

Deferred Annuity Claim Form for Trust Beneficiary



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

Athene Annuity & Life Assurance Company of New York

Pearl River, NY 10965

Use this form to request claim payment for a trust beneficiary on an Athene deferred annuity contract. Complete pages 1-8 of this form in their entirety, including appropriate signatures and dates on page 8, 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 - Non-Qualified Contract: Form 22256

Individual Beneficiary - Qualified Contract: Form 10034

Entity Beneficiary: Form 20773

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.

Full Name		Also Known As (if applicable)		
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 trust named as beneficiary on the contract.

Full Legal Name of Trust*		Tax Identification Number* - - - - -		
Trustee Name*				
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.

Consider your options carefully. Refer to the Deferred Annuity Claim Instructions for Trust Beneficiary (22239) 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 professional 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.

Frequency: Monthly Quarterly Semi-Annual Annual

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

C. Trustee-to-Trustee Transfer (Qualified Contracts Only) - I elect this option for the following contract number(s): _____

1. Trust Owned Inherited IRA (only available if trust qualifies as a see-through trust)

Internal transfer to a new Athene annuity (new application required and only available if spouse is sole beneficiary of trust)

Application included Application to follow

External transfer to another company (transfer paperwork required)

Transfer paperwork included Transfer paperwork to follow

Required Minimum Distribution (RMD):

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

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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
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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.)

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6. TRUST VERIFICATION - This section is required.

Read all verification language before signing and submitting your claim.

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

Trust Information: Complete this section with additional information about the Trust.

1.	Original Trust Date*
2.	Amended Trust Dates (if applicable)
3.	State Law that Governs the Trust*
4.	State where Trust is taxable if different than governing state. Athene will default to state Trust is governed in if left blank*
5.	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: _____
6.	Names of ALL Current Trustees* (please print)

***Required fields**



Deferred Annuity Claim Form for Trust Beneficiary



7. TRUST CERTIFICATION - Qualified contracts only - Complete if you are qualifying the trust as a see-through trust

Complete this section when the beneficiary of a qualified annuity (individual retirement annuity) or individual retirement account is a Trust. To be valid, this form must be completed, accepted and approved by the Company no later than October 31 of the calendar year immediately following the calendar year of the owner's date of death.

A.

Full Legal Name of Trust

B. List all beneficiaries of the Trust (including contingent and remainder beneficiaries with a description of the conditions on their entitlement) as of September 30 of the calendar year of the year following the owner's death. If there is a sub-trust, please include letter explaining trust relationship. If additional space is needed, you may copy this page, mark the checkbox at the bottom of the page and return. You may also use additional blank pages labeled "Additional Beneficiaries". Each blank page must be signed by the trustee(s) and dated, labeled with the word "Attachment" and include beneficiary information.

Full Legal Name		Relationship to Decedent
Date of Birth (mm/dd/yyyy) / /	Social Security Number ____-____-____	Percentage

Full Legal Name		Relationship to Decedent
Date of Birth (mm/dd/yyyy) / /	Social Security Number ____-____-____	Percentage

Full Legal Name		Relationship to Decedent
Date of Birth (mm/dd/yyyy) / /	Social Security Number ____-____-____	Percentage

Full Legal Name		Relationship to Decedent
Date of Birth (mm/dd/yyyy) / /	Social Security Number ____-____-____	Percentage

Full Legal Name		Relationship to Decedent
Date of Birth (mm/dd/yyyy) / /	Social Security Number ____-____-____	Percentage

Full Legal Name		Relationship to Decedent
Date of Birth (mm/dd/yyyy) / /	Social Security Number ____-____-____	Percentage

If you need more space and have attached additional sheets to your form, check this box.



7. TRUST CERTIFICATION (continued)

C. Trustee Certification:

The Trustee(s) states and agrees that:

- The Trust is valid under state law.
- The Trust is irrevocable or became irrevocable upon the death of the owner.
- The Trust beneficiaries identified above are all individuals and all identifiable from the Trust instrument as described under Treas. Reg. 1.401(a)(9)-4.
- The Trustee(s) will provide a copy of the Trust instrument to the Company upon request.
- The Company is relying on the information provided in this Certification to comply with its requirements under the Internal Revenue Code and other laws. The Trustee(s) will immediately notify the Company if any information provided in this Certification changes, is inaccurate, or the Trustee(s) learns any of the information may be inaccurate.
- The Trustee(s) agree to indemnify and hold the Company harmless from and against all liability as a result of claims, demands, or judgments against the Company in reliance on this Certification.

8. 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 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 professional 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

- 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 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 trust beneficiaries 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.



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9. 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 or trust.

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.



Deferred Annuity Claim Form for Trust Beneficiary



10. 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 9-10.

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.) <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 Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Trustee X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /



11. 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.

11. 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 Trust Beneficiary



Mail or fax completed form to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922

Contact us:

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 1-8 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 - Non-Qualified Contract: Form 22256

Individual Beneficiary - Qualified Contract: Form 10034

Entity Beneficiary: Form 20773

Estate Beneficiary: Form 22306

REQUIRED DOCUMENTS

- Deferred Annuity Claim Form for Trust Beneficiary (22217)
 - Complete and return pages 1-8. Sign and date page 8, 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.

- **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 Trust** - 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 [estate beneficiaries OR trust beneficiaries OR 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.

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 trust named as beneficiary on the contract.
 - Provide the Tax Identification Number (TIN) used for tax reporting for the Trust, not the trustee.

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 professional 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 fixed number of years, based on your elections below. Payments must begin no later than December 31 of the year following the date of death.

Once payments begin, they cannot be changed.

- **Period Certain** - You may elect a specific number of years to receive payments. Your payment amount is calculated based on the duration elected.
- Duration is restricted to 5 years. Payments must begin no later than December 31.
- Elect only one Frequency. If no Frequency is elected, we will default to Annual.

C. **Trustee-to-Trustee Transfer (Qualified Contracts Only)**

- **Trust Owned Inherited IRA** - (only available if trust qualifies as a see-through trust)
Elect the Type of Transfer and indicate if an application (new application only available if spouse is sole beneficiary of trust) or transfer paperwork are included or will follow.

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. TRUST VERIFICATION - This section is required.

- **Read all verification language before signing and submitting your claim.**
- Complete all required fields (*) in their entirety.
- **Please be advised the Company reserves the right to request additional documentation, which could include a copy of the Corporate Resolution.**

7. TRUST CERTIFICATION - Qualified contracts only. Complete if you are qualifying the trust as a see-through trust.

Complete this section when the beneficiary of a qualified annuity (individual retirement annuity) or individual retirement account is a Trust. To be valid, this form must be completed, accepted and approved by the Company no later than the October 31 of the calendar year immediately following the calendar year of the owner's date of death.

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

- **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.
- **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

- 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 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 [estate beneficiaries OR trust beneficiaries OR 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.
- 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.

9. 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.

10. AUTHORIZATION AND SIGNATURES - This section is required.

- Sign your name, print your full name and title, and enter today's date.
- If trustees must act together, all trustees must sign. Example: "John Smith, Trustee"

11. FRAUD NOTICE

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