

Life Insurance Claim Form



Athene.com

Submit completed form to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922

Email: documents@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

Contact us:

Annuity Customer Contact Center: 888-266-8489

Email: askathene@athene.com

1. LIFE POLICY NUMBERS

List ALL life policy numbers for which you are claiming the death benefit:

--

2. DECEDENT INFORMATION - This section is required.

First Name	Middle Name	Last Name
Date of Birth (mm/dd/yyyy) / /	Date of Death (mm/dd/yyyy) / /	Social Security - - - - -

☐ An original certified death certificate is attached, showing cause and manner of death. (Required)

3. BENEFICIARY INFORMATION - This section is required. (please print)

First Name*	Middle Name*	Last Name*		
Social Security Number* - - - - -		Date of Birth* (mm/dd/yyyy) / /		
Resident Address* (must be a street address)		City*	State*	Zip Code*
Mailing Address (if different than Resident Address)		City*	State*	Zip Code*
Email Address			Telephone Number	

***Required fields**

NOTE: If you are not a Trustee, skip Section 5.

4. TRUST VERIFICATION - (Complete only if the beneficiary is a Trust.)

Read all verification language before signing and submitting your claim.

I/We, the duly appointed and acting Trustee(s) of the trust named above, hereby certify to Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York ("the Company"), under penalty of perjury, the following:

- The named Trustee(s) have the sole authority to act on behalf of the trust.
- The Company may rely solely on this verification and the information provided for contract administration purposes and the Company has no obligation to investigate the terms of the trust or the authority of the Trustee(s).
- Each and every Trustee is bound by this verification. It is further understood that the Company may rely upon the direction of the named Trustee(s) until the Company receives written notification at its Home Office of a change of Trustee.
- The Trust Agreement containing the terms of the Trust, including the names of the Trustee(s) and the date of the Trust, was formed and domiciled in the United States or one of its Territories and is now in full force and effect.
- The Trustee(s) of the above named trust has/have the authority either by terms of the Trust Agreement or applicable state law to cause the Trust to accept death proceeds as Beneficiary (or Assignee) and to release the Company from any liability in consideration of proceeds being paid.
- This verification replaces in its entirety any and all such prior verifications.



4. TRUST VERIFICATION - (Complete only if the beneficiary is a Trust.) - (continued)

Please be advised the Company reserves the right to request additional documentation, which may include a copy of the Trust documents.

Trust Information: Complete this section with additional information about the Trust.

1.	Original Trust Date*		
2.	Amended Trust Dates (if applicable)		
3.	State Law that Governs the Trust*		
4.	State where Trust is taxable if different than governing state. Athene will default to state Trust is governed in if left blank*		
5.	Signature(s) required by the Trust Agreement to authenticate forms and/or requests on behalf of the Trust:*(check one) <input type="checkbox"/> ANY of the current Trustees, acting alone <input type="checkbox"/> ALL of the current Trustees, acting together (All current trustees must sign and date in Section 9.) <input type="checkbox"/> Other - Explain:		
6.	Names of ALL Current Trustees* (please print)		

***Required fields**
5. CERTIFICATION OF BENEFICIAL OWNER(S) - (Complete if beneficiary is an Entity or Trust)

To help the United States government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners. The following information is required for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding or otherwise controls or owns 25% or more interest in the entity or trust named in Section 3¹. Athene may also require a valid copy of identification (i.e. non-expired governmental identification: driver's license, passport, etc.) for each individual prior to processing claim payments.

☐ Check here if no individual controls or owns 25% or more interest in the entity or trust.

