

# Deferred Annuity Claim Form for Individual Beneficiary - Non-Qualified Contract



**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 this form to request claim payment for an individual beneficiary (natural person) on a non-qualified 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
- Entity Beneficiary: Form 20773
- Estate Beneficiary: Form 22306
- Trust Beneficiary: Form 22217

**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)<br>/ / | Date of Death (mm/dd/yyyy)<br>/ / | Social Security Number<br>____-____-____ |  |

**3. BENEFICIARY INFORMATION - This section is required.**

If you are the named beneficiary, complete this section with information about yourself. If you are claiming on behalf of the named beneficiary, as a Conservator, Guardian, or Attorney-in-Fact, complete this section with information about the beneficiary and provide your information in Section 8.

**In what capacity are you claiming the death benefit?**

- Spouse of decedent
  - Residents of PA:** Check here if there was a pending divorce at the time of death.
- Non-Spouse: Your relationship to decedent: \_\_\_\_\_
- On behalf of the named beneficiary, as Conservator, Guardian, or Attorney-in-Fact

|  |       |   |           |
|--|-------|---|-----------|
| Full Name*   |       | Social Security Number*<br>____-____-____ |           |
| Also Known As (if applicable)                        |       | Date of Birth* (mm/dd/yyyy)<br>/ /        |           |
| Resident Address* (must be a street address)         | City* | State*                                    | Zip Code* |
| Mailing Address (if different than Resident Address) | City  | State                                     | Zip Code  |
| Email Address  |       | Telephone Number                          |           |

**\*Required fields**

This form must be signed and dated on page 6.  
Pages 1-6 must be completed and returned.



# Deferred Annuity Claim Form for Individual Beneficiary - Non-Qualified Contract



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

Consider your options carefully. Refer to the Deferred Annuity Claim Instructions for Individual Beneficiary-Non-Qualified Contract (22260) 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. This is the only payment option, if the payment election and payment commencement has not been received or started 1 year after the decedent's date of death.

**B. Periodic Payments** - I elect this option for the following contract number(s): \_\_\_\_\_  
This option provides a series of fixed payments, distributed over your lifetime or a fixed number of years, based on your elections below. Payments must begin no later than 1 year after the decedent's date of death. Once payments begin, they cannot be changed.  
**Option:**  **Life Only**  **Period Certain**  **Life and Period Certain**  
If no option is elected, we will default to Period Certain.  
**Duration:** \_\_\_\_\_ **years**  
If no duration, or a duration less than 5 years is elected, we will default to 5 years.  
**Frequency:**  **Monthly**  **Quarterly**  **Semi-Annual**  **Annual**  
If no frequency is elected, we will default to Annual.

**C. 1035 Exchange** - 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 1035 Exchange. A beneficiary may want to speak with his or her legal, tax or financial professional prior to making an election.  
**Type of 1035 Exchange:**  
 Internal transfer to a new Athene annuity (spouse beneficiary only)  
 Application included  Application to follow  
 External transfer to another company (transfer paperwork required)  
 Transfer paperwork included  Transfer paperwork to follow

**D. 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 defined in the annuity contract. If the payout of the Benefit Base is elected, payments must begin no later than 1 year after the decedent's date of death.  
 LumpSum (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 5 year period certain.

**E. Spousal Continuation** - I elect this option for the following contract number(s): \_\_\_\_\_  
This option continues the existing contract in your name with the original effective date and the same contract number. No death benefit distribution will occur and this ownership change is not taxable. This option is only available if your spouse is the deceased and you are the sole beneficiary. No death benefit distribution will occur and no death benefit interest will be applied to the contract. If you continue the existing contract and request surrender at a later date, you will not receive the Death Benefit Value.



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## 5. PAYMENT INSTRUCTIONS - Complete this section if you elected Payment Options A or B.

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

A. Mail check to the 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 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]



# Deferred Annuity Claim Form for Individual Beneficiary - Non-Qualified Contract



## 6. TAX WITHHOLDING - Complete this section if you elected Payment Options A, B or D.

### 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.)
- 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

- 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](http://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.



# Deferred Annuity Claim Form for Individual Beneficiary - Non-Qualified Contract



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**7. NEW BENEFICIARY ELECTION** - Complete this section if you elected Payment Options B, D or E.

