

Deferred Annuity Claim Form for Individual Beneficiary - Qualified Contract

**Submit completed form to:**

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922

Email: documents@athene.com

Athene Annuity and Life Company

7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

Athene Annuity & Life Assurance Company of New York

Pearl River, NY 10965

Contact us:

Annuity Customer Contact Center - Tel: 888-266-8489

Email: askathene@athene.com

Use this form to request a claim payment for an individual beneficiary (natural person) on a qualified Athene deferred annuity contract. Complete pages 1-7 of this form in their entirety, including appropriate signatures and dates on page 7, and submit with a copy of the certified death certificate showing cause and manner of death.

Note: For other types of beneficiaries, please use the appropriate form below:

Individual Beneficiary - Non-Qualified Contract: Form 22256

Entity Beneficiary: Form 20773

Estate Beneficiary: Form 22306

Trust Beneficiary: Form 22217

1. ANNUITY CONTRACT NUMBERS - This section is required.

List **ALL** annuity contract numbers for which you are claiming the death benefit:

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2. DECEDENT INFORMATION - This section is required.

Complete this section with information about the deceased person.

First Name	Middle Name	Last Name
Date of Birth (mm/dd/yyyy) / /	Date of Death (mm/dd/yyyy) / /	Social Security Number -----

3. BENEFICIARY INFORMATION - This section is required.

If you are the named beneficiary, complete this section with information about yourself. If you are claiming on behalf of the named beneficiary, as a Conservator, Guardian, or Attorney-in-Fact, complete this section with information about the beneficiary and provide your information in Section 8.

In what capacity are you claiming the death benefit?☐ Spouse of decedent☐ **Residents of PA:** Check here if there was a pending divorce at the time of death.☐ Non-Spouse: Your relationship to decedent: _____☐ On behalf of the named beneficiary, as Conservator, Guardian, or Attorney-in-Fact

First Name*	Middle Name*	Last Name*		
Social Security Number* -----		Date of Birth* (mm/dd/yyyy) / /		
Resident Address* (must be a street address)		City*	State*	Zip Code*
Mailing Address (if different than Resident Address)		City	State	Zip Code
Email Address			Telephone Number	

***Required fields**

10034



This form must be signed and dated on page 7.
Pages 1-7 must be completed and returned.

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4. PAYMENT OPTIONS - An election in this section is required.

Consider your options carefully. Refer to the Deferred Annuity Claim Instructions for Individual Beneficiary - Qualified Contract form (17981) for additional information about each option. Be aware that upon distribution of the funds, you will need to include the taxable portion of the distribution in your gross income for tax purposes. You may want to consult your financial or tax professional before making your decision. If you are making elections for multiple contracts, specify the contract number(s) next to each election. **Once your claim has been processed, your Payment Option cannot be changed. To ensure your claim is processed by December 31, all requirements must be received in good order by December 1.**

☐ **A. Lump Sum Payment** - I elect this option for the following contract number(s): _____
This option provides the death claim payment in a single sum paid to you. The taxable portion of the claim payment is reported as taxable income in the year the check is issued. **If it is after December 31 of the year following the date of death, this is the only payment option available.**

☐ **B. Spousal Continuation** - I elect this option for the following contract number(s): _____
This option continues the existing contract in your name and will not be considered a taxable event. This option is only available if your spouse is the deceased and you are the sole beneficiary. This option is not available on an Inherited IRA contract. No death benefit interest will be applied to the contract. If this option is elected, you will need to designate a beneficiary in Section 7.

☐ **C. Transfers** - I elect this option for the following contract number(s): _____
This option allows funds to be moved directly from one account to another, as an external Transfer or Inherited IRA. Athene will only accept a spouse Inherited IRA and will not accept a non-spouse Inherited IRA. Transfer of funds may be internal (for spouse beneficiary only), to a new Athene annuity, or external (for spouse or non-spouse beneficiary), to an account at another company. A beneficiary may want to speak with his or her legal, tax or financial professional prior to making an election.

