

Withdrawal Request Tax Sheltered Annuity (TSA)



Submit completed form to:

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

Email: documents@athene.com

Contact us:

Annuity Customer Contact Center: 888-266-8489

Email: askathene@athene.com

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

INSTRUCTIONS

Use this form to take a withdrawal from your Tax Sheltered Annuity (TSA).

- Please review and complete all six pages of this form.
- Review the Special 403(b) Tax Notice in Section 7 for more information regarding your Tax Sheltered Annuity as neither Athene nor any of its representatives is authorized to give legal, tax or accounting advice.
- The information contained in this form is Athene's understanding of current tax laws and such laws are subject to change. Consult your Financial/Tax Advisor or Plan Administrator for tax planning concerning your individual financial situation.

1. OWNER INFORMATION

Owner Name					
Contract Number(s)		Email Address		<input type="checkbox"/> Address Change Requested*	
Mailing Address			City	State	Zip Country
Street Address (REQUIRED if mailing address is a PO Box)			City	State	Zip Country
Social Security / Tax Identification Number		Date of Birth (mm/dd/yyyy) / /		Personal Phone () -	

* For your protection, confirmation of your address change will be sent to you prior to processing this request.

2. REASON FOR WITHDRAWAL (Please select ONE of the following options)

The Internal Revenue Code (IRC) limits participants in any 403(b) in regard to withdrawal of funds. A request for a withdrawal, either full or partial, must identify one of the qualifying reasons below:

☐ Attainment of age 59½ ☐ Separation from Service ☐ Disability

3. PAYMENT OPTIONS (Please select ONE of the following options)

NOTE: If you are attempting a transfer or direct rollover into another qualified plan, the transfer/rollover paperwork for that company/trustee is required along with this form.

<input type="checkbox"/> Full Withdrawal
<input type="checkbox"/> Specified Partial Withdrawal \$ _____ <input type="checkbox"/> Penalty Free Amount
Select one of the options below for a partial withdrawal: <input type="checkbox"/> Net The amount of the withdrawal AFTER taxes and/or penalties (if applicable) are deducted. Note: The actual check amount may vary slightly from the amount requested <input type="checkbox"/> Gross The full amount of the withdrawal BEFORE taxes and/or penalties (if applicable) are deducted. NOTE: If you request a withdrawal for a specific dollar amount, but do not check net or gross, the withdrawal will be considered a net withdrawal.
<input type="checkbox"/> Prior Year RMD (Only select if you are of RMD age and electing your Prior Year RMD amount)
<input type="checkbox"/> Current Year RMD (Only select if you are of RMD age and electing your Current Year RMD amount)



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NOTE: If you request a RMD withdrawal, the withdrawal will be considered a gross withdrawal.

Calculation Method (Required if Prior or Current Year RMD is selected)

Calculate the RMD for my contract using one of the calculations below:

- ☐ Life (Single) based on my date of birth **(default if no option selected)**.
☐ Joint Life Expectancy with spouse who is more than 10 years younger.

Spouse's Date of Birth / /

4. PAYMENT METHOD (Please select ONE of the following options)

☐ Single Withdrawal

☐ Systematic Withdrawal (Please choose one option):

- Frequency:** ☐ Annual
☐ Semi-Annual
☐ Quarterly
☐ Monthly

NOTE: If no frequency is selected, we will process as an annual distribution.

Please start my payments on / / (mm/dd/yyyy)

(NOTE: Not all dates are available for all contracts. If your desired payment date is not available we will set your payment to the next available date.)

Select where you would like your disbursement mailed from the options below. The alternate address below applies if "Pay total disbursement to the Owner" is selected in the Payee Designation section. If no option is selected, a check payable to the Owner will be sent to your address of record by regular mail. **NOTE: If no payment method is elected and EFT is on file, payment will be sent to your bank account on file.**

☐ Address of Record OR ☐ Alternate Address:

Street Address		
City	State	Zip

☐ Overnight - Send via Overnight Mail to my address of record. I am aware there will be a charge up to \$25.00 deducted from the disbursement amount. (This is not an option if your address of record is a Post Office Box.)

