



ANNUITIZATION ELECTION FORM

Athene Annuity & Life Assurance Company

1. CONTRACT INFORMATION

Contract Number	Name of Annuitant
Name of Contract Owner	Social Security Number
Street Address, City, State, Zip <input type="checkbox"/> Please check if this is a permanent change of address	Telephone Number
Name of Joint Owner (If applicable)	Social Security Number

2. EXPLANATION OF ANNUITIZATION OPTIONS

FIXED PERIOD – Payments will be made for a fixed period of time. The amount is determined by the length of the payout period.

FIXED AMOUNT – Payments will be made for a fixed amount. The length of the payout period is determined by the payment amount.

LIFE ONLY ANNUITY – Payments will be made for the lifetime of the annuitant. No payments are made to a beneficiary after the annuitant's death.

LIFE ONLY WITH PERIOD CERTAIN – Payments will be made for the lifetime of the annuitant, and guaranteed for 5, 10, 15, or 20 years. If the annuitant dies before the end of the guaranteed period, the designated beneficiary will receive the income until the end of the period selected.

JOINT & SURVIVORSHIP (100%, 66 2/3%, OR 50%) – Payments will be made for the joint lifetime of two annuitants, and will continue during the remaining life of the survivor for the same, or reduced amount, as determined at the time the annuitization was elected.

3. PAYMENT FREQUENCY, PAYMENT METHOD and BEGINNING DATE

PAYMENT FREQUENCY Please check one option only (*this cannot be changed after payments begin*)

- Monthly
- Quarterly
- Semi-annually
- Annually

PAYMENT METHOD

- Check (not available with monthly frequency)
- Electronic Funds Transfer (Direct Deposit) – Please complete N1250 Electronic Funds Deposit Authorization form

BEGINNING DATE (*Cannot be the 29th, 30th or 31st*) _____

NOTE: The policy or policy data page must be submitted with this request. If you lost your policy, please check the box below:

- DECLARATION OF LOST POLICY** – I(We) declare that this policy has been lost or destroyed, and that it has not been assigned, pledged or otherwise disposed of. I(We) release the company from all liability under the original policy and agree to return the policy to the company, if found.

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4. BENEFIT ELECTION

- If this is a tax-qualified plan, the number of years cannot exceed your life expectancy.
- If the joint annuitants were named in the original contract, the primary annuitant is the individual whose age and gender are used to determine the amount of the payments.
- Payments are made to the owner, unless an alternate payee is named.
- Options are subject to IRS Regulations and/or contract provisions. **(All of the following options may not be available on your contract.)**

I elect to receive my retirement benefits based on the information below. I am aware that the amounts shown below are approximate and that actual benefits will depend on considerations such as, but not limited to, the value of my account, my age and the annuity rates charged by Athene Annuity & Life Assurance Company on the date the benefits are to begin.

<u>Type of Annuitization</u>	<u>Approximate Income Based on frequency selected in Section 3:</u>
<input type="checkbox"/> Fixed Period. Payments to be made for _____ years. <i>Select the number of years 1-20.</i> <i>(Note: if less than 5 years is elected, the surrender value may be used to calculate the benefit.)</i> <i>Designate your beneficiary in Section 5</i>	\$ _____
<input type="checkbox"/> Fixed Amount <i>Enter the monthly income you would like to receive.</i> <i>Designate your beneficiary in Section 5</i>	\$ _____
<input type="checkbox"/> Life Only Annuity* <i>All payments will cease at your death.</i>	\$ _____
<input type="checkbox"/> Life Annuity with period certain* <i>Select the number of guaranteed years (5, 10, or 20) _____ Years</i> <i>Designate your beneficiary in Section 5.</i>	\$ _____
<input type="checkbox"/> Joint & 100% Survivorship <i>All payments will cease at the survivor's death.</i> Spouse's name _____ Date of Birth _____ Spouse's Social Security _____	\$ _____

*If you choose a life contingent option, we will need verification of your date of birth. Please provide a copy of your birth certificate or any government issued. If a Joint & Survivor option is elected, please provide this information for both annuitants.

5. BENEFICIARY DESIGNATION

The designation below replaces any prior designations made on the deferred annuity. Allocation percentages must be whole numbers and total 100%. It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any surviving beneficiaries, and if none survives, proceeds will be paid in equal shares to any surviving contingent beneficiary. (If the beneficiary is a trust, include the name and date of the trust.)

Name (Primary Beneficiary)	Relationship to Owner	Date of Birth	Social Security No	Percentage
Name (Contingent Beneficiary)				

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6. INCOME TAX WITHHOLDING

Notice of Withholding: The annuity payments you receive from Athene Annuity & Life Assurance Company may be subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the taxable portion of your payments. You may elect not to have withholding apply to your payments by returning this form, ensuring that Section 3 is fully completed, and that you have signed and dated the form in Section 5. Your election will remain in effect until you revoke your election by submitting your request in writing.

FEDERAL WITHHOLDING - Please Check One (If no election is made, 10% federal income tax will be withheld)

- Do not withhold
- Withhold 10%
- Withhold a flat amount of \$ _____, or a specific percentage of _____%

STATE WITHHOLDING If you reside in one of the following states – CA, DC, DE, IA, KS, MA, ME, MI*, NE, NC, OK, OR, VT, or VA - and federal income tax is withheld, we will automatically withhold state income tax. If your state allows, you may opt out. See the enclosed **State Tax Withholding Information**, to determine if your state allows you to opt out. You may elect to withhold if you live in any state except AK, FL, NH, NV, SD, TN, TX, WA, WY. Please check one of the following boxes:

- Do not withhold, unless required by law.
- Withhold a flat amount of \$ _____; or a specific percentage of _____%

***MICHIGAN RESIDENTS:** Please refer to www.michigan.gov/taxes for information regarding the MI W-4P form for tax withholding or opt-out information. If this form is not received, state income tax will be withheld.

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 & Life Assurance Company in writing unless the distribution is from a tax sheltered annuity or qualified plan that is eligible to be rolled over to an IRA or qualified plan. In these cases, the distribution will be subject to a 20% mandatory withholding therefore you may not elect to waive the federal income tax withheld. 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.

Athene Annuity & Life Assurance Company will not render tax advice. We suggest that you consult your tax advisor regarding your financial situation.

7. CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) The IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form, if any, indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code, if any _____. FATCA reporting codes can be found in the General Instructions for IRS Form W-9, however if you are submitting this form for an account you hold in the United States, you may leave this field blank.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your return.

8. ACKNOWLEDGEMENT/SIGNATURE(S)

I(We) elect to receive my retirement benefits based on the information provided above.

_____ Signature of Owner	_____ Date
_____ Signature of Joint Owner, if applicable	_____ Date
_____ Signature of Irrevocable Beneficiary, if applicable	_____ Date