1. Trustee-to-Trustee Transfer (for spouse beneficiary only)

☐ Internal transfer to a new or existing Athene annuity (if existing contract allows for additional premiums)
☐ Application included ☐ Application to follow
Existing Athene Contract Number: _____

☐ External transfer (transfer paperwork required)
☐ Transfer paperwork included ☐ Transfer paperwork to follow

Required Minimum Distribution (RMD):

☐ Please process decedent's current year RMD prior to the transfer, if applicable

2. Spouse Inherited IRA - (must be processed by December 31 of the year following the date of death)

☐ Internal transfer to a new Athene annuity (application required)
☐ Application included ☐ Application to follow
☐ External transfer (transfer paperwork required)
☐ Transfer paperwork included ☐ Transfer paperwork to follow

Required Minimum Distribution (RMD):

☐ Please process decedent's current year RMD prior to the transfer, if applicable

3. Non-Spouse Inherited IRA

Type of Transfer

☐ External transfer (transfer paperwork required)
☐ Transfer paperwork included ☐ Transfer paperwork to follow

Required Minimum Distribution (RMD):

☐ Please process decedent's current year RMD prior to the transfer, if applicable



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4. PAYMENT OPTIONS - An election in this section is required. (continued)

- ☐ **D. Periodic Payments** - I elect this option for the following contract number(s): _____
- This option provides a series of fixed payments, distributed over your lifetime (for spouse beneficiary only) or a fixed number of years, based on your elections below. Payments must begin no later than December 31 of the year following the date of death. Once payments begin, they cannot be changed. For qualified contracts, (i) a non-spouse beneficiary cannot elect a life payout option or exceed 10-year period certain from the date of death of the original IRA owner; (ii) if you elect a period greater than 10 years, we will default to 10 years.
- Option:** ☐ **Life Only** ☐ **Period Certain** ☐ **Life and Period Certain**
- If no option is elected, we will default to Period Certain.
- Duration:** _____ years
- If no duration, or a duration less than 5 years is elected, we will default to 5 years.
- Frequency:** ☐ **Monthly** ☐ **Quarterly** ☐ **Semi-Annual** ☐ **Annual**
- If no frequency is elected, we will default to Annual.

NOTE: If a payout option is elected, Athene will pay the higher of the base Contract Death Benefit or the Income Rider Account Value (if applicable).

- ☐ **E. Benefit Base Rider Death Benefit** - I elect this option for the following contract numbers(s): _____
- This option provides a Lump Sum of the Benefit Base of the Rider Death Benefit or series of fixed payments distributed over a period not to exceed the Rider Death Benefit Payout Period defined in the annuity contract. If the payout of the Benefit Base is elected, payments must begin no later than December 31 of the year following the date of death.
- ☐ Lump Sum (if applicable)
- ☐ Benefit Base payout in equal periodic payments, up to 5 years (if applicable)
- If the original contract did not include a benefit base rider feature, and one of the above payouts is elected, Athene will default to 5-year period certain.

5. PAYMENT INSTRUCTIONS - Complete this section if you elected Payment Option A or RMD in Option C.

Select where you would like your payment to be sent. If no option is selected, a check will be mailed to the Mailing Address provided in Section 3 of this form. Do not complete this section for a trustee-to-trustee transfer. The check will be mailed to the address provided on the transfer paperwork.

- ☐ A. Mail check to the Mailing Address provided in Section 3.
- ☐ B. Mail check to an alternate address (check cannot be sent to a corporate or commercial institution):

C/O		
Street Address		
City	State	Zip

- ☐ C. Overnight - Send the proceeds via Overnight Mail. I am aware there will be a \$25.00 charge deducted from the payment amount. (This option is not available if mailing check to a Post Office Box.)



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6. TAX WITHHOLDING - Complete this section if you elected Payment Options A, RMD in Option C, D or E.

Withholding Notice - Please read this notice prior to making your withholding elections.

Federal Income Tax Withholding Instructions

Complete if electing Payment Option A. Lump Sum Payment or for RMD in Option C.

The lump sum payment is subject to 10% federal income tax withholding. You may elect to not have withholding apply. Withholding will only apply to the portion of your payment included in your income subject to federal income tax. Applicable state income tax will be withheld as appropriate. If you DO NOT make a withholding election, 10% federal income tax will be withheld. Tax withholding elections do not apply to interest accrued from the date of death to the date of payment.