☐ EFT - For Athene to deposit money directly in your bank account using electronic funds transfer (EFT), please provide your banking information below. Athene will perform bank account validation using third-party software and if approved, Athene will utilize the banking information provided for this request and all future disbursements until Athene receives written notification to terminate or suspend the banking information. Athene may contact your financial institution to verify information regarding the banking information and to resolve any problems related to electronic deposits or errors in deposit. The date of the disbursement is when the funds are removed from your contract, not the date the funds are posted to your bank account. It may take 2-3 business days to reach your account. This processing time is dependent on your bank. Weekends and holidays may delay access to your monies, and you can contact your bank for additional information relating to fund access. **(Note: If your contract is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.)**



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4. PAYMENT METHOD - continued

Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check) □□□□□□□□	Account Number (Bottom center of check) □□□□□□□□□□□□
Type of account <input type="checkbox"/> Checking - A voided/blank check accompanying this form is not required but preferred. <input type="checkbox"/> Savings Your name must appear on the account in order to process your request.	<div>Name of Account → Joe Smith 123 Any Street Any City, US 12345 Date 1234</div> <div>Bank Name → ABC Bank PO Box 111 Any City, US 11111</div> <div>Memo :107198557: 1111111 1234</div> <div>Transit / ABA No. Checking Account Number Check Number</div>

NOTE: Your signature below authorizes Athene to electronically credit or, if necessary, electronically debit your account. If an incorrect amount is deposited this authorizes Athene to direct your bank to debit this account. This authorization will remain in effect until revoked. Direct Deposit requests can only be accepted for U.S. bank accounts. Athene reserves the right to stop EFT should suspicious activity be identified.

5. YOUR TAX WITHHOLDING ELECTION

Federal income tax withholding instructions (select one option only):

The withdrawal you receive from your annuity contract are subject to federal income tax withholding. Withholding will only apply to the portion of your withdrawal included in your income subject to federal income tax. Federal withholding of 20% is required for tax-sheltered annuities unless your distribution is a required minimum distribution. If your withdrawal is a required minimum distribution, we will withhold 10% federal income tax unless instructed otherwise. Applicable state income tax will be withheld as appropriate.

- ☐ Do not withhold federal income tax from my payment.
- ☐ Withhold federal income tax at the default rate.
- ☐ Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding more than the required amount the IRS requires you submit form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distributions. You can access this form on the IRS.gov website.

State income tax withholding instructions (select one option only):

Depending on the type of withdrawal you receive, some states require a state specific form to opt out of withholding. If you do not provide this state specific form, make an election or if your state requires a greater amount of state withholding than what has been elected below, we will withhold at the rate specified by your state of residence on file until the required state specific form is received by our office. If state withholding is elected and no percentage is specified, we will default to 5% or the mandatory percentage required in your state.

- ☐ Do not withhold state income tax from my payments.
- ☐ Withhold _____% or \$ _____ state income tax from my payment.

NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific tax situation.



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6. YOUR CONFIRMATION

NOTE: I understand that this withdrawal may be subject to surrender or withdrawal charges as defined in the contract.

IRS CERTIFICATION

Under penalties of perjury, I certify that:

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.

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.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Owner's Signature X	Owner's Title (if corporation or trust)	Signature Date (mm/dd/yyyy) / /
Spouse Signature* X	Name (please print)	Signature Date (mm/dd/yyyy) / /

*Required if you live in a community property state: (AZ, CA, ID, LA, NM, NV, TX, WA and WI)

If you are signing on behalf of the owner, print your name and provide your signature below and check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request that verifies your authorization to act on behalf of the owner, if you have not sent this documentation to us previously.

☐ Conservator ☐ Guardian ☐ Power of Attorney ☐ Assignee

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



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7. SPECIAL TAX INFORMATION

This section contains important information you should review before deciding how to receive benefits from your 403(b) TSA or other qualified retirement plan (the "Plan"). Please read carefully. You should consult your tax advisor if you require additional information.*

**Neither Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York nor any of its representatives is authorized to give legal, tax or accounting advice. The information contained in this form is Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York's understanding of current tax laws. Such laws are subject to change. Please consult your advisor for tax planning concerning your individual financial situation.*

Summary

A payment from the Plan that is eligible for "rollover" can be taken in two ways. You may have all or any portion of your payment either PAID IN A DIRECT ROLLOVER or PAID TO YOU. A rollover is a payment of your Plan benefits to your IRA or to another qualified retirement plan. The choice you make will affect the taxes you owe.

If you choose a **DIRECT ROLLOVER -**

- Your payment will not be taxed in the current year and no income tax will be withheld.
- Your payment will be made directly to your IRA or to another qualified retirement plan that accepts your rollover.
- Your payment will be taxed later when you withdraw it.

If you choose to have your Plan benefits **PAID TO YOU -**

- **You will receive only 80% of the payment because the mandatory 20% tax withholding rule applies. The 20% is sent to the IRS and credited against your taxes.**
- Your payment will be taxed in the current year unless you roll it over within 60 days to an IRA or another qualified retirement plan.
- If you receive the payment before age 59 1/2, you may also have to pay an additional 10% penalty tax.
- You can roll over the full 100% of the payment or only the 80% that you received. If you want to roll over the full 100%, you must replace the 20% that was withheld. If you roll over only the 80% received, you will be taxed on the 20% that was withheld and not rolled over.
- The amount rolled over will not be taxed until you withdraw it.

