

Deferred Annuity Claim Form for Entity Beneficiary

**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 - Tel: 888-266-8489

Email: askathene@athene.com

Use this form to request claim payment for an entity beneficiary (e.g. corporation, limited partnership, limited liability company, non-profit foundation, or organization, etc.) on an Athene deferred annuity contract. Complete pages 1-6 of this form in their entirety, including appropriate signatures and dates on page 6, and submit with a copy of the certified death certificate showing cause and manner of death.

Note: For other types of beneficiaries, please use the appropriate form below:

Individual Beneficiary - Qualified Contract: Form 10034

Individual Beneficiary - Non-Qualified Contract: Form 22256

Trust Beneficiary: Form 22217

Estate Beneficiary: Form 22306

1. ANNUITY CONTRACT NUMBERS - This section is required.

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

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2. DECEDENT INFORMATION - This section is required.

Complete this section with information about the deceased person.

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

3. BENEFICIARY INFORMATION - This section is required.

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

Full Legal Name of Entity*		Tax Identification Number* -----	
Authorized Representative First Name*	Middle Name*	Last Name*	
Title of Authorized Representative*			
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

***Required fields**

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

- ☐ **A. Lump Sum Payment** - I elect this option for the following contract number(s): _____
The taxable portion of the claim payment is reported as taxable income in the year the check is issued.
- ☐ **B. Benefit Base Rider Death Benefit** - I elect this option for the following contract numbers(s): _____
This option provides a Lump Sum of the Benefit Base of the Rider Death Benefit or series of fixed payments distributed over a period not to exceed the Rider Death Benefit Payout Period declared by the Company. To comply with IRS rules, a payout distribution to a non-natural owner will not be greater than a period of five (5) years. If the payout of the Benefit Base is elected, payments must begin no later than December 31 of the year following the date of death.
- ☐ Lump Sum (if applicable)
- ☐ Benefit Base payout in equal periodic payments, up to 5 years (if applicable)

If the original contract did not include a benefit base rider feature and one of the above payouts is elected, Athene will default to a lump sum of the base Contract Death Benefit.

5. PAYMENT INSTRUCTIONS - Complete this section if you would like your payment sent to an alternate address.

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.

- ☐ A. Mail check to the beneficiary's Mailing Address provided in Section 3.
- ☐ B. Mail check to an alternate address (check cannot be sent to a corporate or commercial institution):
- | | | |
|----------------|-------|-----|
| C/O | | |
| Street Address | | |
| City | State | Zip |
- ☐ C. 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.)

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6. TAX WITHHOLDING

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

Federal Income Tax Withholding Instructions

Complete if electing Payment Option A. Lump Sum Payment.

The lump sum payment is subject to 10% federal income tax withholding. You may elect to not have withholding apply. Withholding will only apply to the portion of your payment included in your income subject to federal income tax. Applicable state income tax will be withheld as appropriate. If you DO NOT make a withholding election, 10% federal income tax will be withheld. Tax withholding elections do not apply to interest accrued from the date of death to the date of payment.

Select one option only:

- ☐ Do not withhold federal income tax from my payment. (Not allowed for qualified retirement plans (other than IRA) or tax-sheltered annuities.)
- ☐ Withhold federal income tax at the default rate of 10%. (For qualified retirement plans (other than IRA) and tax-sheltered annuities, the default rate is 20%)
- ☐ Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding, the IRS requires you submit form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distributions. You can access this form on the IRS.gov website.

Complete if electing Payment Option B. Benefit Base Rider Death Benefit.

Your annuity payments are subject to federal income tax withholding unless you elect to not have withholding apply. Withholding will only apply to the portion of your annuity payment that is subject to federal income tax and will be like wage withholding. You may elect to not have withholding apply. Your election will remain in effect until revoked. You may revoke your election at any time. If you DO NOT make an election, federal income tax will be withheld from the taxable portion of your annuity payments as if you are single with no allowances.

NOTE: Periodic annuity payments for Tax Sheltered Annuities where the period certain period is for less than 10 years, federal tax law requires withholding the mandatory withholding of 20%.

Select one option only:

- ☐ Do not withhold federal income tax from my payment.
- ☐ Withhold federal income tax at the default rate of single with no allowances.
- ☐ Withhold federal income tax based upon the enclosed W-4P or the previously submitted W-4P. To allow for a different rate of withholding other than single with no allowances, the IRS requires you submit form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. You can access this form on the IRS.gov website. Once a W-4P is submitted, it will apply to all future payments unless you submit a new W-4P.