Select one option only:

- ☐ Do not withhold federal income tax from my payment. (Not allowed for qualified retirement plans (other than IRA) or tax-sheltered annuities.)
- ☐ Withhold federal income tax at the default rate of 10%. (For qualified retirement plans (other than IRA) and tax-sheltered annuities, the default rate is 20%)
- ☐ Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding, the IRS requires you submit form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distributions. You can access this form on the IRS.gov website.

Complete if electing Payment Option D. Periodic Payments or Option E. Benefit Base Rider Death Benefit.

Your annuity payments are subject to federal income tax withholding unless you elect to not have withholding apply. Withholding will only apply to the portion of your annuity payment that is subject to federal income tax and will be like wage withholding. You may elect to not have withholding apply. Your election will remain in effect until revoked. You may revoke your election at any time. If you DO NOT make an election, federal income tax will be withheld from the taxable portion of your annuity payments as if you are single with no allowances.

NOTE: Periodic annuity payments for Tax Sheltered Annuities where the period certain period is for less than 10 years, federal tax law requires withholding the mandatory withholding of 20%.

Select one option only:

- ☐ Do not withhold federal income tax from my payment.
- ☐ Withhold federal income tax at the default rate of single with no allowances.
- ☐ Withhold federal income tax based upon the enclosed W-4P or the previously submitted W-4P. To allow for a different rate of withholding other than single with no allowances, the IRS requires you submit form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. You can access this form on the IRS.gov website. Once a W-4P is submitted, it will apply to all future payments unless you submit a new W-4P.

State Income Tax Withholding Instructions (select one option only):

Depending on the type of payment option elected, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election or if your state requires a greater amount of state withholding than what has been elected below, we will withhold at the rate specified by your state of residence. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state. Your state tax withholding will be determined based on the resident address provided in Section 3.

- ☐ Do not withhold state income tax from my payments.
- ☐ Withhold _____%

NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific tax situation.



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6. TAX WITHHOLDING - Complete this section if you elected Payment Options A, RMD in Option C, D or E.

Foreign Claimants

- If you are not a United States Citizen, we are required to withhold up to 30% of the benefit payable to you.
- A special withholding rule may exist if you are a citizen of, and reside in, a country with which the United States has an income tax treaty. A list of treaty countries is provided in IRS Publication 901 (United States Tax Treaties) which can be obtained from the IRS Website at www.IRS.gov.
- In order for us to determine if a lower treaty rate is available, your United States Taxpayer Identification Number (TIN) must be provided on a completed and signed IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding). If an IRS Form W-8BEN has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable to you.
- If you do not have a United States TIN, one can be obtained from the Internal Revenue Service by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number). Note: The Company does not facilitate the beneficiary's application for a TIN. Please do not return IRS Form W-7 to our office.

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7. NEW BENEFICIARY ELECTION - Complete this section if you elected Payment Options B, D or E.

Percentages for all beneficiaries must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. If a new beneficiary is not elected, we will default to your estate.

First Name*	Middle Name*	Last Name*	Trust or Company Name*	
Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	Social Security Number/Tax Id Number* -----	Date of Birth* (mm/dd/yyyy) / /	
Street Address		City	State	Zip
Telephone Number	Relationship to Claimant*		Email Address	

First Name*	Middle Name*	Last Name*	Trust or Company Name*	
Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	Social Security Number/Tax Id Number* -----	Date of Birth* (mm/dd/yyyy) / /	
Street Address		City	State	Zip
Telephone Number	Relationship to Claimant*		Email Address	

First Name*	Middle Name*	Last Name*	Trust or Company Name*	
Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	Social Security Number/Tax Id Number* -----	Date of Birth* (mm/dd/yyyy) / /	
Street Address		City	State	Zip
Telephone Number	Relationship to Claimant*		Email Address	

First Name*	Middle Name*	Last Name*	Trust or Company Name*	
Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	Social Security Number/Tax Id Number* -----	Date of Birth* (mm/dd/yyyy) / /	
Street Address		City	State	Zip
Telephone Number	Relationship to Claimant*		Email Address	

*Required fields

You may also use additional blank pages completed with beneficiary information. Each blank page must be signed and dated, labeled with the word "Attachment," and include the contract number and all required beneficiary information.

☐ Check this box if you need more space and have attached additional pages to your form.



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8. AUTHORIZATION AND SIGNATURE(S) - This section is required.

