



Athene Annuity & Life Assurance Company

1. Contract Information

Contract Number

Name of Current Annuitant

Social Security No. or Tax I.D. No.

Name of Contract Owner (If different from Annuitant)

Social Security No. or Tax I.D. No.

Street Address of Contract Owner, City, State, Zip

( )  
Owner Telephone Number

Name of Joint Contract Owner (If applicable)

Social Security No. or Tax I.D. No.

2. Instructions

I, as Contract Owner revoke any previous designation of the above-referenced Annuitant and hereby designate the following person as the new Annuitant. If a new Annuitant is designated at a later date, this designation is automatically void.

Print New Annuitant's Name

Date of Birth

Social Security Number

Street Address, City, State, Zip

3. Signature of Owners

X  
Signature of Contract Owner

Date

X  
Signature of Joint Contract Owner (If applicable)

Date

X  
Signature of Owner Spouse (If applicable)

Date