



Athene Annuity & Life Assurance Company PO Box 19086 Greenville, SC 29602-9086
Overnight Address: 2000 Wade Hampton Blvd. Greenville, SC 29615-1064

1.800.423.9398 ■ Variable Annuity

1. Contract Information

Contract Number

Name of Annuitant

Name of Contract Owner (If different than Annuitant)

Name of Joint Contract Owner (If applicable)

Address City State Zip Code Telephone Number ()

2. Telephone Transfer Authorization

- I hereby authorize Athene Annuity & Life Assurance Company to accept transfer instructions from me by telephone.
I hereby authorize Athene Annuity & Life Assurance Company to accept telephone transfer instructions related to the above-referenced insurance policy or annuity with the person or persons who can verbally confirm policy information outlined above as well as personal information listed below.

Name Driver's License, SSN. or TIN No. Date of Birth ()
Address City State Zip Code Telephone Number

Name Driver's License, SSN. or TIN No. Date of Birth ()
Address City State Zip Code Telephone Number

Any authorization provided to transfer funds is subject to the terms and provisions in the policy and prospectus. I accept any liability that may occur as a result of any telephone transfer or reallocation and hold Athene Annuity & Life Assurance Company ("the Company") harmless against any loss, cost, or expense rising out of that telephone transfer or reallocation. I understand (a) that this authorization can be terminated by me at any time by supplying written notification to the Company; and (b) that the Company reserves the right, in its sole discretion, to terminate this authorization at any time.

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3. Asset Rebalancing (Program not available if dollar cost averaging is in effect.)

This program permits you to automatically rebalance the values in your subaccounts to return to their original percentage allocations.

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus.

The minimum allowable period to participate in this program is 6 months. The Fixed Account options are not part of the asset rebalancing.

Rebalance portfolios to the original percentages: Monthly Quarterly Semi-Annually Annually

Designated day: _____ (withdrawal will occur on the 15th day of the month or any other day you designate (other than the 29th, 30th, or 31st). If the designated day falls on a non-business day, the transfer will occur the next business day.)

Variable Portfolios:

Invesco Variable Insurance Funds

V.I. Mid Cap Growth Fund	_____ %
V.I. Core Equity	_____ %
V.I. High Yield	_____ %

American Century Investments

VP Income & Growth	_____ %
VP Ultra®	_____ %
VP Value	_____ %

Dreyfus Investment Portfolios

Small Cap Stock Index	_____ %
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Dreyfus Stock Index Fund, Inc.

_____ %

Janus Aspen Series

Overseas	_____ %
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Lazard Retirement Series, Inc.

Lazard Retirement U.S. Small-Mid Cap Equity	_____ %
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Lord Abbett Series Fund, Inc.

Calibrated Dividend Growth Fund	_____ %
Bond Debenture	_____ %
Growth & Income	_____ %
Mid Cap Stock	_____ %

T. Rowe Price Equity Series, Inc.

Blue Chip Growth	_____ %
Equity Income Portfolio-II	_____ %
Health Sciences Portfolio-II	_____ %
Personal Strategy Balanced	_____ %

Vanguard Variable Insurance

VIF Capital Growth	_____ %
VIF Mid-Cap Index	_____ %
VIF REIT Index	_____ %
VIF Small Company Growth	_____ %
VIF Total Bond Market Index	_____ %
VIF Total Stock Market Index	_____ %

Fidelity Variable Insurance Products

Fidelity VIP Contrafund®	_____ %
Fidelity VIP Growth	_____ %
Fidelity VIP Investment Grade Bond	_____ %
Fidelity VIP Mid Cap	_____ %
Fidelity VIP Government Money Market	_____ %
Fidelity VIP Overseas	_____ %

TOTAL	100%
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4. Transfer Request

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus. If you intend to adjust future allocations, section 7 of this form must be completed. You are entitled to make a certain amount of free transfers during a policy year subject to the terms and provisions of the policy and prospectus. Additional transfers can be made at a cost of \$25 each. Minimum transfer amount is \$250 or whole percentages with a total value of more than \$250. A minimum of \$1,000 must remain in either a Variable or Fixed Account I after a transfer. If your request causes the variable portfolio or Fixed Account I to fall below \$1,000, the entire amount will be moved to the transferring fund.

Please see list of funds on page 3

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FROM: VARIABLE PORTFOLIOS
Invesco Variable Insurance Funds

V.I. Mid Cap Growth Fund	\$	or	%
V.I. Core Equity	\$	or	%
V.I. High Yield	\$	or	%

TO: VARIABLE PORTFOLIOS
Invesco Variable Insurance Funds

V.I. Mid Cap Growth Fund	\$	or	%
V.I. Core Equity	\$	or	%
V.I. High Yield	\$	or	%

Fred Alger Management, Inc.

