

**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 address change.	Telephone Number
Name of Joint Owner	Social Security Number

**2. DISTRIBUTION ELECTION**

I wish to receive income via automatic withdrawals as indicated below *(Please check only one option):*

- Interest earned during the frequency elected below
- Specified Dollar Amount of \$ \_\_\_\_\_
- Specified Percentage of the accumulation value \_\_\_\_\_% *(The amount will be recalculated each contract anniversary and distributed equally among all payments.)*

Please note:

- If, during the surrender charge period, the total amount of withdrawals taken from this contract exceeds 10% of the accumulation value during the contract year, any withdrawals in excess of the 10% will be subject to surrender charges.
- Interest rates are expressed as annual effective interest rates. Any withdrawals taken during the contract year will reduce the actual earned interest amount.
- A written request must be received to start, change or stop withdrawals under this option.

**3. PAYMENT FREQUENCY and DISTRIBUTION METHOD**

The payment must be at least \$100.00.

FREQUENCY:             Annually    Semi- Annually    Quarterly    Monthly *(Monthly payments are available only through direct deposit. Please complete and return the Electronic Funds Deposit Authorization with this form)*

FIRST PAYMENT DATE:    \_\_\_\_\_ Please select the Month/Day you would like payments to begin – other than the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup>.. *(Subsequent payments will be generated on the same day, depending upon the frequency of payment, If this day is not a business day, the payment will be generated on the next business day.)*

DISTRIBUTION METHOD:     Check    Direct Deposit *(Please complete and return the Electronic Funds Deposit Authorization form.)*

**4. SPECIFY THE APPROPRIATE PORTFOLIO(S)**

If no portfolio(s) are specified, the withdrawal will be taken proportionately from all portfolio(s) based upon the balance in each, in comparison to the total accumulated balance (pro-rata). This may cause an interest/market value adjustment on the amount withdrawn from a guaranteed period of fixed account II. Any amount exceeding your free withdrawal amount may incur a withdrawal charge. **Please be sure that the following percentages total 100%:**

FUND: _____	\$ _____	/	_____	%
FUND: _____	\$ _____	/	_____	%
FUND: _____	\$ _____	/	_____	%
FUND: _____	\$ _____	/	_____	%
TOTAL	\$ _____	/	_____	%

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**Athene Annuity & Life Assurance Company**

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**5. INCOME TAX WITHHOLDING FOR CONVERSION**

**FEDERAL WITHHOLDING** – Please Check  One (If no election is made, federal income tax will be withheld.)

- Withhold 10%
- Withhold another amount: \$ \_\_\_\_\_ or \_\_\_\_\_ %
- Do not withhold federal income tax

**STATE WITHHOLDING** If you reside in one of the following states – CA, DC, DE, GA, 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. If you do not reside in one of the states previously listed, you may still elect to withhold **UNLESS** you live in AK, FL, NH, NV, SD, TN, TX, WA, WY. Please check one of the following boxes.

- Do not withhold. I live in one of the states listed above, but my state allows me to opt out
- Withhold \$ \_\_\_\_\_ or \_\_\_\_\_ %

**\*MICHIGAN RESIDENTS** – Please refer to [www.michigan.gov/taxes](http://www.michigan.gov/taxes) for information regarding the MI W-4P form for tax withholding, or opt out information. If the MI W-4P is not returned, we are required to withhold state income tax.

**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. 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.

**Note:** Athene Annuity & Life Assurance Company will not render tax advice. Please consult your tax advisor regarding your financial situation.

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**6. CERTIFICATION OF TAXPAYER IDENTIFICATION**

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Under penalties of perjury, I certify that:

1. The Social Security Number or 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.) If you are only 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.

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**7. SIGNATURE(S)**

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\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
Date

**Athene Annuity & Life Assurance Company**

Neither Athene Annuity & Life Assurance Company, nor any of its employees, agents or representatives gives legal, tax or accounting advice. The information provided here is merely a summary of our understanding of the withholding requirements as they relate to our contract, and is not a warranty or representation concerning such matters. We will not be responsible for any penalties incurred by you, should the amount distributed be incorrect. We recommend you consult with your tax advisor.

