

Joint Annuitant Assumption Form



www.atheneannuity.com

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

Nyack, NY 10960

INSTRUCTIONS

This form is used by the surviving Joint Annuitant to assume contracts at the death of one of the Joint Annuitants.

1. ANNUITY CONTRACT NUMBERS

List all of the annuity contract numbers for which you are claiming the death benefit:

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2. INFORMATION ABOUT THE DECEASED

Deceased Name		Also Known As (if applicable)
Date of Birth (mm/dd/yy) / /	Date of Death (mm/dd/yy) / /	Social Security Number
Cause of Death:		

3. ANNUITANT INFORMATION

Surviving Joint Annuitant's Name			
Date of Birth (mm/dd/yy) / /	Social Security Number		Email Address
Daytime Telephone	Evening Telephone	Relationship to Deceased	
Address	City	State	Zip

4. REQUIRED SIGNATURES

The undersigned hereby acknowledges that the information provided above is true, correct and complete.

Joint Annuitant Signature	Joint Annuitant Name (Please Print)	Date (mm/dd/yy) / /
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