE ANNUITY SERVICE CENTERS**

**Telephone: 1-866-690-1992**

**Fax: 770-690-1985**

**Mailing Address:**

Athene Annuity & Life Assurance Company  
Post Office Box 725449  
Atlanta, GA 31139

**Overnight Mail:**

Athene Annuity & Life Assurance Company  
6425 Powers Ferry Road, Suite 300  
Atlanta, GA 30339