

Income Rider Withdrawal and Service Request
 BPA**Select**[™], Balanced**Allocation**[®] Annuity and
 Balanced**Choice**[™] Annuity, Balanced**Choice**[™] Annuity Elevate,
 BCA 2.0 and Athene Velocity



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

INSTRUCTIONS

- Use this form to start, suspend or reactivate payments under the Income Rider of your contract or to terminate your Income Rider.
- 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 | | | Email Address | |
| 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 from each of the 4 sections below.

NOTE: By electing to receive Lifetime Income Withdrawals, pursuant to the terms of your contract, your Income Base will no longer be credited with additional interest and will be decreased by any withdrawals.

| | | |
|------------------|---|--|
| Amount: | <input type="checkbox"/> Maximum Lifetime Available | |
| | <input type="checkbox"/> Specified Gross Amount (not to exceed Maximum Available) \$ | <input type="text"/> (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. | |
| Based on: | <input type="checkbox"/> Single Life | |
| | (If Joint Annuitants are listed, which person?) <input type="text"/> | |
| | <input type="checkbox"/> Joint Life (If your contract does not have a Joint Annuitant, please provide information about your spouse.) | |
| | <input type="text"/> Spouse Name | <input type="text"/> Date of Birth (mm/dd/yyyy) / / |



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2. **START PAYMENTS** (Continued from Page 1)

| | |
|-------------------|--|
| Payments: | <input type="checkbox"/> Level <input type="checkbox"/> Inflation-Indexed <input type="checkbox"/> Earnings-Indexed NOTE: Refer to your contract/rider for an explanation of the available options. |
| Frequency: | <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Please process my payments on <input style="width: 100px; height: 20px;" type="text"/> (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> |

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): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Account Number (Bottom center of check): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| 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. | <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>Account Name →</div> <div>Joe Smith 123 Any Street Any City, US 12345</div> <div>1234 Date _____</div> </div> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">VOID</div> <div style="display: flex; justify-content: space-between;"> <div>Bank Name →</div> <div>ABC Bank PO Box 111 Any City, US 11111</div> <div>_____ \$ Dollars</div> </div> <div style="margin-top: 10px;"> Memo: :107198557: 1111111 1234 <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">↑ Routing /Transit / ABA No.</div> <div style="text-align: center;">↑ Account Number</div> <div style="text-align: center;">↑ Check Number</div> </div> </div> </div> |

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).



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TAX WITHHOLDING: The taxable portion of certain payments are subject to income tax withholding. You may elect to have NO withholding or you may elect a higher rate. If you do not make a withholding election or, if elected, do not indicate a percentage or amount, 10% will be withheld for federal income tax. Applicable state income tax will also be withheld as appropriate.

Select from the options below:

- 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.

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 Base.

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 Income Rider 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.





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 | |

