

Deferred Annuity Claim Form for Entity Beneficiaries



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
Press Option 1, then Option 3 to speak to a Claim Specialist

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

Use this form to request claim payment for a non-natural entity beneficiary (e.g. estate, trust, corporation, etc.) on an Athene deferred annuity contract. Complete pages 1-7 of this form in their entirety, including appropriate signatures and dates on page 7, and submit with a copy of the certified death certificate showing cause and manner of death.

Note: For an individual beneficiary (natural person), use the Deferred Annuity Claim Form for Individual Beneficiaries (10034).

1. ANNUITY CONTRACT NUMBERS - This section is required.

List **ALL** annuity contract numbers for which you are claiming the death benefit:

--

2. DECEDENT INFORMATION - This section is required.

Complete this section with information about the deceased person.

Full Name		Also Known As (if applicable)	
Date of Birth (mm/dd/yyyy) / /	Date of Death (mm/dd/yyyy) / /	Social Security Number - - - - -	

3. BENEFICIARY/CLAIMANT INFORMATION - This section is required.

Beneficiary Information: Complete this section with information about the entity, trust, or estate named as beneficiary on the contract.

Full Legal Name of Entity/Trust/Estate*		Tax Identification Number* - - - - -		
Permanent Address* (must be a street address)	City*	State*	Zip Code*	
Mailing Address (if different than Permanent Address)	City	State	Zip Code	
Email Address		Telephone Number		

Claimant Information: Complete this section with information about yourself.

In what capacity are you claiming the death benefit?

- Trustee (additional Trust information required in Section 7)
- Executor, administrator, or personal representative of decedent's estate
- Authorized Representative of a company or charity

Full Name and Title*		Social Security Number - - - - -		
Mailing Address*	City*	State*	Zip Code*	
Email Address		Telephone Number		

***Required fields**

This form must be signed and dated on page 7.
Pages 1-7 must be completed and returned.



Deferred Annuity Claim Form for Entity Beneficiaries



4. PAYMENT OPTIONS - An election in this section is required.

Consider your options carefully. Refer to the Deferred Annuity Claim Instructions for Entity Beneficiaries (20779) for additional information about each option. Be aware that upon distribution of the funds, you will need to include the taxable portion of the distribution in your gross income for tax purposes. You may want to consult your financial or tax advisor before making your decision. If you are making elections for multiple contracts, specify the contract number(s) next to each election. **Once your claim has been processed, your Payment Option cannot be changed.**

- **To ensure your claim is processed by December 31, all requirements must be received in good order by December 1.**

A. Lump Sum Payment – I elect this option for the following contract number(s): _____
This option provides the death claim payment in a single sum paid to you. The taxable portion of the claim payment is reported as taxable income in the year the check is issued. **If it is after December 31 of the year following the date of death, this is the only payment option available.**

B. Periodic Payments – I elect this option for the following contract number(s): _____
This option provides a series of fixed payments, distributed over a period certain of five years, based on your choice of frequency below. Payments must begin no later than December 31 of the year following the date of death. Once payments begin, they cannot be changed.

Duration: _____ years

Duration is restricted to 5 years, unless see-through trust requirements are met.

Frequency: Monthly Quarterly Semi-Annually Annually

If no frequency is elected, we will default to Annually.

C. Transfer – I elect this option for the following contract number(s): _____
This option allows funds to be moved directly from one account to another, as a Trustee-to-Trustee Transfer or Inherited IRA. Transfer of funds may be internal, to a new Athene annuity, or external, to an account at another company.

Type of Transfer:

Internal transfer to a new Athene annuity (new application required)

Application included Application to follow

External transfer to another company (transfer paperwork required)

Transfer paperwork included Transfer paperwork to follow

Tax Qualification of Transfer:

Qualified: Trustee-to-Trustee Transfer

Inherited IRA – Available for qualified contracts only and must be processed by December 31 of the year following the date of death

Required Minimum Distribution (RMD):

Please process decedent's current year RMD prior to the transfer, if applicable

D. Deferral – I elect this option for the following contract number(s): _____
This option delays your claim payment for up to 5 years from the date of death. The claim must be paid on or before December 31 of the 5th year following the date of death. You may request your claim payment at anytime within the deferral period by submitting a new claim form.

