

Beneficiary Change Request



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

Contact us:
 Annuity 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

INSTRUCTIONS

Use this form to make changes to your beneficiary designation.

- To expedite the processing of your request, all pages must be completed and returned.
- Request will not be processed if all required fields are not completed.
- **Use percentages in your designation.** All proceeds must total 100%. If the percentages do not equal 100%, the request will not be accepted. If no percentages are listed, proceeds will be divided equally.
- If you designate a class of beneficiaries (such as Children), list the full names and relationships of the known beneficiaries of that class. Notify us of any changes to that class of beneficiaries.
- Contingent Beneficiaries will receive death benefit proceeds in the event the Primary Beneficiaries predecease the insured/annuitant and if those designations did not include per stirpes.
- If the owner is a Pension Plan, submit a Pension Plan Verification Form (17982), if you have not already done so.
- If the owner is a company, submit a Company, Partnership or Limited Liability Corporation (LLC) Verification Form (19861) and provide a Corporate Resolution or similar document that lists all of the officers and/or individuals authorized to sign on behalf of the company, if you have not already done so. If you are designating a Company, Partnership or Limited Liability Corporation (LLC) as your beneficiary, please submit an updated Company, Partnership or Limited Liability Corporation (LLC) Verification Form (19861) and provide a Corporate Resolution or similar document that lists all of the officers and/or individuals authorized to sign on behalf of the company.
- If the owner is a Trust, submit a Trust Verification Request Form (16541), if you have not already done so. If you are designating a Trust as your beneficiary, signing as a Trustee, or if there have been changes to the Trust, please submit an updated Trust Verification Form (16541).
- If a Trust is designated as beneficiary please use the following format:
 The John J. Smith Trust under agreement dated January 1, 2017.
- “Last Will and Testament” will not be accepted as a beneficiary designation
- The form must be received in the Home Office within 60 days of the signature date. The effective date of the change will be the date the form is received in the Home Office.

NOTE: For life policies with supplemental riders that allow for separate beneficiary designations, complete a Beneficiary Change Request for the Indexed Survivorship Universal Life Supplemental Insured Rider (Form 18185) to make changes to those beneficiaries. If you are making a change to the beneficiary designation on your supplemental rider, be aware those changes apply to LIFE POLICIES only.

1. OWNER INFORMATION

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date			Email Address	
Policy Number(s)			<input type="checkbox"/> Address Change Requested	
Mailing Address	City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country
Social Security / Tax Identification Number	Date of Birth (mm/dd/yyyy) / /		Personal Phone () -	



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2. BENEFICIARY(IES) (Required Information - If this section is blank we will be unable to process your request.)

If additional space is needed, you may copy this page, mark the checkbox at the bottom of the page and return. You may also use additional blank pages labeled "Additional Beneficiaries". Each blank page must be signed by the Owner and dated, labeled with the word "Attachment" and include beneficiary information and policy/contract numbers. Indicate if each named designation is Primary or Contingent.

Individual, Trust or Company Name			Percentage	
			%	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Insured/Annuitant		
Street Address		City	State	Zip
Social Security / Tax Identification Number		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

Individual, Trust or Company Name			Percentage	
			%	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Insured/Annuitant		
Street Address		City	State	Zip
Social Security / Tax Identification Number		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

Individual, Trust or Company Name			Percentage	
			%	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Insured/Annuitant		
Street Address		City	State	Zip
Social Security / Tax Identification Number		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

Individual, Trust or Company Name			Percentage	
			%	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Insured/Annuitant		
Street Address		City	State	Zip
Social Security / Tax Identification Number		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

If you need more space and have attached additional sheets to your form, check this box



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3. BENEFICIARY(IES)

If additional space is needed, you may copy this page, mark the checkbox at the bottom of the page and return. You may also use additional blank pages labeled "Additional Beneficiaries". Each blank page must be signed by the Owner and dated, labeled with the word "Attachment" and include beneficiary information and policy/contract numbers. Indicate if each named designation is Primary or Contingent.

Individual, Trust or Company Name			Percentage %	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Insured/Annuitant		
Street Address		City	State	Zip
Social Security / Tax Identification Number		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

Individual, Trust or Company Name			Percentage %	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Insured/Annuitant		
Street Address		City	State	Zip
Social Security / Tax Identification Number		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

Individual, Trust or Company Name			Percentage %	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Insured/Annuitant		
Street Address		City	State	Zip
Social Security / Tax Identification Number		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

Individual, Trust or Company Name			Percentage %	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Insured/Annuitant		
Street Address		City	State	Zip
Social Security / Tax Identification Number		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

If you need more space and have attached additional sheets to your form, check this box



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4. YOUR CONFIRMATION

By signing below:

- I acknowledge this request is subject to the provisions and conditions of my policy/contract(s) and Athene may request additional information in order for my request to be processed.
- I understand by submitting this document, I revoke any existing beneficiary designations and settlement agreement and request Athene change the beneficiary for the listed policy/contract(s).

Owner Signature X	Date (mm/dd/yyyy) / /
Owner Title (if Trust or Corporation)	
Joint Owner Signature (if applicable) X	Date (mm/dd/yyyy) / /
Other Required Signatures (Irrevocable Beneficiaries, if any) X	Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, 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, 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

Printed Name	
Signature X	Date (mm/dd/yyyy) / /
Witness Signature (Required Only in Massachusetts) X	Date (mm/dd/yyyy) / /

5. SPOUSAL CONSENT

If you live in a Community Property State (AZ, CA, ID, LA, NM, NV, TX, WA and WI), we are required to have Spousal Consent to make beneficiary changes to your policy/contract(s). This form will be returned if this section is not complete.

If you do not have a spouse, or if your spouse is deceased and you have not remarried, check this box.

By signing this form, I consent to the designation of the beneficiary(ies) listed above. I understand and agree:

- The effect of this designation is to cause some or all of my spouse's death benefit to be paid to a beneficiary other than me;
- Each beneficiary designation is valid; and
- My consent is irrevocable unless my spouse revokes the beneficiary designation(s).

Spouse Signature X	Date (mm/dd/yyyy) / /
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