

Name Change Request



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
Pearl River, NY 10965

1. INFORMATION ABOUT THE OWNER

First Name	M.I.	Last Name	Suffix		
Policy / Contract Number(s)					
Mailing Address		City	State	Zip	Country
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (last four digits) X X X - X X -		Date of Birth (mm/dd/yyyy) / /		Email Address	
Personal Phone () -	Business Phone () -	<input type="checkbox"/> Address Change Requested (Confirmation of this change will be sent to you prior to processing this request.)			

2. NAME CHANGE

Change the Name Of: Insured/Annuitant Owner Other (Payor): _____

Former Name (Please print)	New Name (Please print)
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Reason for Change: Marriage Divorce Court Order Other: _____

NOTE: For name changes due to marriage, attach a copy of the marriage certificate. For all other name changes, attach the legal supporting documentation.

3. 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.

Owner Signature X	Owner's Title (if Trust or Corporation)	Date (mm/dd/yyyy) / /
Joint Owner Signature (if applicable) X	Print Name	Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, please 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, please 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 Assignee

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