*If your state is not mentioned below, we will not withhold state income tax, regardless of whether or not federal withholding is elected. However, upon request, we will withhold state income tax.*

AR, CA, DC, DE, IA, KS, MA, ME, MI, MS, NC, NE, OK, OR, VA, VT - Requires that if you elect to have federal income tax withheld, we must automatically withhold state income tax also. (Some exceptions may apply, please see below)

- AR**     • IRAs and all other "qualified" plans - State tax withholding is required, you cannot opt out.  
          • Non-Qualified – Periodic payments – State tax withholding is required, you cannot opt out.  
          • Non-Qualified - Lump Sum Distributions – State tax withholding is required, unless you opt out using state form AR4P which must be completed and returned.
- CA**     You may opt out of state withholding, even if you elect to have federal income tax withheld.
- DC**     • IRAs and all other "qualified" plans - State tax withholding is required, you cannot opt out.  
          • Non-Qualified - You may opt out of state withholding, even if you elect to have federal income tax withheld.
- DE**     If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- IA**     You may NOT opt out of state withholding, even if you elect to have federal income tax withheld.
- KS**     If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- MA**     You may NOT opt out of state withholding, even if you elect to have federal income tax withheld.
- ME**     If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- MI**     State tax withholding is required, unless you opt out using Michigan State Tax Form MI W-4Pm which must be completed and returned.
- MS**     State tax withholding is required on all premature distributions (typically distributions under age 59½), Otherwise, you may opt out of state income tax withholding.
- NC**     If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- NE**     You may opt out of state withholding, even if you elect to have federal income tax withheld.
- OK**     You may NOT opt out of state withholding, even if you elect to have federal income tax withheld.
- OR**     If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.
- VA**     IRA or SEP-IRA – You may opt out of state income tax withholding. All other distributions, you may NOT opt out.
- VT**     If the distribution is subject to 20% mandatory federal withholding on TSA or other qualified retirement plan, then state income tax must be withheld. Otherwise, you may opt out of state income tax withholding.

AK, FL, NH, NV, SD, TN, TX, WA, WY – State income tax withholding is NOT allowed in these states.



# Electronic Funds Deposit Authorization

## 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	Telephone Number
Name of Joint Owner (If applicable)	

### 2. Bank Account Information

Type of Account:  Checking Account  Savings Account

Name of Financial Institution	Full Name on Bank Account	Additional Name(s) on Bank Account
ABA Routing Number (9 digits)	Bank Account Number (4-17 digits)	

Please attach a VOIDED check for checking accounts; OR a deposit slip for savings accounts to be used for account information verification.  
(Deposit slips will not be accepted for checking accounts)

- Check this box for paperless and online accounts, and ensure that both the routing number and account number is entered in the spaces above.  
If you have a paperless/online account, please include a letter from the bank showing the owner name(s) of the account. If the bank's letter lists joint owners both must sign this form.

### 3. Authorization For Electronic Funds Deposit

As the bank account owner, I authorize Athene Annuity & Life Assurance Company to:

- Automatically deposit funds, for all withdrawals from this annuity contract, to the checking or savings account referenced above.
- Withdraw funds which may be inadvertently deposited to the account referenced above. This includes, but is not limited to, any payments made after the death of the annuitant.

This authorization will remain in effect until written notice of a change of account, or termination, is delivered to Athene Annuity & Life Assurance Company in a timely manner, so as to afford the company an opportunity to act thereon. (Such requests should be received no less than 10 business days prior to due date of the next payment.) In no event shall a "change" or "termination" request include entries processed prior to receipt of such notice.

Signature of Bank Account Owner	Signature of Co-Bank Account Owner (if applicable)	Date
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### 4. Acknowledgement of Contract Owner(s) (If not the same as the Bank Account Owner)

By signing where indicated below, I hereby acknowledge my approval for Athene Annuity & Life Assurance Company to withdraw funds from the annuity contract, and request that those funds be deposited into the bank account referenced above.

X _____ Signature of Owner	_____ Date
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X _____ Signature of Joint Owner (If applicable)	_____ Date
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