Surrender Request for Annuity Contracts

ATHENE®

Athene.com

Submit completed form to:
P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922
Email: documents@athene.com

Contact us:
Annuity Customer Contact Center: 888-266-8489
Email: askathene@athene.com

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 request the full surrender value of your contract. If your intention is to have these funds sent to another company, DO NOT COMPLETE THIS FORM. Please contact your agent or the company that will receive the funds for the appropriate transfer forms.

NOTE: We may not be able to reinstate your contract after surrender. Please make sure to check with us for more information regarding reinstatement before sending this form. All values of your contract will be recalculated on the date the surrender is processed and may vary from the current value.

1. OWNER INFORMATION

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date		Email Address		
Contract Number(s)		☐ 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 ( ) -		

* For your protection, confirmation of your address change will be sent to you.

2. YOUR PAYMENT METHOD

Select where you would like your distribution mailed from the options below. The Alternate Address below applies to the OWNER. If this disbursement is a transfer, send in appropriate transfer paperwork. If no option is selected, a check payable to the Owner will be sent to your address of record by regular mail. **NOTE: If no payment method is elected and EFT is on file, payment will be sent to your bank account on file.**

☐ Address of Record OR ☐ Alternate Address:

Street Address		
City	State	Zip

☐ Overnight – Send the proceeds via Overnight Mail to my address of record. I am aware there will be a charge up to $25.00 deducted from the surrender amount. (This is not an option if your address of record is a Post Office Box.)

2.YOUR PAYMENT METHOD (continued)

☐ EFT - For Athene to deposit money directly in your bank account using electronic funds transfer (EFT), please provide your banking information below. Athene will perform bank account validation using third party software and if approved, Athene may contact your financial institution to verify information regarding the banking information and to resolve any problems related to electronic deposits or errors in deposit. The date of the disbursement is when the funds are removed from your contract, not the date the funds are posted to your bank account. It may take 2-3 business days to reach your account. This processing time is dependent on your bank. Weekends and holidays may delay access to your monies, and you can contact your bank for additional information relating to fund access. **(Note: If your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.)**

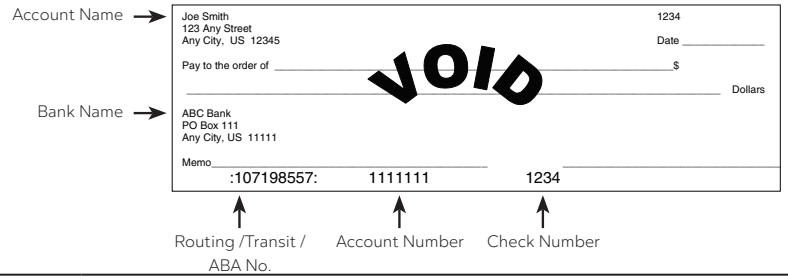
Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check): ☐☐☐☐☐☐☐☐☐	Account Number (Bottom center of check): ☐☐☐☐☐☐☐☐☐☐☐

Type of account:

☐ Checking - A voided/blank check accompanying this form is not required but preferred.

☐ Savings

Your name must appear on the account in order to process your request.



NOTE: Your signature below authorizes Athene to electronically credit or, if necessary, electronically debit your account. If an incorrect amount is deposited this authorizes Athene to direct your bank to debit this account. This authorization will remain in effect until revoked. Direct Deposit requests can only be accepted for U.S. bank accounts. Athene reserves the right to stop EFT should suspicious activity be identified.

3. YOUR TAX WITHHOLDING ELECTION

Federal income tax withholding instructions (select one option only):

The withdrawals you receive from your annuity contract are subject to 10% federal income tax withholding. You may elect to not have withholding apply. Withholding will only apply to the portion of your withdrawal included in your income subject to federal income tax. If you choose to withhold federal income tax, we may also be required to withhold state income tax. If you DO NOT make a withholding election, 10% federal income tax with the applicable state income tax will be withheld as appropriate.

☐ Do not withhold federal income tax from my payment.

☐ Withhold federal income tax at the default rate of 10%.

☐ Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding other than 10%, the IRS requires you submit form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distributions. You can access this form on the IRS.gov website.

3. YOUR TAX WITHHOLDING ELECTION (continued)

State income tax withholding instructions (select one option only):

Depending on the type of withdrawal you receive, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election or if your state requires a greater amount of state withholding than what has been elected below, we will withhold at the rate specified by your state of residence on file until the required state specific form is received by our office. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state.

☐ Do not withhold state income tax from my payments.

☐ Withhold _____% state income tax from my payment.

NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific tax situation.

4. YOUR CONFIRMATION

NOTE: I understand that this withdrawal may be subject to 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)	Date (mm/dd/yyyy) / /
Joint Owner's Signature X	Joint Owner Name (please print)	Date (mm/dd/yy) / /

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

☐ Conservator ☐ Guardian ☐ Power of Attorney

Signature X	Name and Title (please print)	Date (mm/dd/yyyy) / /