Alger American LargeCap Growth, OS	\$	or	%
Alger American Capital Appreciation, OS	\$	or	%
Alger American MidCap Growth, OS	\$	or	%

American Century Investments

VP Income & Growth	\$	or	%
VP Ultra®	\$	or	%
VP Value	\$	or	%

American Century Investments

VP Income & Growth	\$	or	%
VP Ultra®	\$	or	%
VP Value	\$	or	%

Dreyfus Investment Portfolios

Small Cap Stock Index	\$	or	%
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Dreyfus Stock Index Fund, Inc.

	\$	or	%
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Dreyfus Investment Portfolios

Small Cap Stock Index	\$	or	%
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Dreyfus Stock Index Fund, Inc.

	\$	or	%
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Janus Aspen Series

Overseas	\$	or	%
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Janus Aspen Series

Overseas	\$	or	%
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Lazard Retirement Series, Inc.

Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%
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Lazard Retirement Series, Inc.

Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%
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Lord Abnett Series Fund, Inc.

Calibrated Dividend Growth Fund	\$	or	%
Bond Debenture	\$	or	%
Growth & Income	\$	or	%
Mid Cap Stock	\$	or	%

Lord Abnett Series Fund, Inc.

Calibrated Dividend Growth Fund	\$	or	%
Bond Debenture	\$	or	%
Growth & Income	\$	or	%
Mid Cap Stock	\$	or	%

T. Rowe Price Equity Series, Inc.

Blue Chip Growth	\$	or	%
Equity Income Portfolio-II	\$	or	%
Health Sciences Portfolio-II	\$	or	%
Personal Strategy Balanced	\$	or	%

T. Rowe Price Equity Series, Inc.

Blue Chip Growth	\$	or	%
Equity Income Portfolio-II	\$	or	%
Health Sciences Portfolio-II	\$	or	%
Personal Strategy Balanced	\$	or	%

Vanguard Variable Insurance

VIF Capital Growth	\$	or	%
VIF Mid-Cap Index	\$	or	%
VIF REIT Index	\$	or	%
VIF Small Company Growth	\$	or	%
VIF Total Bond Market Index	\$	or	%
VIF Total Stock Market Index	\$	or	%

Vanguard Variable Insurance

VIF Capital Growth	\$	or	%
VIF Mid-Cap Index	\$	or	%
VIF REIT Index	\$	or	%
VIF Small Company Growth	\$	or	%
VIF Total Bond Market Index	\$	or	%
VIF Total Stock Market Index	\$	or	%

Variable Insurance Products

Fidelity VIP Contrafund®	\$	or	%
Fidelity VIP Growth	\$	or	%
Fidelity VIP Investment Grade Bond	\$	or	%
Fidelity VIP Mid Cap	\$	or	%
Fidelity VIP Government Money Market	\$	or	%
Fidelity VIP Overseas	\$	or	%

Fidelity Variable Insurance Products

Fidelity VIP Contrafund®	\$	or	%
Fidelity VIP Growth	\$	or	%
Fidelity VIP Investment Grade Bond	\$	or	%
Fidelity VIP Mid Cap	\$	or	%
Fidelity VIP Government Money Market	\$	or	%
Fidelity VIP Overseas	\$	or	%

Fixed Account I

	\$	or	%
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Fixed Account I*

	\$	or	%
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TOTAL

	\$		100%
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TOTAL

	\$		100%
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*Fixed Account I – N/A in AL, MA, WA

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5. Interest Sweep

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus.

This program permits you to automatically transfer the interest earned in Fixed Account I* to another subaccount(s). The amounts allocated into dollar cost averaging are excluded from this program.

Transfer interest in Fixed Account I* Monthly Quarterly into the following sub account(s):

		%
		%
TOTAL	100	%

Designated day: _____ (withdrawal will occur on the 15th day of the month or any other day you designate (other than the 29th, 30th, or 31st). If the designated day falls on a non-business day, the transfer will occur the next business day.)

6. Dollar Cost Averaging (Not available if asset rebalancing is in effect)

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus.

Total contract value must be \$10,000 to participate. You must participate in dollar cost averaging for at least 6 or 12 months (please select below). If you participate in dollar cost averaging, you may not select or participate in either an automatic withdrawal or minimum distribution program. Dollar cost averaging automatically terminates if the contract value in the selected transfer portfolio is zero.