Qualified Contracts: This option is not available if the decedent had reached the Required Beginning Date for minimum distributions. You must continue to take Required Minimum Distributions (RMDs) beginning in the year after the decedent's death. If the decedent was not required to take minimum distributions, you may elect the Deferral option and delay distribution until December 31 of the 5th year following the date of death.



Deferred Annuity Claim Form for Entity Beneficiaries



5. PAYMENT INSTRUCTIONS - Complete this section if you elected Payment Options A, B, or RMD in Option C.

Select where you would like your payment to be sent. If no option is selected, a check will be mailed to the beneficiary's Mailing Address provided in Section 3 of this form. Do not complete this section for a transfer/1035 exchange. The check will be mailed to the address provided on the transfer paperwork.

A. Mail check to the beneficiary's Mailing Address provided in Section 3.

B. Mail check to an alternate address:

C/O		
Street Address		
City	State	Zip

C. Mail check to my active Athene producer:
If this producer is not active, the check will be mailed to the beneficiary's Mailing Address provided in Section 3.

Producer Name	Producer Code
---------------	---------------

Check this box to authorize this producer to receive information about your claim.

D. Overnight - Send the proceeds via Overnight Mail. I am aware there will be a \$25.00 charge deducted from the payment amount. (This option is not available if mailing check to a Post Office Box.)

[THIS SECTION INTENTIONALLY LEFT BLANK, CONTINUE TO NEXT PAGE]

This form must be signed and dated on page 7.
Pages 1-7 must be completed and returned.



Deferred Annuity Claim Form for Entity Beneficiaries



6. TAX WITHHOLDING - Complete this section if you elected Payment Options A or B or RMD in Option C.

Withholding Notice – Please read this notice prior to making your withholding elections.

- All or part of the payment you receive may be included in your gross income for tax purposes.
- The taxable portion of the distribution is subject to federal (and potentially state) withholding unless you elect not to have withholding apply. You may elect not to have withholding apply by marking the appropriate box below.
- If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax.
- **Tax withholding elections do not apply to interest accrued from the date of death to the date of payment.**
- If an election is not made, no federal or state taxes will be withheld from your payment.
- If federal withholding is elected and no percentage is specified, we will default to 10%.
- If federal withholding is elected and you reside in a state that requires mandatory withholding, state income taxes will also be withheld.
- If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state, if applicable. (Required income tax withholding rules supersede any election made.)
- Federal income tax withholding must be elected if state income tax withholding is elected. If state withholding is elected and federal withholding is not specified, we will default to 10% federal withholding.
- **We encourage you to consult your tax advisor regarding any questions you have about taxes.**

Federal Withholding Election (choose A or B)

- A. I **do not** want federal income tax withheld from my payment.
- B. I **do** want federal income tax withheld from my payment at the rate of _____ %.

State Withholding Election (choose A or B)

- A. I **do not** want state income tax withheld from my payment.
- B. I **do** want state income tax withheld from my payment at the rate of _____ %.

Foreign Claimants

- 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.
- 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 exists 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.
- For the Company to institute a lower treaty rate, your United States Taxpayer Identification Number (TIN) must be provided on a 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). If an IRS Form W-8IMY 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.

This form must be signed and dated on page 7.
Pages 1-7 must be completed and returned.



Deferred Annuity Claim Form for Entity Beneficiaries



7. LEGAL ENTITY/TRUST/ESTATE VERIFICATION - This section is required.

Read all verification language before signing and submitting your claim.

I/We, the duly appointed and acting Representative(s)/Trustee(s) of the entity, trust, or estate 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 Representative(s)/Trustee(s) have the sole authority to act on behalf of the entity, trust, or estate.
- 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 entity, trust, or estate or the authority of the Representative(s)/Trustee(s).
- Each and every Representative/Trustee is bound by this certification. It is further understood that the Company may rely upon the direction of the named Representative(s)/Trustee(s) until the Company receives written notification at its Home Office of a change of Representative/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.

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

Trust Information: If the beneficiary is a Trust, complete this section with additional information about the Trust.