Please sign and date below. If you do not sign and date this page, processing of your claim will be delayed.

By signing below, I acknowledge:

- I have read this form in its entirety and the information provided on pages 1-7 is complete and accurate to the best of my knowledge.
- I have read the applicable State Fraud Notice on pages 8-9.

FRAUD WARNING STATEMENT	IRS CERTIFICATION
Residents of NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.	<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none">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), and2. 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, and3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and4. 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):_____. <p>(FATCA reporting codes can be found in the General Instructions on 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.</p> <p>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 tax return.</p> <p>The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.</p>

Signature of Beneficiary/Claimant*		Signature Date* (mm/dd/yyyy)	
X		/ /	
First Name of Beneficiary/Claimant (please print)*	Middle Name*	Last Name*	

If you are signing on behalf of the beneficiary, check one of the boxes to indicate the capacity in which you are signing and provide documentation (e.g. Power of Attorney documents, court appointment paperwork, etc.) to verify your authorization.

☐ Conservator ☐ Guardian ☐ Power of Attorney

Signature*		Signature Date* (mm/dd/yyyy)	
X		/ /	
First Name* (please print)	Middle Name*	Last Name*	
Title* (please print)			
Address*	City*	State*	Zip Code*
Email Address		Telephone Number	

***Required fields**



Deferred Annuity Claim Form for Individual Beneficiary - Qualified Contract



9. FRAUD NOTICE (Page 1 of 2)

Important: This is part of the request form. Please review the applicable fraud notice for your state below.

All states (except as noted below): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of AK: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Residents of AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

Residents of AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Residents of CA: For your protection, California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Residents of CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or producer of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Residents of DC: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of DE, ID, IN, OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony.

Residents of FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Residents of KY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Residents of MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Residents of MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Residents of NH: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. §638:20.



Deferred Annuity Claim Form for Individual Beneficiary - Qualified Contract



9. FRAUD NOTICE (Page 2 of 2)

Important: This is part of the request form. Please review the applicable fraud notice for your state below.

Residents of NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Residents of NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Residents of OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Residents of OR: Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit, or knowingly presents materially false information in an application for insurance, may be guilty of a crime and may be subject to fines and confinement in prison, depending on state law.

Residents of PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Residents of PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss of any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Residents of RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



Deferred Annuity Claim Instructions For Individual Beneficiary - Qualified Contract



Submit completed form to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922
Email: documents@athene.com

Athene Annuity and Life Company

7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

Athene Annuity & Life Assurance Company of New York

Pearl River, NY 10965

Contact us:

Annuity Customer Contact Center - Tel: 888-266-8489
Email: askathene@athene.com

Use these instructions to ensure you have included all appropriate documents and completed your claim form accurately and completely before submitting your claim. Submit pages 1-7 of the claim form along with all required documents. These instructions do not need to be returned with your claim form. Unclear or incomplete information or missing documents may delay your claim.

Note: For other types of beneficiaries, please use the appropriate form below:

Individual Beneficiary - Non-Qualified Contract: Form 22256

Entity Beneficiary: Form 20773

Estate Beneficiary: Form 22306

Trust Beneficiary: Form 22217

REQUIRED DOCUMENTS

- Deferred Annuity Claim Form for Individual Beneficiary - Qualified Contract (10034)
 - Complete and return pages 1-7. Sign and date page 7, using today's date.
 - If there is more than one beneficiary, a separate claim form is required for each beneficiary.
- Copy of Death Certificate showing cause and manner of death
 - If the Death Certificate is issued in Florida, the long form showing cause and manner of death must be submitted.

ADDITIONAL DOCUMENTS - May be required.

