

Income Rider Withdrawal and Service Request for Income Edge, LifetimePaySM, Income Edge Plus, and LifetimePaySM Plus



Athene.com

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:

Customer Contact Center - Tel: 888-266-8489

Athene Annuity & Life Assurance Company of New York

Pearl River, NY 10965

INSTRUCTIONS

- Use this form to start, suspend or reactivate payments under the Income Rider of your contract or to terminate your Income Rider.
- By electing to receive Income Withdrawals under the terms of your contract, your Income Account Value will no longer be credited with additional interest and will be decreased by any withdrawals.
- You may stop your Income Withdrawals at any time by submitting this form or a written request.
- To activate the Confinement Benefit under this rider, additional forms will be required. Contact us to request the confinement packet which includes Form 55424, Attending Physician's Statement.

1. OWNER INFORMATION

Individual, Trustee or Company Name					
If Trust, list Trust Name and Trust Date					
Contract 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 Number / TIN		Date of Birth (mm/dd/yyyy) / /		Personal Phone () -	

* For your protection, confirmation of your address change will be sent to you prior to processing this request.

2. START PAYMENTS

PAYMENT OPTIONS: Must select 1 option from each of the following 3 sections.

Amount:	<input type="checkbox"/> Maximum Available	
	<input type="checkbox"/> Specified Gross Amount (not to exceed Maximum Available) \$	(provide amount in box)
	<input type="checkbox"/> Confinement Benefit (Additional forms are required to process a request for the Confinement Benefit.) NOTE: This Benefit is NOT available on all products, please check your contract.	
Payments:	<input type="checkbox"/> Life	
	<input type="checkbox"/> Income	
Frequency:	<input type="checkbox"/> Annual	
	<input type="checkbox"/> Semi-Annual	
	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Monthly		
Please process my payments on / / (mm/dd/yyyy)		
<i>Not all dates are available for all contracts. If your desired payment date is not available we will set your payment to the next available date. Requests for payment after the 28th of the month will be processed on the 28th.</i>		



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3. YOUR DIRECT DEPOSIT

To provide faster access to your money, we will deposit your money directly in your bank account using electronic funds transfer (EFT). 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): <div style="display: flex; justify-content: space-around;"> </div>	Account Number (Bottom center of check): <div style="display: flex; justify-content: space-around;"> </div>
Type of account: <input type="checkbox"/> Checking - Attach a voided check for the listed account. <input type="checkbox"/> Savings Your name must appear on the account in order to process your request.	<p>The diagram shows a check with a large 'VOID' watermark. Labels with arrows point to: Account Name (top left), Bank Name (middle left), Routing /Transit / ABA No. (bottom left), Account Number (bottom center), and Check Number (bottom right). The check text includes: Joe Smith, 123 Any Street, Any City, US 12345; Pay to the order of _____ \$ _____ Dollars; ABC Bank, PO Box 111, Any City, US 11111; Memo: :107198557: 1111111 1234.</p>

NOTE: You must have an EFT already on file to receive your first disbursement by EFT. Otherwise, you will receive a check. Once we process your EFT request, all future funds can be distributed by EFT. EFT is not available for all contracts. If it is not available for your contract we will continue to pay you by check. 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 contract, not the date the funds are posted into my bank account (It may take 2-3 business days for funds to transfer).

TAX WITHHOLDING: Please select from the options below. If you do not select an option we will withhold 10% federal income tax.

- Do not withhold Federal or State income taxes from my payment
- Withhold % or \$ Federal income tax from my payment
- Withhold % or \$ State income tax from my payment

NOTE: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the withdrawal. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If you choose to withhold federal income tax, we may also be required to withhold state income tax. We recommend you consult your personal tax advisor regarding your specific tax situation.

STRATEGY ALLOCATIONS: choose how you would like your payments to be taken from your strategies. If you do not specify a strategy or strategies to withdraw from, the payment will default according to contract specifications.

NOTE: This option is not available on all contracts. Please check your contract regarding your ability to choose which strategies to take your withdrawal from.

- Contract Default
- Other - please specify below



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4. SUSPEND PAYMENTS

Suspend my current payments: (Choose one of the following options)

Immediately Effective (mm/dd/yyyy).

NOTE: You may suspend your Lifetime Income Withdrawals at any time using this form or by submitting a written request. Suspending your payments will **NOT** restart the crediting of additional interest to your Income Account Value.

5. REACTIVATE PAYMENTS

Please reactivate my payments: (Choose one of the following options)

Immediately

Effective (mm/dd/yyyy).

NOTE: All of your payment options will remain as originally selected.

6. TERMINATION OF RIDER

I wish to terminate the Income Rider from my contract effective immediately.

NOTE: The Income Rider can only be terminated under the terms specified in your contract. Once the Income Rider has been terminated, you may NOT re-elect it and it cannot be reinstated by the Company. There will be no further payments made or premium due for the rider once it is terminated.



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7. YOUR CONFIRMATION

NOTE: this form must be received by the Company within 60 days of the signature date.

I understand that this withdrawal is subject to any applicable surrender or withdrawal charges as defined in the contract.

IRS CERTIFICATION

Under penalties of perjury, I certify that:

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), and
2. 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, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. 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): _____. (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.

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.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Owner's Signature X	Owner's Title (if corporation or trust)	Signature Date (mm/dd/yyyy) / /
Joint Owner's Signature X	Joint Owner Name (please print)	Signature Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, print your name and provide your signature below and check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request that verifies your authorization to act on behalf of the owner, if you have not sent this documentation to us previously.

- Conservator
 Guardian
 Power of Attorney
 Assignee

Signature X	Signature Date (mm/dd/yyyy) / /
Print Name	