1.	Original Trust Date*
2.	Amended Trust Dates (if applicable)
3.	State that Governs the Trust*
4.	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: _____
5.	Names of ALL Current Trustees* (please print)

***Required fields**

This form must be signed and dated on page 7.
Pages 1-7 must be completed and returned.



Deferred Annuity Claim Form for Entity Beneficiaries



Athene.com

8. CERTIFICATION OF BENEFICIAL OWNER(S) - This section is required.

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, trust, or estate named in Section 3.¹ 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, trust, or estate.

Full Legal Name*			
Date of Birth (mm/dd/yyyy) / /		Social Security Number* - - - - -	
Resident Address* (must be a street address)		City*	State* Zip*
Email Address		Telephone Number	

Full Legal Name*			
Date of Birth (mm/dd/yyyy) / /		Social Security Number* - - - - -	
Resident Address* (must be a street address)		City*	State* Zip*
Email Address		Telephone Number	

Full Legal Name*			
Date of Birth (mm/dd/yyyy) / /		Social Security Number* - - - - -	
Resident Address* (must be a street address)		City*	State* Zip*
Email Address		Telephone Number	

Full Legal Name*			
Date of Birth (mm/dd/yyyy) / /		Social Security Number* - - - - -	
Resident Address* (must be a street address)		City*	State* Zip*
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.

This form must be signed and dated on page 7.
Pages 1-7 must be completed and returned.



Deferred Annuity Claim Form for Entity Beneficiaries



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 1-7 is complete and accurate to the best of my knowledge.
- I have read the applicable State Fraud Notice on pages 8-9.

FRAUD WARNING STATEMENT	IRS CERTIFICATION
<p>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>	<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), 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. <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 Authorized Representative/Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Authorized Representative/Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Authorized Representative/Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Authorized Representative/Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Authorized Representative/Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Authorized Representative/Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /

This form must be signed and dated on page 7.
Pages 1-7 must be completed and returned.



Deferred Annuity Claim Form for Entity Beneficiaries



Athene.com

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 application. Any person who knowingly presents a false or fraudulent claim for 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.



Deferred Annuity Claim Form for Entity Beneficiaries



Athene.com

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.



Deferred Annuity Claim Instructions For Entity Beneficiaries



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
Press Option 1, then Option 3 to speak to a Claim Specialist

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

Use these instructions to ensure you have included all appropriate documents and completed your claim form accurately and completely before submitting your claim. Submit pages 1-7 of the claim form along with all required documents. These instructions do not need to be returned with your claim form. Unclear or incomplete information or missing documents may delay your claim.

REQUIRED DOCUMENTS

- Deferred Annuity Claim Form for Entity Beneficiaries (20773)
 - Complete and return pages 1-7. Sign and date page 7, using today's date.
 - If there is more than one beneficiary, a separate claim form is required for each beneficiary.
- Copy of Death Certificate for Annuitant showing cause and manner of death
 - If the Death Certificate is issued in Florida, the long form showing cause and manner of death must be submitted.

ADDITIONAL DOCUMENTS – May be required.

- **Estate** – Letters of testamentary or, if the estate does not require probate, a small estate affidavit. (A Last Will and testament is not acceptable proof of authority.)
- **Organization** – Corporate resolution on company letterhead, naming authorized individuals, and including their signatures
- **Non-profit Organization** – Statement on organization's letterhead naming authorized individuals, and including their signatures
- **See-Through/Pass-Through Trust** – A copy of the entire trust document
- **Deceased Beneficiary** – Copy of Death Certificate for the beneficiary
- **Funeral Home Assignment** – Instructions, signed and dated by the claimant, indicating the dollar amount assigned to the funeral home and the payee and address to be listed on the check. (The claimant is still responsible for taxes on the amount assigned to the funeral home.)
- **Foreign Entity Beneficiary** – A 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) is required to institute a lower tax treaty rate. If an IRS Form W-8IMY 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.
- **Foreign Death** – If the Annuitant passed away outside of the U.S., a Consular Report of Death of a U.S. Citizen Abroad from the Bureau of Consular Affairs

GENERAL

- Complete all applicable sections of your claim form clearly and entirely. Required fields are indicated with asterisks (*).
- When faxing your claim form, be sure to fax both sides of each page.
- Claim information may only be released to the beneficiary or an authorized representative of the beneficiary. To authorize a third party to receive information about your claim, call our Customer Contact Center.
- All claims will be paid in U.S. currency.
- If systematic withdrawals were paid after the date of death, by signing the claim form you agree to leave the funds as distributed. If you do not agree with the distribution of these funds, please contact our office.

