

Athene Annuity and Life Company

Mailing Address: PO Box 1555, Des Moines, IA 50306-1555

Overnight Address: 7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

Annuity Customer Contact Center - Tel: 888-266-8489 Fax: 866-709-3922



Athene.com

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

Existing Annuity Contract

Annuitant(s) _____

Insurer _____

Contract # _____

Proposed Annuity Contract

Annuitant(s) _____

Insurer Athene Annuity and Life Company

Application # _____

Please complete a form for each life insurance policy or annuity contract being replaced.

Any missing, incomplete or incorrect information will require the owner(s) to initial and date corrections prior to Athene completing its review of the proposed replacement.

Please return the completed form to Athene **within 10 days of execution** and provide a copy to the customer no later than delivery of the contract.

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
1. Contract Issue Date	Mo ____ Day ____ Yr ____	Mo ____ Day ____ Yr ____ (Est)
2. Generic Contract Type <i>If Life Insurance is selected, question 17 is required</i>	<input type="checkbox"/> Fixed Indexed Annuity <input type="checkbox"/> Life Insurance <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Registered Index Linked Annuity <input type="checkbox"/> Variable Annuity	Fixed Indexed
3. Replacement Type <i>Please check all that apply</i>	<input type="checkbox"/> Full Replacement <input type="checkbox"/> Partial Replacement <input type="checkbox"/> Penalty Free Replacement	N/A
4. Marketing Name		Athene Performance Elite Plus 15
5. Initial Premium	\$	\$
6. Source of Initial Premium		N/A
7. Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Annuity Maturity Date <i>(MM/DD/YYYY)</i>		Greater of Age 95 or 26th Policy Anniversary
9. Lump Sum Death Benefit Amount	\$	See Contract for this Value
10. Annuitized Death Benefit Value <i>Need both value and years. If not applicable, must mark N/A</i>	\$ _____ Years	<input type="checkbox"/> N/A
11. Lump Sum Death Benefit Rider Value <i>If not applicable, must mark N/A</i>	\$ <input type="checkbox"/> N/A	N/A

Owner's Signature

Date Signed

DFS-HI-1981
Effective 07/18/2016
55445 7-22 FL



Adopted in Rule 69B-162.011,
F.A.C.
19765 Rev. (7/22) Page 1 of 10

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
12. Annuitized Death Benefit Rider Value <i>Need both value and years. If not applicable, must mark N/A</i>	\$ _____ Years	<input type="checkbox"/> N/A
13. Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Initial Surrender Charge Period in Years	_____ years	15 Years
15. First Year Surrender Charge Percentage Rate Only	_____ %	15%
16. Surrender Charge Schedule for Remaining Years Only		15%, 14%, 14%, 13%, 13%, 12%, 11%, 10%, 9%, 8%, 7%, 6%, 5%, 4%
17. If replacing a Life Insurance policy, please describe in detail what has changed since your life insurance policy was purchased so that you no longer need or want the death benefit provided by such policy.		
18. Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Annual Free Withdrawal Percentage Rate	_____ %	10% Year 1; 10% After Year 1
20. Potential tax penalty for surrender/sale/exchange/annuitization (Describe)		
21. Investment/Insurance components (Describe) <i>Check all that apply and should be consistent with features/benefits/riders listed in questions 23, 25 and 26</i>	<input type="checkbox"/> Tax Deferral <input type="checkbox"/> Free Partial Withdrawals <input type="checkbox"/> Confinement Waiver <input type="checkbox"/> Terminal Illness Waiver <input type="checkbox"/> Market Value Adjustment (MVA) <input type="checkbox"/> Lifetime Income Rider <input type="checkbox"/> Death Benefit Rider <input type="checkbox"/> Return of Premium Rider <input type="checkbox"/> Other(s): Describe _____ _____ _____	Tax Deferral Free Partial Withdrawals Confinement Waiver Terminal Illness Waiver Market Value Adjustment Return of Premium Benefit
22. Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terminal Illness Waiver: 100% years 2+ Confinement Waiver: 100% years 2+ with 60 days confinement

