

Instructions for Completing the Request for Funds Form



Mail or fax completed form to:

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

Contact us:

Customer Contact Center - Tel: 888-266-8489

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

**BE SURE TO FULLY COMPLETE ALL REQUIRED SECTIONS.
INCOMPLETE INFORMATION WILL CAUSE DELAYS IN TRANSFERRING FUNDS.**

PLEASE NOTE: Some replacing companies require a signature guarantee, a medallion stamp and / or original documents, and will not accept copies. To verify, please contact the replacing company for specific requirements.

Client Information

- This section details information for the Owner(s)/Annuitant(s).
- Owner/Annuitant - Please complete both unless the owner and annuitant are the same. Be sure to provide a correct social security number or tax identification number.
- Joint Owner / Joint Annuitant - If applicable, please complete both unless the owner and annuitant are the same. Be sure to provide a correct social security number or tax identification number.

Account Information

- This section details the information for the existing company, the existing contract and/or account (note that the account type for the existing contract must be completed).
- Phone number - The transfer company's phone number is required for follow-up contact.
- Street Address - An address is required, a street address is preferred.
- Existing Contract / Policy / Account Number - A correct account number is required for all transfers. If there is a separate fund name, this can be listed on the account type line.
- Account Type - Please list account type (i.e. IRA, 403(b), non-qualified) or Name of Fund.

Section 1 - Only for 1035 Exchange

- Complete Section 1 **ONLY**.
- Owner(s) must sign and date this section **ONLY** if transfer is a non-qualified life insurance or non-qualified annuity.
- If the owner(s) lives in a community property state, the spouse's signature is required by the transfer company. Community property states: AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

Section 2 - For all transfers that are NOT 1035 exchanges

- Complete Section 2 **ONLY**.
- Owner(s) must sign and date this section for all qualified plans and any non-qualified plan transfers **OTHER THAN** life insurance.
- If the owner(s) lives in a community property state, the spouse's signature is required by the transfer company. Community property states: AZ, CA, ID, LA, NM, NV, TX, WA, and WI.
- **Full or Partial Liquidation** - Please check the appropriate box for a full or partial liquidation; if partial, please indicate dollar amount or percentage.

Acceptance by Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York - (Page 2, Section 2)

- Please check to indicate which type of account the funds are being transferred INTO.



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Athene.com

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CLIENT INFORMATION

| | | | |
|--|------------------------|--|------------------------|
| Name of Annuitant/Client | Social Security Number | Name of Joint Annuitant (if other than Annuitant) | Social Security Number |
| Name of Owner (if other than Annuitant) | Social Security Number | Name of Joint Owner (if other than Owner) | Social Security Number |

ACCOUNT INFORMATION

| | | | |
|---|---|----------------------------------|-----------|
| Company You Are Transferring From | | Phone Number (Required) | |
| Street Address of Company You Are Transferring From | | City | State Zip |
| Existing Contract/Account Number | Investment Vehicle (i.e., Annuity, Life Insurance, CD, Mutual Fund, Stocks (must be redeemed) etc.) | | |
| Account Type (i.e., IRA, 403(b) or Name of Fund) | | Approx. Amount of Transfer \$ | |
| Does the Ceding Carrier Require Originals or Accept Faxes/E-Mails? <input type="checkbox"/> Originals <input type="checkbox"/> Faxes/E-Mails | | Ceding Carrier Fax Number/E-Mail | |

Statement by Owner(s) to expedite fund transfer

*Note to Original Insurance Company -
Do not attempt to conserve original contracts.*

By selecting this option and signing this Agreement, the Owner(s) requests immediate release of proceeds to Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York without intervention or delay due to internal retention or conservation activity.

Lost Policy Statement

I cannot locate the contract/policy/certificate.

Please complete and return both pages.



COMPLETE SECTION 1 OR SECTION 2 ONLY - RETURN ALL PAGES OF THIS FORM

Request for 1035 Exchange • Non-qualified Insurance or Annuity Contract

Transferring company may require liquidation.

Liquidate account in full. Transfer funds immediately.

Liquidate \$ _____ of my account. Transfer funds on _____.

Liquidate _____% of my account.

I hereby absolutely assign all of my rights, title and interest in and to the above referenced contract to Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York including, but not limited to, the right to surrender, assign, transfer, or change beneficiary.

Section 1035 of the Internal Revenue Code permits certain nontaxable exchanges of insurance and annuity contracts. It is my intention that this transfer qualify as a Section 1035 exchange and that no portion of this exchange be actually or constructively received by me. Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York makes no representation concerning my tax treatment for this transaction and the company has no responsibility nor liability for my tax treatment. I understand the exact amount of the proceeds may vary depending upon the date of transfer, and I agree to execute any additional documents required to complete the transfer.

I understand that the exchange is not complete if the company issuing the contract is unable or unwilling to pay the value of the above referenced contract to Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York within six months of the request for surrender or if said company is placed under the control or supervision of a state insurance department. I request that this transfer be accomplished as quickly as possible. **I am aware of any penalty that may be imposed from an early withdrawal.**

Special Instructions to Transferring Company: Please provide the cost basis information to us.

Owner's Signature _____ Date _____ Joint Owner or Spouse Signature _____ Date _____

The account to which the funds are being transferred is a non-qualified annuity.

All Other Transfer Requests • Authorization to Transfer Funds

Transferring company may require liquidation.

Liquidate account in full. Liquidate Immediately:

Liquidate \$ _____ of my account. Liquidate on: _____.

Liquidate _____% of my account.

Required Minimum Distribution (RMD):

Please process current RMD prior to the transfer, if applicable

I am aware of any penalty that may be imposed from an early withdrawal.

Owner's Signature _____ Date _____ Joint Owner or Spouse Signature _____ Date _____

Special Instructions to Transferring Company:

- DO NOT Transfer Ownership of a Stock to Athene.
- IRAs must be converted to a Roth IRA prior to a Roth IRA to Roth IRA transfer transaction with Athene. You are responsible for issuing the 1099R for the IRA to Roth IRA conversion.

A Signature Guarantee may be required by transferring company. Place Medallion Stamp Here

| | |
|--|--|
| Signature Guarantee By: Name of Bank or Firm | |
| X | |
| Signature of Officer and Title | |
| X | |