A. Payments That Can And Cannot Be Rolled Over

Payments from the Plan may be "eligible rollover distributions". This means that they can be rolled over to an IRA or to another qualified retirement plan that accepts rollovers.

Your Plan Administrator should be able to tell you what portion of your payment is an eligible rollover distribution. The following types of payments cannot be rolled over:

Payments Spread Over Long Periods: You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year that will last for:

- your lifetime (or life expectancy);
- your lifetime and that of your beneficiary's (or life expectancies); or
- a period of ten years or more.

Required Minimum Payments: Beginning in the year you reach the required minimum age, a certain portion of your payment cannot be rolled over because it is a "required minimum payout" that must be paid to you.

B. Direct Rollover

You can choose a direct rollover of all or any portion of your payment that is an "eligible rollover distribution", as previously described. In a direct rollover, the eligible rollover distribution is paid directly from the Plan to an IRA or to another qualified retirement plan that accepts rollovers. If you choose a direct rollover, you are not currently taxed on the amounts rolled over.



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7. SPECIAL TAX INFORMATION (Continued from Page 4)

Direct Rollover to an IRA. You can open an IRA to receive the direct rollover. (The term "IRA," as used in this notice, includes individual retirement accounts and individual retirement annuities.) If you choose to have your payment made directly to an IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to an IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish an IRA to receive the payment. However, in choosing an IRA, you may wish to consider whether the IRA you choose will allow you to move all or a part of your payment to another IRA at a later date, without penalties or other limitations. See IRS Publication 590, Individual Retirement Arrangements, for more information on IRAs (including limits on how often you can roll over between IRAs).

Direct Rollover of a Series of Payments. If you receive eligible rollover distributions that are paid in a series of payments for less than ten years, your choice to make or not make a direct rollover for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series.

C. Payments Paid To You

If you have the payment made to you, it is subject to 20% income tax withholding. The payment is taxed in the year you receive it unless within 60 days, you roll it over to an IRA or another qualified retirement plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

Income Tax Withholding:

Voluntary Withholding. If any portion of your payment is not an eligible rollover distribution but is taxable, the mandatory withholding rules described do not apply. In this case, you may elect not to have withholding apply to that portion. To elect out of withholding, ask the Plan administrator for the election form and related information.

Mandatory Withholding. If any portion of the payment to you is an eligible rollover distribution, the Plan is required by law to withhold 20% of that amount. This amount is sent to the IRS as income tax withholding. For example, if your eligible rollover distribution is \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, you will report the full \$10,000 as payment from the Plan. You will report the \$2,000 as tax withheld and it will be credited against any income tax you owe for the year.

Additional Tax Information:

Additional 10% Tax If You Are Under Age 59 1/2. If you receive a payment before you reach age 59 1/2 and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax does not apply to your payment if it is (1) paid to you because you separate from service with your employer during or after the year you reach age 55, (2) paid because you retire due to disability, (3) paid to you as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (4) used to pay certain medical expenses or (5) payment up to \$5,000 made to you if the payment is a qualified birth or adoption distribution. See IRS Form 5329 for more information on the additional 10% tax.

D. Surviving Spouses, Alternative Payees, And Other Beneficiaries

In general, the rules previously summarized, also apply to payments to the surviving spouses of employees and to spouses of former spouses who are "alternate payees". You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order," which is an order issued by a court, usually in connection with a divorce or legal separation. Some of the rules previously summarized also apply to a deceased employee's beneficiary who is not a spouse. However, there are some exceptions for payments to surviving spouses, alternate payees, and other beneficiaries that should be mentioned.

If you are a surviving spouse, you may choose to have an eligible rollover distribution paid in a direct rollover to an IRA or paid to you. If you have the payment paid to you, you can keep it, roll it over to an IRA or roll it over to a qualified retirement plan. If you are an alternate payee, you have the same choices as the employee. Thus, you can have the payment paid as a direct rollover or paid to you. If you have it paid to you, you can keep it or roll it over yourself to an IRA or to another qualified retirement employer plan that accepts rollovers. If you are a beneficiary other than the surviving spouse, you cannot choose a direct rollover, and you cannot roll over the payments yourself. If you are a surviving spouse, an alternate payee, or another beneficiary, you may be able to use the special tax treatment for lump sum distributions and the special rule for payments that include employer stock. If you receive a payment because of the employee's death, you may be able to treat the payment as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the Plan.



7. SPECIAL TAX INFORMATION (Continued from Page 5)

How To Obtain Additional Information

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

NOTE: Your Plan may require approval by the Plan Administrator prior to Athene processing your disbursement request. Please contact your Plan Administrator for your Plan's rules.