- **Power of Attorney for the Beneficiary** - A copy of the Power of Attorney document
- **Conservator or Guardian for the Beneficiary** - Court paperwork showing appointment of conservator or guardian
- **Minor Beneficiary** - Court paperwork showing appointment of conservator or guardian of minor's estate (required even if a parent). If the beneficiary qualifies under UTMA, a notarized affidavit showing custodianship may be submitted.
- **Beneficiary Name Change** - Proof of the name change, such as marriage certificate, divorce decree, or other court document showing the name change
- **Deceased Beneficiary** - Copy of Death Certificate for the beneficiary. If the deceased beneficiary was designated "Per Stirpes," an Affidavit of Heirship (18376) is required.
- **Beneficiary Designation of All Children** - Affidavit for Payment to Surviving Children (80568). This form must list all children and be notarized. If there are multiple children only one Affidavit is required.
- **Beneficiary is a Former Spouse** - Copy of the divorce decree and marital settlement agreement
- **Funeral Home Assignment** - Instructions, signed and dated by the claimant, indicating the dollar amount assigned to the funeral home and the payee and address to be listed on the check. (The claimant is still responsible for taxes on the amount assigned to the funeral home.)
- **Foreign Beneficiary** - A completed and signed IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding) is required in order to institute a lower tax treaty rate. If an IRS Form W-8BEN has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable.
- **Foreign Death** - If the deceased passed away outside of the U.S., a Consular Report of Death of a U.S. Citizen Abroad from the Bureau of Consular Affairs

GENERAL

- Complete all applicable sections of your claim form clearly and entirely. Required fields are indicated with asterisks (*).
- When faxing your claim form, be sure to fax both sides of each page.
- Claim information may only be released to the beneficiary or an authorized representative of the beneficiary. To authorize a third party to receive information about your claim, call our Customer Contact Center.
- All claims will be paid in U.S. currency.
- If systematic withdrawals were paid after the date of death, by signing the claim form you agree to leave the funds as distributed. If you do not agree with the distribution of these funds, please contact our office.



Deferred Annuity Claim Instructions For Individual Beneficiary - Qualified Contract



1. ANNUITY CONTRACT NUMBERS - This section is required.

- List **all** qualified annuity contract numbers for which you are claiming the death benefit.

2. DECEDENT INFORMATION - This section is required.

- Complete this section with information about the deceased person.

3. BENEFICIARY INFORMATION - This section is required.

- Complete all required fields (*) in their entirety.
- If you are the named beneficiary, complete this section with information about yourself.
- If you are claiming on behalf of the named beneficiary, as a Conservator, Guardian, or Attorney-in-Fact, complete this section with information about the beneficiary and provide your information in Section 8.

4. PAYMENT OPTIONS - An election in this section is required.

- Consider your options carefully. Be aware that upon distribution of the funds, you will need to include the taxable portion of the distribution in your gross income for tax purposes. You may want to consult your financial or tax advisor before making your decision.
- Complete all required fields (*) in their entirety. Failure to provide a Social Security Number and Date of Birth may delay your claim.
- You may select only one payment option for each contract listed in Section 1. If you are making elections for multiple contracts, specify the contract number(s) next to each election.
- **To ensure your claim is processed by December 31, all requirements must be received in good order by December 1.**
- **Once your claim has been processed, your Payment Option cannot be changed.**

A. **Lump Sum Payment** - This option provides the death claim payment in a single sum paid to you. The taxable portion of the claim payment is reported as taxable income in the year the check is issued. **If it is after December 31 of the year following the date of death, this is the only payment option available.**

B. **Spousal Continuation** - This option continues the existing contract in your name and will not be considered a taxable event. This option is only available if your spouse is the deceased and you are the sole beneficiary. No death benefit interest will be applied to the contract. This option is not available on an Inherited IRA contract. If this option is elected, you will need to designate a beneficiary in Section 7.

C. **Transfers** - This option allows funds to be moved directly from one account to another, as an external Transfer or Inherited IRA. Athene will only accept a spouse Inherited IRA and will not accept a non-spouse Inherited IRA. Transfer of funds may be internal (for spouse beneficiary only), to a new Athene annuity, or external to an account at another company. A beneficiary may want to speak with his or her legal, tax or financial professional prior to making an election.

- Option 1 - Trustee-to-Trustee Transfer (for spouse beneficiary only)
 - Internal transfer to a new or existing Athene annuity
 - External transfer (transfer paperwork required)
- Option 2 - Spouse Inherited IRA (must be processed by December 31 of the year following the date of death)
 - Internal transfer to a new Athene annuity (application required)
 - External transfer (transfer paperwork required)
- Option 3 - Non-Spouse Inherited IRA
 - External transfer (transfer paperwork required)

