



Athene Annuity & Life Assurance Company
Athene Annuity & Life Assurance Company of New York

1. Contract/Policy Information

Contract/Policy Number	Name of Insured/Annuitant
Name of Owner	Name of Joint Owner (If applicable)

2. Owner Designation

I hereby assign all my right, title and interest of said contract/policy to the new owner and/or contingent owner designated below and vest in the new owner all incidents of ownership and the right to exercise all rights and privileges without my consent.

According to Section 72(e)(3)(c) of the Internal Revenue Code, a change of ownership may be a taxable event. Please contact your tax advisor before making the decision whether or not to change the ownership on your contract/policy.

If ownership is changing to a trust, please submit a copy of the Trust Verification Form and the Other Non-Natural Owner Form.

Joint owners will have right of survivorship unless otherwise designated or stated in your contract.

*****OHIO Customers must also complete the Addendum to Ownership and Beneficiary Change Form*****

Name of New Owner	Relationship to Current Owner	Date of Birth	Social Security No. ()
Street Address	City	State	Zip Code Telephone Number
Mailing Address (If different from above)	City	State	Zip Code
Name of New Joint Owner (If applicable)	Relationship to Current Owner	Date of Birth	Social Security No. ()
Street Address	City	State	Zip Code Telephone Number
Mailing Address (If different from above)	City	State	Zip Code
Name of New Contingent Owner (If applicable-life only)	Relationship to Current Owner	Date of Birth	Social Security No. ()
Street Address	City	State	Zip Code Telephone Number
Mailing Address (If different from above)	City	State	Zip Code

3. Required Signatures

X	Signature of Existing Owner	Date
X	Signature of Existing Owner's Spouse (If resident of Community Property State)	Date
X	Signature of Existing Joint Owner (If applicable)	Date
X	Signature of New Owner (If applicable)	Date
X	Signature of New Joint Owner (If applicable)	Date
X	Signature of New Contingent Owner (If applicable)	Date



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1. Contract/Policy Information

Contract/Policy Number _____ Name of Insured/Annuitant _____
Name of Owner _____ Name of Joint Owner (If applicable) _____

2. Beneficiary Designation

I (we), as Owner(s) revoke any previous designation of beneficiary(ies) and hereby designate the following as the beneficiary(ies). It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any surviving primary beneficiaries, if none survives, proceeds will be paid in equal shares to any surviving contingent beneficiaries.

- If the beneficiary is changing to a trust, please submit a copy of the Trust Verification Form.
- Percentages indicated below must total 100%.

OHIO Customers must also complete the Addendum to Ownership and Beneficiary Change Form

A. PRIMARY BENEFICIARY(IES) Check here if additional designations are attached separately. **NOTE: Each page must be signed and dated.**

Primary Beneficiary Name	Relationship to Owner	Date of Birth	Social Security No.	Percentage

B. CONTINGENT BENEFICIARY(IES) Check here if additional designations are attached separately. **NOTE: Each page must be signed and dated.**

Contingent Beneficiary Name	Relationship to Owner	Date of Birth	Social Security No.	Percentage

Any designation as a class of the children of the Insured shall be construed to mean such lawful (including those living, born later or legally adopted) children of the Insured as shall survive the Insured, unless otherwise limited by me in this request.

3. Required Signatures

A witness (over 18 years of age) must sign for all life insurance beneficiary changes when the owner resides in Massachusetts.

X _____
Signature of Owner Date Printed Name of Witness _____

X _____
Signature of Witness (Required for State of MA) Date Witness Address, City, State, Zip _____

X _____
Signature of Joint Owner (If applicable) Date Printed Name of Witness _____

X _____
Signature of Witness (Required for State of MA) Date Witness Address, City, State, Zip _____

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

X _____
Signature of Witness (Required for State of MA) Date Witness Address, City, State, Zip _____

X _____
Signature of Irrevocable Beneficiary (If applicable) Printed Name of Witness _____

X _____
Signature of Witness (Required for State of MA) Date Witness Address, City, State, Zip _____