Percentages for all beneficiaries must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. If a new beneficiary is not elected, we will default to your estate.

|  |                           |  |               |                  |
|--|---------------------------|--|---------------|------------------|
| Full Name of Individual, Trust, or Company*                |                           | Check one*<br><input type="checkbox"/> Primary <input type="checkbox"/> Contingent |               | Percentage*<br>% |
| Social Security Number/Tax Identification Number*<br>_____ |                           | Date of Birth* (mm/dd/yyyy)<br>/ /   |               |                  |
| Street Address   |                           | City   | State         | Zip              |
| Telephone Number   | Relationship to Claimant* |  | Email Address |                  |

|  |                           |  |               |                  |
|--|---------------------------|--|---------------|------------------|
| Full Name of Individual, Trust, or Company*                |                           | Check one*<br><input type="checkbox"/> Primary <input type="checkbox"/> Contingent |               | Percentage*<br>% |
| Social Security Number/Tax Identification Number*<br>_____ |                           | Date of Birth* (mm/dd/yyyy)<br>/ /   |               |                  |
| Street Address   |                           | City   | State         | Zip              |
| Telephone Number   | Relationship to Claimant* |  | Email Address |                  |

|  |                           |  |               |                  |
|--|---------------------------|--|---------------|------------------|
| Full Name of Individual, Trust, or Company*                |                           | Check one*<br><input type="checkbox"/> Primary <input type="checkbox"/> Contingent |               | Percentage*<br>% |
| Social Security Number/Tax Identification Number*<br>_____ |                           | Date of Birth* (mm/dd/yyyy)<br>/ /   |               |                  |
| Street Address   |                           | City   | State         | Zip              |
| Telephone Number   | Relationship to Claimant* |  | Email Address |                  |

|  |                           |  |               |                  |
|--|---------------------------|--|---------------|------------------|
| Full Name of Individual, Trust, or Company*                |                           | Check one*<br><input type="checkbox"/> Primary <input type="checkbox"/> Contingent |               | Percentage*<br>% |
| Social Security Number/Tax Identification Number*<br>_____ |                           | Date of Birth* (mm/dd/yyyy)<br>/ /   |               |                  |
| Street Address   |                           | City   | State         | Zip              |
| Telephone Number   | Relationship to Claimant* |  | Email Address |                  |

**\*Required fields.**

You may also use additional blank pages completed with beneficiary information. Each blank page must be signed and dated, labeled with the word "Attachment," and include the contract number and all required beneficiary information.

Check this box if you need more space and have attached additional pages to your form.



# Deferred Annuity Claim Form for Individual Beneficiary - Non-Qualified Contract



## 8. 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.

|   |  |
|---|--|
| <p><b>FRAUD WARNING STATEMENT</b></p> <p><b>Residents of NY:</b> 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><b>IRS CERTIFICATION</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and</li> <li>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):_____.<br/>(FATCA reporting codes can be found in the General Instructions on IRS Form W-9.)</li> </ol> <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><b>The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.</b></p> |
|---|--|

|  |                                    |
|--|------------------------------------|
| Signature of Beneficiary/Claimant<br>X           | Signature Date (mm/dd/yyyy)<br>/ / |
| Full Name of Beneficiary/Claimant (please print) |                                    |

**If you are signing on behalf of the beneficiary,** check one of the boxes to indicate the capacity in which you are signing and provide documentation (e.g. Power of Attorney documents, court appointment paperwork, etc.) to verify your authorization.

- Conservator     Guardian     Power of Attorney

|                                     |                                    |                  |           |
|-------------------------------------|------------------------------------|------------------|-----------|
| Signature<br>X                      | Signature Date (mm/dd/yyyy)<br>/ / |                  |           |
| Full Name and Title* (please print) |                                    |                  |           |
| Address*                            | City*                              | State*           | Zip Code* |
| Email Address                       |                                    | Telephone Number |           |

**\*Required fields.**

This form must be signed and dated on page 6. Pages 1-6 must be completed and returned.



# Deferred Annuity Claim Form for Individual Beneficiary - Non-Qualified Contract



## 9. 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 Individual Beneficiary - Non-Qualified Contract



## 9. 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 Individual - Beneficiary Non-Qualified Contract



## 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 1-6 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

Entity Beneficiary: Form 20773

Estate Beneficiary: Form 22306

Trust Beneficiary: Form 22217

## REQUIRED DOCUMENTS

- Deferred Annuity Claim Form for Individual Beneficiary - Non-Qualified Contract (22256)
  - Complete and return pages 1-6. Sign and date page 6, 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.

- **Power of Attorney for the Beneficiary** - A copy of the Power of Attorney document
- **Conservator or Guardian for the Beneficiary** - Court paperwork showing appointment of conservator or guardian
- **Minor Beneficiary** - Court paperwork showing appointment of conservator or guardian of minor's estate (required even if a parent). If the beneficiary qualifies under UGMA/UTMA, a notarized affidavit showing custodianship may be submitted.
- **Beneficiary Name Change** - Proof of the name change, such as marriage certificate, divorce decree, or other court document showing the name change
- **Deceased Beneficiary** - Copy of Death Certificate for the beneficiary. If the deceased beneficiary was designated "Per Stirpes," an Affidavit of Heirship (18376) is required.
- **Beneficiary Designation of All Children** - Affidavit for Payment to Surviving Children (80568). This form must list all children and be notarized. If there are multiple children only one Affidavit is required.
- **Beneficiary is a Former Spouse** - Copy of the divorce decree and marital settlement agreement
- **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 Beneficiary** - A completed and signed IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding) is required in order to institute a lower tax treaty rate, if applicable. 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.
- **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 - This section is required.

