

Income Benefit Rider Election and Service Request TargetPaySM and TargetPaySM Plus



www.atheneannuity.com

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 Benefit Rider of your contract or to terminate your Income Benefit Rider.
- You may suspend your Lifetime Income Benefits at any time by submitting this form or a written request.
- To activate the Confinement Income 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 (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 Lifetime Income Benefit |
| | <input type="checkbox"/> Specified gross amount - (not to exceed Maximum Lifetime Income Benefit) \$ (provide amount) |
| | <input type="checkbox"/> Confinement Income Benefit (Additional forms will be required.) NOTE: This Benefit is NOT available in all states, please check your contract. |
| Based on: | <input type="checkbox"/> Single Life (If Joint Annuitants are listed, which person?) _____ |
| | <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) _____ |
| Payments: | <input type="checkbox"/> Level <input type="checkbox"/> Inflation Adjusted |



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2. START PAYMENTS (Continued from Page 1)

PAYMENT OPTIONS: Select from the following options. (Continued from Page 1)

| | | | |
|---|---------------------------------|------------------------------------|----------------------------------|
| Frequency: | <input type="checkbox"/> Annual | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly |
| Please start 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 paid on the 28th.)</i> | | | |

Note: Any withdrawals that exceed the Maximum Lifetime Income Benefit will reduce any available Target Reserve. If no Target Reserve is available, any additional withdrawals will be treated as Excess Withdrawals and may be subject to any applicable Withdrawal Charge, Premium Bonus Vesting Adjustment and Market Value Adjustment. Taking Excess Withdrawals could result in termination of your Lifetime Income Benefits.

DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT): 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:

| | |
|--|---|
| 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"/> <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"/> <input type="text"/> |
| Type of account: (Your name must appear on the account in order to process your request.) | <input type="checkbox"/> Checking - Attach a voided check for the listed account. <input type="checkbox"/> Savings |

NOTE: To expedite your request, your first Lifetime Income Benefit may be sent to you via check. Electronic funds transfers are not available for all contracts. If Electronic Funds Transfer is not available for your account we will continue to pay you by check.

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 payment. 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.

- Contract Default - Fixed Strategy first (if available)
- Other – please specify below

NOTE: Check your contract regarding your ability to choose which strategies to take your payments from.





3. SUSPEND RECEIPT OF PAYMENTS

Suspend my current payments: (Choose one of the following options)

Immediately Effective ____/____/____ (mm/dd/yyyy).

NOTE: You may suspend receipt of your Lifetime Income Benefits at any time using this form or by submitting a written request. Per your contract, any remaining annual Maximum Lifetime Income Benefit will be applied to the Reserve Income Benefit (*TargetReserve*) at anniversary.

4. 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.

5. TERMINATION OF RIDER

I wish to terminate the Income Benefit Rider from my contract effective immediately.

NOTE: The Income Benefit Rider can only be terminated in the first contract year or after the 5th contract anniversary. Once the Income Benefit 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 rider charges assessed for the rider once it is terminated.

6. YOUR CONFIRMATION

Under penalties of perjury, I certify: (1) The Social Security Number or Taxpayer Identification Number shown on record is correct, (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, (3) the IRS has notified me that I am no longer subject to backup withholding, (4) these withdrawals are subject to the withdrawal provisions within my contract. If withdrawals exceed the free withdrawal amount, I may incur a Withdrawal Charge or any applicable Premium Bonus Vesting Adjustment as specified in the contract, and (5) said contract is not assigned or pledged as collateral to any other person or legal entity.

| | | |
|----------------------------|---|--------------------------|
| Owner Signature X | Owner's Title (if corporation or trust) | Date (mm/dd/yyyy) / / |
| Joint Owner Signature X | Print Name | Date (mm/dd/yyyy) / / |

If you are signing on behalf of the owner, print your name and provide your signature below. Check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request to verify your authorization to act on behalf of the owner.

Conservator Guardian Power of Attorney

| | | |
|----------------|------------|--------------------------|
| Signature X | Print Name | Date (mm/dd/yyyy) / / |
|----------------|------------|--------------------------|