1. ANNUITY CONTRACT NUMBERS - This section is required.

- List **all** annuity contract numbers for which you are claiming the death benefit.

2. DECEDENT INFORMATION – This section is required.

- Complete this section with information about the deceased person.
- List all names by which the decedent may have been known.



3. BENEFICIARY/CLAIMANT INFORMATION

- Complete all required fields (*) in their entirety.
- **Beneficiary Information** – Complete this section with information about the entity, trust, or estate named as beneficiary on the contract.
 - Provide the Tax Identification Number (TIN) used for tax reporting for the Trust or Estate, not the trustee or executor.
- **Claimant Information** – Complete this section with information about yourself.

4. PAYMENT OPTIONS - An election in this section is required.

- Consider your options carefully. Be aware that upon distribution of the funds, you will need to include the taxable portion of the distribution in your gross income for tax purposes. You may want to consult your financial or tax advisor before making your decision.
- You may select only one payment option for each contract listed in Section 1. If you are making elections for multiple contracts, specify the contract number(s) next to each election.
- **To ensure your claim is processed by December 31, all requirements must be received in good order by December 1.**
- **Once your claim has been processed, your Payment Option cannot be changed.**

A. **Lump Sum Payment** – This option provides the death claim payment in a single sum paid to you. The taxable portion of the claim payment is reported as taxable income in the year the check is issued. **If it is after December 31 of the year following the date of death, this is the only payment option available.**

B. **Periodic Payments** - This option provides a series of fixed payments, distributed over a period certain of five years, with your choice of payment frequency. Payments must begin no later than December 31 of the year following the date of death. Once payments begin, they cannot be changed.

- Elect only one Frequency. If no Frequency is elected, we will default to Annually
- Enter a duration of 5 years. If no duration, or a duration less than 5 years is provided, we will default to 5 years
 - o A Trust cannot take the funds longer than a 5-year period certain, unless the Trust qualifies as a See-Through Trust. If the Trust qualifies as a See-Through Trust, we will verify the guaranteed maximum period allowed according to the oldest Trust beneficiary.

C. **Transfer** – This option allows funds to be moved directly from one account to another, as a Trustee-to-Trustee Transfer or Inherited IRA. Transfer of funds may be internal, to a new Athene annuity, or external, to an account at another company. **We encourage you to consult your tax advisor regarding any questions you have about the tax treatment of this distribution.**

- Elect the Type of Transfer and indicate if an application or transfer paperwork are included or will follow.
- Transfer paperwork must include the Athene contract number, ownership of the receiving account, type of account, acceptance of funds, authorized signature with title, and mailing address.
- Elect the Tax Qualification of the Transfer.
 - **Trustee-to-Trustee Transfer** – Qualified funds are transferred directly from one financial institution to another on a tax free basis, and put into another IRA or qualified account. This election does not result in federal tax reporting.
 - **Inherited IRA** – Qualified funds are transferred directly from one financial institution to another on a tax free basis, and put into an Inherited IRA account in your name. This election does not result in federal tax reporting. Annual distributions based on your life expectancy must begin no later than December 31 of the year following the date of death. Ownership of an Inherited IRA account may never be changed. Inherited IRAs are available for qualified contracts only and must be processed by December 31 of the year following the date of death.

4. PAYMENT OPTIONS - An election in this section is required. (continued)

- **Required Minimum Distribution (RMD):**

- Elect if a Required Minimum Distribution (RMD) should be processed for the decedent prior to the transfer.
- If the decedent had reached his or her Required Beginning Date, and had not yet taken their Required Minimum Distribution (RMD) the beneficiary/claimant is required to satisfy the RMD amount by December 31 of the year of death.
- If there is more than one beneficiary, and at least one beneficiary elected a lump sum payment, this satisfies the decedent's RMD.
- **If you have any questions regarding Required Minimum Distributions, please consult your tax advisor.**

D. **Deferral** – This option delays your claim payment for up to 5 years from the decedent's date of death. The claim must be paid on or before December 31 of the 5th year following the date of death. You may request your claim payment at anytime within the 5 years by submitting a new claim form.