First Name*	Middle Name*	Last Name*	
Date of Birth* (mm/dd/yyyy) / /		Social Security* - -	
Resident Address* (must be a street Address)	City*	State*	Zip Code*
Email Address		Telephone Number	

First Name*	Middle Name*	Last Name*	
Date of Birth* (mm/dd/yyyy) / /		Social Security* - -	
Resident Address* (must be a street Address)	City*	State*	Zip Code*
Email Address		Telephone Number	

Continued on Page 3

5. CERTIFICATION OF BENEFICIAL OWNER(S) - (Complete if beneficiary is an Entity or Trust) - (continued)

First Name*	Middle Name*	Last Name*	
Date of Birth* (mm/dd/yyyy) / /		Social Security* - -	
Resident Address* (must be a street Address)	City*	State*	Zip Code*
Email Address		Telephone Number	

First Name*	Middle Name*	Last Name*	
Date of Birth* (mm/dd/yyyy) / /		Social Security* - -	
Resident Address* (must be a street Address)	City*	State*	Zip Code*
Email Address		Telephone Number	

***Required fields**

¹Foreign Person(s): Please also provide a passport number and country of issuance or other similar identification number, such as an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

6. SETTLEMENT OPTIONS (Elect one Settlement Option only.)

<input type="checkbox"/>	Lump Sum Settlement
<input type="checkbox"/>	Settlement Option - Please complete the <i>My Primary Beneficiary(ies)</i> section if you select this option. By selecting the Settlement Option you are electing to have an annuity set up for you. Please contact our Customer Contact Center to request an illustration. Duration (minimum of 5 years): _____ Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual Option: <input type="checkbox"/> Life <input type="checkbox"/> Certain Period

7. NEW BENEFICIARY ELECTION - (Complete only if you select settlement option above)

Percentages for all beneficiaries must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. If a new beneficiary is not elected, we will default to your estate.

First Name*	Middle Name*	Last Name*	Trust or Company Name*	
Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	Social Security Number/Tax Id Number* -----		Date of Birth* (mm/dd/yyyy) / /
Street Address		City	State	Zip
Telephone Number	Relationship to Claimant*		Email Address	

Continued on Page 4

7. NEW BENEFICIARY ELECTION - (Complete only if you select settlement option above) - (continued)

First Name*	Middle Name*	Last Name*	Trust or Company Name*	
Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	Social Security Number/Tax Id Number* -----		Date of Birth* (mm/dd/yyyy) / /
Street Address		City	State	Zip
Telephone Number	Relationship to Claimant*		Email Address	

First Name*	Middle Name*	Last Name*	Trust or Company Name**	
Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	Social Security Number/Tax Id Number* -----		Date of Birth* (mm/dd/yyyy) / /
Street Address		City	State	Zip
Telephone Number	Relationship to Claimant*		Email Address	

First Name*	Middle Name*	Last Name*	Trust or Company Name*	
Check one* <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage* %	Social Security Number/Tax Id Number* -----		Date of Birth* (mm/dd/yyyy) / /
Street Address		City	State	Zip
Telephone Number	Relationship to Claimant*		Email Address	

***Required fields**

You may also use additional blank pages completed with beneficiary information. Each blank page must be signed and dated, labeled with the word "Attachment," and include the contract number and all required beneficiary information.

☐ Check this box if you need more space and have attached additional pages to your form.

8. FOREIGN CLAIMANTS

- If you are not a United States Citizen, we are required to withhold up to 30% of the benefit payable to you.
- A special withholding rule may exist if you are a citizen of, and reside in, a country with which the United States has an income tax treaty. A list of treaty countries is provided in IRS Publication 901 (United States Tax Treaties) which can be obtained from the IRS Website at www.irs.gov.

Individual Beneficiary

- In order for us to determine if a lower treaty rate is available, your United States Taxpayer Identification Number (TIN) must be provided on a completed and signed IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding). If an IRS Form W-8BEN has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable to you.
- If you do not have a United States TIN, one can be obtained from the Internal Revenue Service by using IRS Form W-7 (Application for IRS Individual Taxpayer Identification Number). Note: The Company does not facilitate the beneficiary's application for a TIN. Please do not return IRS Form W-7 to our office.

