

Address Change Request



www.atheneannuity.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) X X X - X X -	Date of Birth (mm/dd/yyyy) / /	Personal Phone () -

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 (REQUIRED if mailing address is a PO Box)	City	State	Zip	Country

3. NEW ADDRESS

New Mailing Address	City	State	Zip	Country
New Street Address (REQUIRED 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 X	Owner's Title (if Trust or Corporation)	Date (mm/dd/yyyy) / /
Joint Owner Signature (if applicable) X	Print Name	Date (mm/dd/yyyy) / /

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) X	Print Name	Date (mm/dd/yyyy) / /
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