

Deferred Annuity Claim Form for Estate 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 an estate beneficiary on an Athene deferred annuity contract. Complete pages 1-4 of this form in their entirety, including appropriate signatures and dates on page 4. Submit the claim form along with a copy of the certified death certificate showing cause and manner of death and the Letters of Appointment, Administration or Testamentary appointing the person who can act on behalf of the estate.

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
- 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:

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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 estate named as beneficiary on the contract.

Full Legal Name of Estate*			Tax Identification Number* - - - - -	
Full Name of Executor, Administrator or Personal 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**



4. LUMP SUM PAYMENT

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.

5. PAYMENT INSTRUCTIONS - This section is required.

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:

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.)

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



6. TAX WITHHOLDING - Complete this section if you elected Payment Options A, 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

- The claim form must be signed by an authorized representative of the Estate. A copy of the Letters of Appointment of the Executor, Administrator or Personal Representative must be provided.
- A special withholding 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 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. ESTATE VERIFICATION - This section is required.

Read all verification language before signing and submitting your claim.

I/We, the duly appointed and acting Representative(s) of the estate named above, hereby certify to Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York ("the Company"), under penalty of perjury, the following:

- The named Representative(s) have the sole authority to act on behalf of the estate.
- The Company may rely solely on this verification and the information provided for contract administration purposes and the Company has no obligation to investigate the terms of the estate or the authority of the Representative(s).
- Each and every Representative is bound by this verification. 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.

This form must be signed and dated on page 4. Pages 1-4 must be completed and returned.



Deferred Annuity Claim Form for Estate Beneficiary



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 1-4 is complete and accurate to the best of my knowledge.
- I have read the applicable State Fraud Notice on pages 5-6.

FRAUD WARNING STATEMENT	IRS CERTIFICATION
<p>Residents of NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p>	<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any):_____. (FATCA reporting codes can be found in the General Instructions on IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank. <p>Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</p> <p>The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.</p>

Signature of Authorized Representative X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Authorized Representative X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /
Signature of Authorized Representative X	Full Name and Title (please print)	Signature Date (mm/dd/yyyy) / /



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.

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 Estate 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 1-4 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

Trust Beneficiary: Form 22217

REQUIRED DOCUMENTS

- Deferred Annuity Claim Form for Estate Beneficiary (20306)
- Complete and return pages 1-4. Sign and date page 4, 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.

- **Estate** - Letters of testamentary or, if the estate does not require probate, a small estate affidavit. (A Last Will and testament is not acceptable proof of authority.)
- **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 Estate 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 estate 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.
- **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 entity, trust, or estate named as beneficiary on the contract.
- Provide the Tax Identification Number (TIN) used for tax reporting for the Trust or Estate, not the executor.

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 is required.

- 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 Option C. 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 is required.

- **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

- 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-8IIMY (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 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. ESTATE 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.**

8. AUTHORIZATION AND SIGNATURES - This section is required.

- Sign your name, print your full name and title, and enter today's date.
- All acting executors must sign. Example: "John Smith, Executor"

9. FRAUD NOTICE

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