• **Required Minimum Distribution (RMD):**

- Elect if a Required Minimum Distribution (RMD) should be processed for the decedent prior to the transfer.
- If the decedent had reached his or her Required Beginning Date and had not yet taken their Required Minimum Distribution (RMD), the beneficiary/claimant is required to satisfy the RMD amount by December 31 of the year of death.
- **If you have any questions regarding Required Minimum Distributions, please consult your tax professional.**



Deferred Annuity Claim Instructions For Individual Beneficiary - Qualified Contract



4. PAYMENT OPTIONS - An election in this section is required. (continued)

D. **Periodic Payments** - This option provides a series of fixed payments, distributed over your lifetime (if spouse beneficiary) or a fixed number of years, based on your elections below. Payments must begin no later than December 31 of the year following the date of death. Once payments begin, they cannot be changed. For qualified contracts, (i) a non-spouse beneficiary cannot elect a life payout option or exceed 10-year period certain from the date of death of the original IRA owner; (ii) if you elect a period greater than 10 years, we will default to 10 years.

- Elect only one option. If no option is elected, we will default to a 5-Year Period Certain with annual payments.
 - **Life Only** - Your payment amount is calculated based on your life expectancy. Payments will continue as long as you are living and cease at your death. Upon your death, no proceeds will be payable to a beneficiary.
 - **Period Certain** - You may elect a specific number of years to receive payments. Your payment amount is calculated based on the duration elected. You may designate a beneficiary to receive payments upon your death, if it is within the Period Certain timeframe. If a beneficiary is not designated, any remaining payments will be made to your estate.
 - **Life and Period Certain** - Payments will continue for the greater of your life or the specified duration. Your payment amount is calculated based on both your life expectancy and the duration elected. You may designate a beneficiary to receive payments upon your death, if it is within the Period Certain timeframe. If a beneficiary is not designated, any remaining payments will be made to your estate.
- If you elected the Period Certain or Life and Period Certain option, enter a duration of 5 years or more. If no duration, or a duration less than 5 years is entered, we will default to 5 years.
- For qualified contracts, a non-spouse beneficiary cannot elect a life payout option or exceed 10-year period certain from the date of death of the original IRA owner. If you elect a period greater than 10 years, we will default to 10 years.
- The maximum number of years allowed for Period Certain is 30. The maximum number of years allowed for Life and Period Certain is 20.
- Elect only one Frequency. If no Frequency is elected, we will default to Annual.

NOTE: If a payout option is elected, Athene will pay the higher of the base Contract Death Benefit or the Income Rider Account Value (if applicable).

E. **Benefit Base Rider Death Benefit** - This option provides a Lump Sum of the Benefit Base of the Rider Death Benefit or series of fixed payments distributed over a period not to exceed the Rider Death Benefit Payout Period defined in the annuity contract. If the payout of the Benefit Base is elected, payments must begin no later than December 31 of the year following the date of death. Not available for all contracts.

5. PAYMENT INSTRUCTIONS - Complete this section if you elected Payment Option A or RMD in Option C.

- Select where you would like your payment to be sent. If no option is selected, your payment will be mailed to the Mailing Address provided in Section 3 of this form.
- Do not complete this section if you elected an Inherited IRA or Trustee to Trustee transfer. The check will be mailed to the address provided on the transfer paperwork.
- To request your claim payment to be mailed overnight, check the box in Option C. A charge of \$25.00 will be deducted from the payment amount. (This option is not available if mailing check to a Post Office Box.)



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6. TAX WITHHOLDING - Complete this section if you elected Payment Options A, RMD in Option C, D or E.

Withholding Notice - Please read this notice prior to making your withholding elections.

Federal Income Tax Withholding Instructions

Complete For Option A. Lump Sum Payment or RMD in Option C

- The lump sum payment is subject to 10% federal income tax withholding.
- You may elect to not have withholding apply.
- Withholding will only apply to the portion of your payment included in your income subject to federal income tax.
- Applicable state income tax will be withheld as appropriate.
- If you DO NOT make a withholding election, 10% federal income tax will be withheld.
- Tax withholding elections do not apply to interest accrued from the date of death to the date of payment.

Federal Tax Withholding Options (select one option only):

- Do not withhold federal income tax from my payment. (Not allowed for qualified retirement plans (other than IRA) or tax-sheltered annuities.)
- Withhold federal income tax at the default rate of 10%. (For qualified retirement plans (other than IRA) and tax-sheltered annuities, the default rate is 20%)
- Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding, the IRS requires you submit form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distributions. You can access this form on the IRS.gov website.