8. FOREIGN CLAIMANTS - (continued)**Trust Beneficiary**

- In order for us to determine if a lower tax treaty rate is available, your United States Taxpayer Identification Number (TIN) must be provided on the completed and signed IRS Form W-8IMY (Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding) or W-8BEN-E (Certificate of Status of Beneficial Owner for United States Tax Withholding (Entities)), as applicable to your situation, along with any required supplemental information for the trust beneficiaries required by the IRS. If the appropriate IRS Form(s) W-8 has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable to you.

Entity Beneficiary

- The claim form must be signed by an authorized representative of the organization. A copy of the corporate resolution, bylaws or other documents verifying that signer(s) of the claim form are authorized to act on behalf of the organization must be provided.
- In order for us to determine if a lower tax treaty rate is available, your United States Taxpayer Identification Number (TIN) must be provided on the completed and signed IRS Form W-8IMY (Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding) or W-8BEN-E (Certificate of Status of Beneficial Owner for United States Tax Withholding (Entities)), as applicable to your situation, along with any required supplemental information for the entity's beneficial owners required by the IRS. If the appropriate IRS Form(s) W-8 has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable to you.

Estate Beneficiary

- The claim form must be signed by an authorized representative of the Estate. A copy of the Letters of Appointment of the Executor, Administrator or Personal Representative must be provided.
- In order for us to determine if a lower tax treaty rate is available, your United States Taxpayer Identification Number (TIN) must be provided on the completed and signed IRS Form W-8IMY (Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding) or W-8BEN-E (Certificate of Status of Beneficial Owner for United States Tax Withholding (Entities)), as applicable to your situation, along with any required supplemental information for the estate beneficiaries required by the IRS. If the appropriate IRS Form(s) W-8 has not been received and all other documents necessary to settle the claim have been received, we will proceed with settlement of the claim and withhold 30% of the benefit payable to you.

[THIS SECTION INTENTIONALLY LEFT BLANK]

9. AUTHORIZATION AND SIGNATURE(S) - This section is required**Please sign and date below. If you do not sign and date this page, processing of your claim will be delayed.****By signing below, I acknowledge:**

- I have read this form in its entirety and the information provided on pages 1-6 is complete and accurate to the best of my knowledge.
- I have read the applicable State Fraud Notice on pages 7-8.

FRAUD WARNING STATEMENT	IRS CERTIFICATION
Residents of NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.	<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none">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), and2. 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, and3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and4. 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): _____. <p>(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.</p> <p>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.</p> <p>The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.</p>

Signature of Beneficiary/Claimant*		Signature Date* (mm/dd/yyyy)
X		/ /
First Name of Beneficiary/Claimant (please print)*	Middle Name*	Last Name*

If you are signing on behalf of the beneficiary, check one of the boxes to indicate the capacity in which you are signing and provide documentation (e.g. Power of Attorney documents, court appointment paperwork, etc.) to verify your authorization.

☐ Conservator ☐ Guardian ☐ Power of Attorney

Signature*		Signature Date* (mm/dd/yyyy)
X		/ /
First Name* (please print)	Middle Name*	Last Name*
Title* (please print)		

***Required fields**

★ 1 7 9 6 2 ★

10. FRAUD NOTICE (Page 1 of 2)

Important: This is part of the request form. Please review the applicable fraud notice for your state below.

All states (except as noted below): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of AK: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Residents of AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

Residents of AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Residents of CA: For your protection, California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Residents of CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or producer of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Residents of DC: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of DE, ID, IN, OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony.

Residents of FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Residents of KY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Residents of MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Residents of MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Residents of NH: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. §638:20.

10. FRAUD NOTICE (Page 2 of 2)

Important: This is part of the request form. Please review the applicable fraud notice for your state below.

Residents of NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Residents of NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Residents of OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Residents of OR: Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit, or knowingly presents materially false information in an application for insurance, may be guilty of a crime and may be subject to fines and confinement in prison, depending on state law.

Residents of PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Residents of PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss of any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Residents of RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.