

Withdrawal Request Tax Sheltered Annuity (TSA)



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

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.
- If you are requesting your Required Minimum Distribution, please use the Required Minimum Distribution (RMD) Request Form (15140).
- 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"/> Partial Withdrawal: <input type="checkbox"/> Dollar Amount \$_____ <input type="checkbox"/> Amount of your current contract value equal to _____%
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"/> Other (describe):



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

<input type="checkbox"/> Single Withdrawal
<input type="checkbox"/> Systematic Withdrawal (Please choose one option): <input type="checkbox"/> 1st day of the month <input type="checkbox"/> 15th day of the month
Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
NOTE: If no frequency is selected, we will process as an annual distribution.
Please start my payments on <input style="width: 100px;" type="text" value=" / / "/> (mm/dd/yyyy)
<i>(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.)</i>

5. YOUR TAX WITHHOLDING ELECTION

Mandatory Withholding: IRS regulations require that a mandatory 20% of your withdrawal from a Tax Sheltered Annuity (TSA) must be withheld for Federal Income Taxes unless you are requesting a Required Minimum Distribution (RMD), a direct rollover to another qualified retirement plan or a series of periodic payments over your life expectancy, the joint life expectancies of you and your beneficiary, or a period of ten years or more.

To elect a higher rate, indicate percentage or amount: Withhold ____% or \$_____ Federal Income Tax

NOTE: The requested amount must be 20% or greater.

Applicable state income tax will also be withheld as appropriate. To make an election for State Income Tax, select one of the following options:

I hereby elect NOT to have State Taxes withheld Withhold ____% or \$_____ State Income Tax

NOTE: If you live in a state that has mandatory State Withholding, state taxes will be withheld at the required rate.

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



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6. YOUR CONFIRMATION

NOTE: this form must be received by the Company within 60 days of the signature date.

I understand that this withdrawal is subject to any applicable 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	



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:

Non-taxable Payments. In general, only the "taxable portion" of your payment is an eligible rollover distribution. If you have made "after-tax" employee contributions to the Plan, these contributions will be non-taxable when they are paid to you, and they cannot be rolled over. (After-tax employee contributions generally are contributions you made from your own pay that were already taxed.)

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 age 70 1/2, 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.

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), or (4) used to pay certain medical expenses. 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

This notice summarized only the federal (not state or local) tax rules that may apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may wish to consult your tax advisor before you take a payment of your benefits from the Plan. Also, you can find more specific information on the tax treatment of payments from qualified retirement plans in IRS Publication 575, Pension and Annuity Income and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office 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.