Complete if electing Payment Option D. Periodic Payments or E. Benefit Base Rider Death Benefit.

- Your annuity payments are subject to federal income tax withholding unless you elect to not have withholding apply.
- Withholding will only apply to the portion of your annuity payment that is subject to federal income tax and will be like wage withholding.
- You may elect to not have withholding apply.
- Your election will remain in effect until revoked.
- You may revoke your election at any time.
- If you DO NOT make an election, federal income tax will be withheld from the taxable portion of your annuity payments as if you are single with no allowances.

NOTE: Periodic annuity payments for Tax Sheltered Annuities where the period certain period is for less than 10 years, federal tax law requires withholding the mandatory withholding of 20%.

Federal Tax Withholding Options (select one option only):

- Do not withhold federal income tax from my payment.
- Withhold federal income tax at the default rate of single with no allowances.
- Withhold federal income tax based upon the enclosed W-4P or the previously submitted W-4P. To allow for a different rate of withholding other than single with no allowances, the IRS requires you submit form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. You can access this form on the IRS.gov website. Once a W-4P is submitted, it will apply to all future payments unless you submit a new W-4P.

State Income Tax Withholding Instructions (select one option only):

Depending on the type of payment option elected, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election or if your state requires a greater amount of state withholding than what has been elected below, we will withhold at the rate specified by your state of residence. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state. Your state tax withholding will be determined based on the resident address provided in Section 3.

- Do not withhold state income tax from my payments.
- Withhold _____%

NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific tax situation.



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6. TAX WITHHOLDING - Complete this section if you elected Payment Options A, RMD in Option C, D or E.

Foreign Claimants

- If you are not a United States Citizen, we are required to withhold up to 30% of the benefit payable to you.
- A special withholding rule may exist if you are a citizen of, and reside in, a country with which the United States has an income tax treaty. A list of treaty countries is provided in IRS Publication 901 (United States Tax Treaties) which can be obtained from the IRS Website at www.irs.gov.
- In order for us to determine if a lower treaty rate is available, your United States Taxpayer Identification Number (TIN) must be provided on a completed and signed IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding). If an IRS Form W-8BEN has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable to you.
- If you do not have a United States TIN, one can be obtained from the Internal Revenue Service by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number). Note: The Company does not facilitate the beneficiary's application for a TIN. Please do not return IRS Form W-7 to our office.

7. NEW BENEFICIARY ELECTION - Complete this section if you elected Payment Options B, D or E.

- Complete all required fields (*) in their entirety.
- Percentages for all beneficiaries must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.
- If a new beneficiary is not elected, we will default to your estate.
- **Relationship to Claimant** - If you are completing this form as the named beneficiary, complete this field with the new beneficiary's relationship to you. If you are completing this form as a Conservator, Guardian, or Attorney-in-Fact, complete this field with the new beneficiary's relationship to person named in Section 3 of this form.
- You may also use additional blank pages completed with beneficiary information. Each blank page must be signed and dated, labeled with the word "Attachment," and provide the contract number and all required beneficiary information, including full name, primary/contingent designation, percentage, Social Security/Tax Identification Number, and date of birth.
- **If you elected Option C, and are doing an internal transfer to a new Athene Annuity, provide your new beneficiary election on the application, rather than this claim form.**

8. AUTHORIZATION AND SIGNATURES - This section is required.

- If you are the named beneficiary, sign your name, enter today's date, and print your name below your signature.
- If you are claiming on behalf the named beneficiary, as a Conservator, Guardian, or Attorney-in-Fact, check the appropriate box to indicate the capacity in which you are signing. Then sign your name, enter today's date, print your name and title below your signature, and provide your address, email address, and telephone number.

If you are signing as...

- **Conservator** - Example: "John Smith, Conservator"
- **Guardian** - All acting guardians must sign. Example: "John Smith, Guardian"
- **Attorney-in-Fact** - Example: "John Smith, Attorney-in-Fact"
- **UGMA/UTMA** - Example: "John Smith, Custodian Under [State] UTMA/UGMA"

9. FRAUD NOTICE

- Read the applicable fraud notice for your state before submitting your claim.

