

# Address Change Request



Athene.com

**Mail or fax completed form to:**

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

**Contact us:**

Annuity Customer Contact Center - Tel: 888-266-8489

**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

**1. OWNER INFORMATION**

|  |                                   |                         |
|--|-----------------------------------|-------------------------|
| Individual, Trustee or Company Name                  |                                   |                         |
| If Trust, list Trust Name and Trust Date             |                                   |                         |
| Contract Number(s)                                   |                                   | Email Address           |
| Social Security Number (last four digits)<br>XXX-XX- | Date of Birth (mm/dd/yyyy)<br>/ / | Personal Phone<br>( ) - |

Change address for:  Insured/Annuitant  Owner  Payor  Other: \_\_\_\_\_

**NOTE: We are required to send written confirmation of this change to BOTH your previous address and your new address.**

**2. PREVIOUS ADDRESS**

|  |      |       |     |         |
|--|------|-------|-----|---------|
| Current Mailing Address  | City | State | Zip | Country |
| Current Street Address ( <b>REQUIRED</b> if mailing address is a PO Box) | City | State | Zip | Country |

**3. NEW ADDRESS**

|  |      |       |     |         |
|--|------|-------|-----|---------|
| New Mailing Address  | City | State | Zip | Country |
| New Street Address ( <b>REQUIRED</b> if mailing address is a PO Box) | City | State | Zip | Country |

**4. YOUR CONFIRMATION**

By signing below, I acknowledge this request is subject to the provisions and conditions of my policy/contract(s) and Athene may request additional information in order for my request to be processed.

|  |   |                          |
|--|---|--------------------------|
| Owner Signature<br>X                       | Owner's Title (if Trust or Corporation) | Date (mm/dd/yyyy)<br>/ / |
| Joint Owner Signature (if applicable)<br>X | Print Name                              | Date (mm/dd/yyyy)<br>/ / |

If you are signing on behalf of the owner, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.

Conservator  Guardian  Power of Attorney

|                                |            |                          |
|--------------------------------|------------|--------------------------|
| Signature (if applicable)<br>X | Print Name | Date (mm/dd/yyyy)<br>/ / |
|--------------------------------|------------|--------------------------|

