

Authorization For Direct Deposit Into Bank Account

Electronic Funds Transfer (EFT) ACH Credits



Mail or fax completed form to:
 P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866 709 3922

Athene Annuity and Life Company
 7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

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

Athene Annuity & Life Assurance Company of New York
 Pearl River, NY 10965

INSTRUCTIONS

This form is used to request a transfer of funds from your policy/contract into your bank account.

ELECTRONIC FUNDS TRANSFERS ARE NOT AVAILABLE FOR ALL POLICIES/CONTRACTS. If EFT is not available for your account we will continue to pay you by check. To expedite your request, your first withdrawal may be sent to you via check.

1. INFORMATION ABOUT THE OWNER/PAYEE

First Name	M.I.	Last Name	Suffix		
Policy / Contract Number(s)		Personal Phone () -	Business Phone () -		
Mailing Address <input type="checkbox"/> Address Change Requested	City	State	Zip	Country	
Street Address (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country	
Social Security Number (last four digits) X X X - X X -	Date of Birth (mm/dd/yyyy) / /	Email Address			

2. BANK INFORMATION

To provide faster access to your money, we will deposit your money directly in your bank account using Electronic Funds Transfer (EFT). Please provide the following information: **(Note: EFT is not available for all contracts.)**

Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check): □ □ □ □ □ □ □ □ □ □	Account Number (Bottom center of check): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Type of account: (Your name must appear on the account in order to process your request.)

Checking - Please attach a voided check for the listed account. Savings
 (See sample check on page 2 for assistance)

3. YOUR CONFIRMATION

I acknowledge: (1) this request is to remain in effect until Athene receives written notification of termination in such time and in such manner as to afford Athene and the Depository a reasonable opportunity to act on the notification, (2) the date of transfer is when the funds are removed from my policy/contract, not the date the funds are posted into my bank account (It may take 2-3 business days for funds to transfer).

Owner Signature X	Owner's Title (if Trust or Corporation)	Date (mm/dd/yyyy) / /
Joint Owner Signature (if applicable) X	Print Name	Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.

Conservator Guardian Power of Attorney Assignee

Signature (if applicable) X	Print Name	Date (mm/dd/yyyy) / /
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www.atheneannuity.com

If you are unsure about the correct way to complete the form, please reference the following sample check information:

Account Name → Joe Smith
123 Any Street
Any City, US 12345 1234
Date _____

Pay to the order of _____ \$ _____ Dollars

Bank Name → ABC Bank
PO Box 111
Any City, US 11111

Memo _____

:107198557: 1111111 1234

↑ Routing /Transit / ABA No. ↑ Account Number ↑ Check Number

VOID