Designated Day: _____ (Withdrawal will occur on the 15th day of the month or any other day you designate (other than the 29th, 30th, or 31st). If any designated day is not a business day, the withdrawal will occur the next business day.)

- A. Please elect either 6 month OR 12 month DCA program.
- B. Select Portfolio to transfer FROM one of the following: Money Market Fixed Account I* Other _____
- C. Select the % or \$ amount to be transferred (minimum \$250) _____ % or \$ _____
- D. Indicate total % or \$ amount to be transferred (minimum \$1,500) _____ % or \$ _____

To:

Invesco Variable Insurance Funds

V.I. Mid Cap Growth	\$	or	%
V.I. Core Equity	\$	or	%
V.I. High Yield	\$	or	%

American Century Investments

VP Income & Growth	\$	or	%
VP Ultra®	\$	or	%
VP Value	\$	or	%

Dreyfus Investment Portfolios

Small Cap Stock Index	\$	or	%
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Dreyfus Stock Index Fund, Inc.

	\$	or	%
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Janus Aspen Series

Overseas	\$	or	%
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Lazard Retirement Series, Inc.

Lazard Retirement U.S. Small-Mid Cap Equity	\$	or	%
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Lord Abbett Series Fund, Inc.

Calibrated Dividend Growth Fund	\$	or	%
Bond Debenture	\$	or	%
Growth & Income	\$	or	%
Mid Cap Stock	\$	or	%

T. Rowe Price Equity Series, Inc.

Blue Chip Growth	\$	or	%
Equity Income Portfolio-II	\$	or	%
Health Sciences Portfolio-II	\$	or	%
Personal Strategy Balanced	\$	or	%

Vanguard Variable Insurance

VIF Capital Growth	\$	or	%
VIF Mid-Cap Index	\$	or	%
VIF REIT Index	\$	or	%
VIF Small Company Growth	\$	or	%
VIF Total Bond Market Index	\$	or	%
VIF Total Stock Market Index	\$	or	%

Fidelity Variable Insurance Products

Fidelity VIP Contrafund®	\$	or	%
Fidelity VIP Growth	\$	or	%
Fidelity VIP Investment Grade Bond	\$	or	%
Fidelity VIP Mid Cap	\$	or	%
Fidelity VIP Government Money Market	\$	or	%
Fidelity VIP Overseas	\$	or	%

Total **\$** **100%**

*Not available in AL, MA or WA.

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7. Allocation of Future Premium Payments

If telephone transfer privileges have been authorized, you may select or change this program by calling our service center. This program is subject to the terms and provisions of the policy and prospectus. Allocation must be at least \$1,000 per portfolio selected; and must be in whole percentages totaling 100%.

Variable Portfolios:

Invesco Variable Insurance Funds			T. Rowe Price Equity Series, Inc.	
V.I. Mid Cap Growth Fund	%		Blue Chip Growth	%
V.I. Core Equity	%		Equity Income Portfolio-II	%
V.I. High Yield	%		Health Sciences Portfolio-II	%
			Personal Strategy Balanced	%
American Century Investments			Vanguard Variable Insurance	
VP Income & Growth	%		VIF Capital Growth	%
VP Ultra®	%		VIF Mid-Cap Index	%
VP Value	%		VIF REIT Index	%
			VIF Small Company Growth	%
Dreyfus Investment Portfolios			VIF Total Bond Market Index	%
Small Cap Stock Index	%		VIF Total Stock Market Index	%
Dreyfus Stock Index Fund, Inc.		%	Fidelity Variable Insurance Products	
			Fidelity VIP Contrafund®	%
Janus Aspen Series			Fidelity VIP Growth	%
Overseas	%		Fidelity VIP Investment Grade Bond	%
			Fidelity VIP Mid Cap	%
Lazard Retirement Series, Inc.			Fidelity VIP Government Money Market	%
Lazard Retirement U.S. Small-Mid Cap Equity	%		Fidelity VIP Overseas	%
Lord Abbett Series Fund, Inc.			Fixed I* (\$5,000 Minimum)	
Calibrated Dividend Growth Fund	%			
Bond Debenture	%			
Growth & Income	%			
Mid Cap Stock	%		TOTAL	100%

*Not available in AL, MA or WA.

8. Signature of Owners

I submit this request for the proposed changes with a full and complete understanding of each and every requested change. I hereby request that such changes be made.

X _____
Signature of Owner Date

X _____
Signature of Joint Owner Date

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

Printed Name of Owner's Spouse

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