- Complete all required fields (\*) in their entirety.
- If you are the named beneficiary, complete this section with information about yourself.
- If you are claiming on behalf of the named beneficiary, as a Conservator, Guardian, or Attorney-in-Fact, complete this section with information about the beneficiary and provide your information in Section 8.

## 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.
- Complete all required fields (\*) in their entirety. Failure to provide a Social Security Number and Date of Birth may delay your claim.
- 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. This is the only payment option, if the payment election and payment commencement has not been received or started 1 year after the decedent's date of death.

B. **Periodic Payments** - This option provides a series of fixed payments, distributed over your lifetime or a fixed number of years, based on your elections below. Payments must begin no later than 1 year after the decedent's date of death. Once payments begin, they cannot be changed.

- Elect only one option. If no option is elected, we will default to a 5-Year Period Certain with annual payments.
  - **Life Only** - Your payment amount is calculated based on your life expectancy. Payments will continue as long as you are living and cease at your death. Upon your death, no proceeds will be payable to a beneficiary.
  - **Period Certain** - You may elect a specific number of years to receive payments. Your payment amount is calculated based on the duration elected. You may designate a beneficiary to receive payments upon your death, if it is within the Period Certain timeframe. If a beneficiary is not designated, any remaining payments will be made to your estate.
  - **Life and Period Certain** - Payments will continue for the greater of your life or the specified duration. Your payment amount is calculated based on both your life expectancy and the duration elected. You may designate a beneficiary to receive payments upon your death, if it is within the Period Certain timeframe. If a beneficiary is not designated, any remaining payments will be made to your estate.
- If you elected the Period Certain or Life and Period Certain option, enter a duration of 5 years or more. If no duration, or a duration less than 5 years is entered, we will default to 5 years.
- The maximum number of years allowed for Period Certain is 30. The maximum number of years allowed for Life and Period Certain is 20.
- Elect only one Frequency. If no Frequency is elected, we will default to Annually.

C. **1035 Exchange** - This option allows funds to be moved directly from one account to another, as a 1035 Exchange. **We encourage you to consult your tax advisor regarding any questions you have about the tax treatment of this distribution.**

- Indicate if an application or transfer paperwork are included or will follow. (Internal 1035 Exchanges are available for spouse beneficiaries only.)
- 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.

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

- D. **Benefit Base Rider Death Benefit** - 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 defined in the annuity contract. 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. Not available for all contracts.
- E. **Spousal Continuation** - This option continues the existing contract in your name with the original effective date and the same contract number. No death benefit distribution will occur and this ownership change is not taxable. This option is only available if your spouse is the deceased and you are the sole beneficiary. This option is not available on an Inherited IRA contract. No death benefit distribution will occur and no death benefit interest will be applied to the contract. If you continue the existing contract and request surrender at a later date, you will not receive the Death Benefit Value.

## 5. PAYMENT INSTRUCTIONS - Complete this section if you elected Payment Options A or B.

- Select where you would like your payment to be sent. If no option is selected, your payment will be mailed to the Mailing Address provided in Section 3 of this form.
- Do not complete this section for a 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 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 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.)
- 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.
- **Residents of VT:** Choose the appropriate spousal indication.

### **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](http://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. NEW BENEFICIARY ELECTION - Complete this section if you elected Payment Options B, D or E.

- Complete all required fields (\*) in their entirety.
- Percentages for all beneficiaries must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.
- If a new beneficiary is not elected, we will default to your estate.
- **Relationship to Claimant** - If you are completing this form as the named beneficiary, complete this field with the new beneficiary's relationship to you. If you are completing this form as a Conservator, Guardian, or Attorney-in-Fact, complete this field with the new beneficiary's relationship to person named in Section 3 of this form.
- You may also use additional blank pages completed with beneficiary information. Each blank page must be signed and dated, labeled with the word "Attachment," and provide the contract number and all required beneficiary information, including full name, primary/contingent designation, percentage, Social Security/Tax Identification Number, and date of birth.
- **If you elected Option C, and are doing an internal transfer to a new Athene Annuity, provide your new beneficiary election on the application, rather than this claim form.**

## 8. AUTHORIZATION AND SIGNATURES - This section is required.

- If you are the named beneficiary, sign your name, enter today's date, and print your name below your signature.
- If you are claiming on behalf the named beneficiary, as a Conservator, Guardian, or Attorney-in-Fact, check the appropriate box to indicate the capacity in which you are signing. Then sign your name, enter today's date, print your name and title below your signature, and provide your address, email address, and telephone number.

### If you are signing as...

- **Conservator** - Example: "John Smith, Conservator"
- **Guardian** - All acting guardians must sign. Example: "John Smith, Guardian"
- **Attorney-in-Fact** - Example: "John Smith, Attorney-in-Fact"
- **UGMA/UTMA** - Example: "John Smith, Custodian Under [State] UTMA/UGMA"

## 9. FRAUD NOTICE

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