

Income Rider Withdrawal and Service Request for Lifetime Solutions Annuity™



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:

Annuity Customer Contact Center - Tel: 888 266 8489

INSTRUCTIONS

- Use this form to start, suspend or reactivate payments under the Income Rider of your contract.
- By electing to receive Lifetime Income Withdrawals during the Income Period of your contract, the Benefit Base is no longer credited with interest and will be decreased by both income withdrawals and any withdrawals taken under the provisions of your contract.
- You may stop your Lifetime 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 (last four digits) X X X - X X -		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: Select from the following options.

Amount:	<input type="checkbox"/> Maximum 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:	(If Joint Annuitants are listed, which person?)	
	<input type="checkbox"/> Single Life	
	<input type="checkbox"/> Joint Life (If your contract does not have a Joint Annuitant, please provide information about your spouse.)	
	Spouse Name	Date of Birth (mm/dd/yyyy) / /



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2. START PAYMENTS (Continued from Page 1)

PAYMENT OPTIONS: Select from the following 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 type="text"/> / <input type="text"/> / <input 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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number (Bottom center of check): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input 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.	

NOTE: To expedite your request, your first payment may be sent to you via check. 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 policy/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: 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. We encourage you to consult your tax advisor to clarify your personal tax position.

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.

- Pro-rata (proportionally from all strategies with available funds)
- Other – please specify below

NOTE: The pro-rata option is not available on all policies. check your policy or contract regarding your ability to choose which strategies to take your payments from.



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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. YOUR CONFIRMATION

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

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



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If you are unsure about the correct way to complete the form, please reference the following sample check information:

Account Name →	Joe Smith 123 Any Street Any City, US 12345	1234
	Pay to the order of _____	Date _____
Bank Name →	ABC Bank PO Box 111 Any City, US 11111	\$ _____ Dollars
	Memo _____	
	:107198557:	1111111
		1234

↑ Routing /Transit / ABA No. ↑ Account Number ↑ Check Number