State Income Tax Withholding Instructions (select one option only):

Depending on the type of payment option elected, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election or if your state requires a greater amount of state withholding than what has been elected below, we will withhold at the rate specified by your state of residence. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state. Your state tax withholding will be determined based on the resident address provided in Section 3.

- ☐ Do not withhold state income tax from my payments.
- ☐ Withhold _____%

NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific tax situation.

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6. TAX WITHHOLDING - (continued)

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.
- 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.

7. LEGAL ENTITY VERIFICATION - This section is required.

Read all Verification language before signing and submitting your claim.

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

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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 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.**

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

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

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

First Name*	Middle Name*	Last 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.



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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">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), andI 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, andI am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), andThe 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.) <p>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 Authorized Representative*		Signature Date*(mm/dd/yyyy) / /
X		
Full Name* (please print)	Last Name*	Title*
Signature of Authorized Representative*		Signature Date*(mm/dd/yyyy) / /
X		
Full Name* (please print)	Last Name*	Title*
Signature of Authorized Representative		Signature Date*(mm/dd/yyyy) / /
X		
Full Name* (please print)	Last Name*	Title*

***Required fields**



Deferred Annuity Claim Form for Entity Beneficiary



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 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.



Deferred Annuity Claim Form for Entity Beneficiary



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 or 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 Beneficiary



Submit completed form to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922
Email: documents@athene.com

Contact us:

Annuity Customer Contact Center: 888-266-8489
Email: askathene@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

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 1-5 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.

Note: For other types of beneficiaries, please use the appropriate form below:

Individual Beneficiary - Qualified Contract: Form 10034

Individual Beneficiary - Non-Qualified Contract: Form 22256

Trust Beneficiary: Form 22217

Estate Beneficiary: Form 22306

REQUIRED DOCUMENTS

- Deferred Annuity Claim Form for Entity Beneficiary (20773)
- Complete and return pages 1-5. Sign and date page 5, using today's date.
- If there is more than one beneficiary, a separate claim form is required for each beneficiary.
- Copy of Death Certificate 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.

- **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
- **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 Corporate 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 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.
- **Foreign Death** - If the deceased 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.



Deferred Annuity Claim Instructions For Entity Beneficiary



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 INFORMATION

- Complete all required fields (*) in their entirety.
- **Beneficiary Information** - Complete this section with information about the entity named as beneficiary on the contract. Provide the Tax Identification Number (TIN) used for tax reporting for the Entity.

4. LUMP SUM PAYMENT

- **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.

5. PAYMENT INSTRUCTIONS - This section must be completed.

- 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.
- To request your claim payment to be mailed overnight, check the box in Section 5. 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 - This section must be completed.

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

Federal Income Tax Withholding Instructions

Complete For Lump Sum Payment Tax Withholding

- The lump sum payment is subject to 10% federal income tax withholding. You may elect to not have withholding apply.
- Withholding will only apply to the portion of your payment included in your income subject to federal income tax.
- Applicable state income tax will be withheld as appropriate.
- If you DO NOT make a withholding election, 10% federal income tax will be withheld.
- Tax withholding elections do not apply to interest accrued from the date of death to the date of payment.

Federal Income Tax Withholding Options (select one option only):

- Do not withhold federal income tax from my payment. (Not allowed for qualified retirement plans (other than IRA) or tax-sheltered annuities.)
- Withhold federal income tax at the default rate if 10%. (For qualified retirement plans (other than IRA) and tax-sheltered annuities, the default rate is 20%)
- Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding, the IRS requires you submit form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distributions. You can access this form on the IRS.gov website.

State Income Tax Withholding (select one option only):

If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state, if required. (Required income tax withholding rules supersede any election made.)

- Do not withhold state income tax from my payments.
- Withhold _____%

NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific tax situation.



Deferred Annuity Claim Instructions For Entity Beneficiary



6. TAX WITHHOLDING - This section must be completed. (continued)

Foreign Claimants

- 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.

7. LEGAL ENTITY VERIFICATION - This section is required.

- **Read all verification language before signing and submitting your claim.**
- **Please be advised the Company reserves the right to request additional documentation, which could include a copy of the 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 or trust.
- 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 or trust, 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.
- Only authorized individuals may sign. Example: "John Smith, Title"

10. FRAUD NOTICE

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

