



Athene Annuity & Life Assurance Company



**Athene Annuity & Life Assurance Company**

**1. Policy Information**

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 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 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

X

Signature of Witness Date

Printed Name of Witness and Street Address, City, State, Zip

**Athene Annuity & Life Assurance Company**

**1. Policy Information**

_____	_____
Policy Number	Name of Insured/Annuitant
_____	_____
Name of Owner	Name of Joint Owner <i>(If applicable)</i>

**1. 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.

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.

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.

**2. Required Signatures**

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

X _____	Date	_____
Signature of Owner		Printed Name of Witness

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

X _____	Date	_____
Signature of Joint Owner <i>(If applicable)</i>		Printed Name of Witness

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

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

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

X _____	Date	_____
Signature of Irrevocable Beneficiary <i>(If applicable)</i>		Printed Name of Witness

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

## Addendum to Ownership and Beneficiary Change Forms

Policy Number: \_\_\_\_\_

1. Will the Proposed Owner or beneficiary, or any entity on the Proposed Owner's behalf, receive any compensation (whether cash, property, a promise of future payment, a percentage of the death benefit, or otherwise) if this change is made?  Yes  No
  
2. Has the Proposed Owner been involved in any discussion about the possible sale or assignment of this policy or a beneficial interest in a trust, LLC, or other entity created on the owner's behalf?  Yes  No  
If yes, provide details and a copy of the applicable entity's controlling documents.
  
  
  
  
  
  
  
  
  
  
3. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?  Yes  No

I hereby declare that my statements and answers on this form are complete and true. I agree that they will form a part of my contract of insurance in conjunction with the ownership or beneficiary change that accompanies this form.

Date:\_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Current Owner's Signature