Owner's Signature

Date Signed



	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
<p>23. Riders, Features/Cost (Describe) <i>Examples include Lifetime Income Rider, Death Benefit Rider, Return of Premium Rider, Liquidity Rider, etc.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ Rider Type</p> <p>\$ _____ Current Value of Rider</p> <p>_____ Annual Fee of Rider</p>	<p>Liquidity Rider: Automatically included at issue for an annual charge (Enhanced Accumulation/Liquidity/Return of Premium)</p> <p>Please see Certificate of Disclosure Rate Insert</p>
<p>24. If Income Rider is listed in question 23 above, please describe in detail what has changed since your current annuity with an income rider was purchased such that the income provided by it is no longer needed.</p>		

Owner's Signature

Date Signed



	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
25. Loss of Benefits or Enhancements if existing contract exchanged? (Describe) <i>Should be consistent with features/benefits/riders listed in questions 21, 23 and 26</i>	<input type="checkbox"/> Tax Deferral <input type="checkbox"/> Free Partial Withdrawals <input type="checkbox"/> Confinement Waiver <input type="checkbox"/> Terminal Illness Waiver <input type="checkbox"/> Market Value Adjustment <input type="checkbox"/> Lifetime Income Rider <input type="checkbox"/> Death Benefit Rider <input type="checkbox"/> Return of Premium Rider <input type="checkbox"/> Other(s): Describe 	N/A
26. Living Benefits (Describe) <i>Should be consistent with features/benefits/riders listed in questions 21, 23 and 25, excluding any reference to Death Benefit, Death Benefit Rider or other non-living benefits.</i>	<input type="checkbox"/> Tax Deferral <input type="checkbox"/> Free Partial Withdrawals <input type="checkbox"/> Confinement Waiver <input type="checkbox"/> Terminal Illness Waiver <input type="checkbox"/> Market Value Adjustment <input type="checkbox"/> Lifetime Income Rider <input type="checkbox"/> Return of Premium Rider <input type="checkbox"/> Other(s): Describe 	Tax Deferral Free Partial Withdrawals Confinement Waiver Terminal Illness Waiver Market Value Adjustment Return of Premium Benefit
27. Minimum Guaranteed Interest Rate <i>If replacing a variable annuity or registered index-linked annuity that does not have a fixed rate, select N/A.</i> <i>If replacing a fixed indexed annuity that does not have a fixed rate, select N/A and provide the most recent statement or renewal letter showing no fixed option is available.</i>	<input type="checkbox"/> N/A	% Fixed Strategy: 0.25% Indexed Strategies: 0%
28. Current Fixed Rate <i>If replacing a variable annuity or registered index-linked annuity that does not have a fixed rate, select N/A.</i> <i>If replacing a fixed indexed annuity that does not have a fixed rate, select N/A and provide the most recent statement or renewal letter showing no fixed option is available.</i>	<input type="checkbox"/> N/A	% N/A
29. Limitations on interest returns (Describe)	<input type="checkbox"/> Cap <input type="checkbox"/> Participation Rate <input type="checkbox"/> Spread <input type="checkbox"/> N/A	Cap, Participation Rate, Spread