- During the deferral period, you may not request partial withdrawals or transfers, designate beneficiaries, or exercise any other contractual rights.
- You may visit our website, atheneannuity.com, or contact us via phone or in writing to request a new claim form. Please request a new claim form at least 30 days prior to the day you would like to receive payment.
- If payment has been deferred past December 31 of the year following the date of death, the only payment option available is Lump Sum Payment.
- **Qualified Contracts:** This option is not available if the decedent had reached the Required Beginning Date for minimum distributions. You must continue to take Required Minimum Distributions (RMDs) beginning in the year after the decedent's death. If the decedent was not required to take minimum distributions, you may elect this option and delay distribution until December 31 of the 5th year following the date of death.

5. PAYMENT INSTRUCTIONS – Complete this section if you elected Payment Options A, B, or RMD in Option C.

- Select where you would like your payment to be sent. If no option is selected, your payment will be mailed to the beneficiary's Mailing Address provided in Section 3 of this form.
- Do not complete this section for a transfer/1035 exchange. The check will be mailed to the address provided on the transfer paperwork.
- To authorize your active Athene producer to receive information about your claim, provide your producer information and check the box in Option C.
- To request your claim payment to be mailed overnight, check the box in Option D. A charge of \$25.00 will be deducted from the payment amount. (This option is not available if mailing check to a Post Office Box.)

6. TAX WITHHOLDING - Complete this section if you elected Payment Options A, B, or RMD in Option C.

- **Please read this notice prior to making your withholding elections.**
- All or part of the payment you receive may be included in your gross income for tax purposes.
- The taxable portion of the distribution is subject to federal (and potentially state) withholding unless you elect not to have withholding apply. You may elect not to have withholding apply by marking the appropriate box.
- If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax.

6. TAX WITHHOLDING - Complete this section if you elected Payment Options A, B, or RMD in Option C.

- **Tax withholding elections do not apply to interest accrued from the date of death to the date of payment.**
- If an election is not made, no federal or state taxes will be withheld from your payment.
- If federal withholding is elected and no percentage is specified, we will default to 10%.
- If federal withholding is elected and you reside in a state that requires mandatory withholding, state income taxes will also be withheld.
- If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state, if applicable. (Required income tax withholding rules supersede any election made.)
- Federal income tax withholding must be elected if state income tax withholding is elected. If state withholding is elected and federal withholding is not specified, we will default to 10% federal withholding.
- **We encourage you to consult your tax advisor regarding any questions you have about taxes.**
- Choose either A or B for Federal Withholding and either A or B for State Withholding.

Foreign Claimants

- 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.
- 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 exists 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.
- For us to institute a lower treaty rate, your United States Taxpayer Identification Number (TIN) must be provided on a 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). If an IRS Form W-8IMY 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.

7. LEGAL ENTITY/TRUST/ESTATE VERIFICATION – This section is required.

- **Read all verification language before signing and submitting your claim.**
- Complete all required fields (*) in their entirety.
- **Trust Information** – If the beneficiary is a Trust, complete this section with additional information about the Trust.
- **Please be advised the Company reserves the right to request additional documentation, which could include a copy of the Trust documents or a Corporate Resolution.**

8. CERTIFICATION OF BENEFICIAL OWNERS – This section is required.

- Complete all required fields (*) in their entirety.
- 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. Certain 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, trust, or estate.
- 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.
- If no individual controls or owns 25% or more interest in the entity, trust, or estate, check the box in this section.
- **Foreign 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.

9. AUTHORIZATION AND SIGNATURES – This section is required.

- Sign your name, print your full name and title, and enter today's date.

If you are signing on behalf of a(n)...

- **Estate** – All acting executors must sign. Example: "John Smith, Executor"
- **Organization** – Only authorized individuals may sign. Example: "John Smith, Title"
- **Trust** – If trustees must act together, all trustees must sign. Example: "John Smith, Trustee"

10. FRAUD NOTICE

- Read the applicable fraud notice for your state before submitting your claim.