Owner's Signature

Date Signed



	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
<p>30. Interest Rate Cap/Term <i>If "cap" is selected in question 29, this question cannot be marked "N/A." This should also include all cap options available, not just what the customer is allocated to.</i></p>	<p>Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years Interest Rate Cap _____% / Term _____ years <input type="checkbox"/> N/A (must be selected if not applicable)</p>	<p>Please see strategy allocation form.</p>
<p>31. Participation Rate/Term <i>If "participation rate" is selected in question 29, this question cannot be marked "N/A." This should also include all participation rate options available, not just what the customer is allocated to.</i></p>	<p>Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years Participation Rate _____% / Term _____ years <input type="checkbox"/> N/A (must be selected if not applicable)</p>	<p>Please see strategy allocation form.</p>
<p>32. Spread/Term <i>If "spread" is selected in question 29, this question cannot be marked "N/A." This should also include all spread options available, not just what the customer is allocated to.</i></p>	<p>Spread _____% / Term _____ years Spread _____% / Term _____ years Spread _____% / Term _____ years Spread _____% / Term _____ years Spread _____% / Term _____ years Spread _____% / Term _____ years <input type="checkbox"/> N/A (must be selected if not applicable)</p>	<p>Please see strategy allocation form.</p>

Owner's Signature

Date Signed



	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
34. Other Fees (Describe) <i>(E.g. MVA, Bonus Recapture, Admin Fee, M&E, etc)</i>		Market Value Adjustment
35. Initial Bonus Percentage or Amount		Please see the Certificate of Disclosure Rate Insert for current Premium Bonus rates.
36. Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
37. Limits and Exclusions for Bonuses that may be payable (Describe)	<input type="checkbox"/> Premium Bonus Vesting <input type="checkbox"/> Premium Bonus Recapture/Clawback <input type="checkbox"/> None <input type="checkbox"/> Other (describe) _____ _____ _____	0% Yrs 1-6, 20%, 40%, 60%, 80% 100% Yrs 16+
38. Is the producer who solicited the new Athene contract the same producer who solicited the contract or policy being replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments and continuation from above:

39. Have you surrendered or exchanged an annuity contract in the last 36 months? If yes, provide details: Yes No

Owner's Name *(please print)*

Owner's Signature

Date Signed

Joint Owner's Name *(please print)*

Joint Owner's Signature

Date Signed



**DISCLOSURE OF SURRENDER CHARGES IF
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Value \$ _____ Annuity Surrender Value (excluding +/- MVA) \$ _____

Surrender Charges Applicable at exchange (excluding any +/- MVA) \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____/____/____.

Market Value Adjustment \$ _____ +MVA, -MVA, N/A

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT, AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

- 1. ANY ITEM HAS BEEN LEFT BLANK;**
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR**
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

Owner's Name (please print)

Owner's Signature

Date Signed

Joint Owner's Name (please print)

Joint Owner's Signature

Date Signed



EXPLANATION OF TERMS

"Administrative Fees or Margins" are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

"Annual Free Withdrawal Percentage Rate" is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

"Annuity Maturity Date" is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

"Asset Fees" are the fees the insurer charges that are a percentage of the value of the annuity contract.

"Change of Annuitant upon Death" is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

"Death Benefit Amount" is the net amount that would be paid to the annuitant's designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

"Free Withdrawals" are the withdrawals that may be taken from an annuity's values that are not subject to surrender or other charges and are a provision of the annuity contract.

"Generic Contract Type" is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

"Indexing Method" means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated. "Market Value Adjustment" is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

"Initial Bonus Percentage or Amount" is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

"Initial Surrender Charge Percentage Rate" is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

"Interest Rate Cap" this is the maximum rate of interest the annuity will earn.

"Marketing Name" is the name adopted by the insurer to identify the contract form.

"Minimum Guaranteed Interest Rate" is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

Owner's Signature

Date Signed

Joint Owner's Signature

Date Signed



(continued)

"Participation Rate" the participation rate decides how much of the increase in the index will be used to calculate index-linked interest.

"Potential Loss of Bonus if Exchanged" refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

"Qualified Contract" means a product used to fund any type of pension plan approved by the Internal Revenue Service.

"Surrender Charge" is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

"Surrender Charge Percentage Schedule for Remaining Years" the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the "free withdrawal" limit.

"Surrender Charge Period" is the number of annuity contract years a surrender charge may be applicable.

"Waiver of Surrender Charge Benefit or Similar Benefit or Provision" is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

Owner's Signature **Date Signed**

Joint Owner's Signature **Date Signed**

