

ANNUITY SUITABILITY QUESTIONNAIRE



Athene Annuity and Life Company

Mailing Address: PO Box 1555, Des Moines, IA 50306-1555
 Overnight Address: 7700 Mills Civic Parkway, West Des Moines, IA 50266-3862
 Annuity Customer Contact Center - Tel: 888-266-8489 Fax: 866-709-3922

Agents: Please return completed form to Athene **within 10 calendar days of being signed** and provide a copy to the customer no later than delivery of the contract.

Please complete this worksheet and submit with your application. The financial and personal information requested on this form is required to verify if the product meets your needs and objectives. This form must be completed, signed, and dated to consider your application complete. **Incomplete forms will delay processing.**

- For Revocable Trust ownership, complete the worksheet on behalf of the grantor/settlor.
- For Irrevocable Trust ownership, employment status, date of birth, age and sex should be completed on behalf of the annuitant. The remainder of the questionnaire should be completed on behalf of the trust.
- For all other non-natural owners, employment status, date of birth, age and sex should be completed on behalf of the annuitant. The remainder of the questionnaire should be completed on behalf of the entity.

Household means the applicant and applicant's spouse or domestic partner, as applicable by state law.

| | | | | |
|---------------------------------------|--|--|-------------------------------------|----------------------------------|
| OWNER: | | | | |
| Last: | | First: | | Middle: |
| Date of Birth (MM/DD/YY): / / | | Age: | Sex: | |
| Entity (if applicable): | | | | |
| Tax Status: | | Relationship to Annuitant(s): | | |
| Employment Status <i>Check one</i> | <input type="checkbox"/> Employed (Full and Part time) | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Disabled | <input type="checkbox"/> Student | |
| Form of Ownership: | | | | |
| Supporting documents (list): | | | | |

| | | | | |
|---|--|--|-------------------------------------|----------------------------------|
| JOINT OWNER: (complete separate form if not owner's spouse/domestic partner) | | | | |
| Last: | | First: | | Middle: |
| Date of Birth (MM/DD/YY): / / | | Age: | Sex: | |
| Entity (if applicable): | | | | |
| Tax Status: | | Relationship to Annuitant(s): | | |
| Employment Status <i>Check one</i> | <input type="checkbox"/> Employed (Full and Part time) | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Disabled | <input type="checkbox"/> Student | |
| Form of Ownership: | | | | |
| Supporting documents (list): | | | | |

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



FINANCIAL INFORMATION:

| | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---------------------------------|---|--------------------------------------|--|-------------------------------------|---|-----------------------------------|--|-------------------------------|--|--|
| A. Owner's Annual Income: | \$ | | | | | | | | | | | | | | | |
| <p>B. Owner's Source of Income: <i>Check all that apply. For personal owned contracts, DO NOT include income from business accounts. For business owned contracts, DO NOT include income from personal accounts.</i></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Household Wages/Salary</td> <td style="width:33%;"><input type="checkbox"/> 401(k)/Pension Plan</td> <td style="width:33%;"><input type="checkbox"/> Social Security (not including disability)</td> </tr> <tr> <td><input type="checkbox"/> Rental Income</td> <td><input type="checkbox"/> 403(b)</td> <td><input type="checkbox"/> Investment Income/RMDs</td> </tr> <tr> <td><input type="checkbox"/> *Disability</td> <td><input type="checkbox"/> *Unemployment</td> <td><input type="checkbox"/> *Severance</td> </tr> <tr> <td><input type="checkbox"/> *Child Support</td> <td><input type="checkbox"/> *Alimony</td> <td><input type="checkbox"/> Business Income (to be used for corporate owned contracts only)</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td></td> <td></td> </tr> </table> <p>*If "disability," "unemployment," "severance," "child support" and/or "alimony" are selected, provide the monthly amount received \$_____, and how long that income is expected to continue ____ years/months (circle one).</p> | | <input type="checkbox"/> Household Wages/Salary | <input type="checkbox"/> 401(k)/Pension Plan | <input type="checkbox"/> Social Security (not including disability) | <input type="checkbox"/> Rental Income | <input type="checkbox"/> 403(b) | <input type="checkbox"/> Investment Income/RMDs | <input type="checkbox"/> *Disability | <input type="checkbox"/> *Unemployment | <input type="checkbox"/> *Severance | <input type="checkbox"/> *Child Support | <input type="checkbox"/> *Alimony | <input type="checkbox"/> Business Income (to be used for corporate owned contracts only) | <input type="checkbox"/> None | | |
| <input type="checkbox"/> Household Wages/Salary | <input type="checkbox"/> 401(k)/Pension Plan | <input type="checkbox"/> Social Security (not including disability) | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> 403(b) | <input type="checkbox"/> Investment Income/RMDs | | | | | | | | | | | | | | |
| <input type="checkbox"/> *Disability | <input type="checkbox"/> *Unemployment | <input type="checkbox"/> *Severance | | | | | | | | | | | | | | |
| <input type="checkbox"/> *Child Support | <input type="checkbox"/> *Alimony | <input type="checkbox"/> Business Income (to be used for corporate owned contracts only) | | | | | | | | | | | | | | |
| <input type="checkbox"/> None | | | | | | | | | | | | | | | | |
| C. Annual Household Income: | \$ | | | | | | | | | | | | | | | |
| D. Annual Household Expenses: | \$ | | | | | | | | | | | | | | | |
| <p>E. Do you or your spouse/domestic partner have any of the following:</p> <ul style="list-style-type: none"> • Existing Athene annuities? • Other pending Athene annuities? • Other applications being submitted to Athene with this application? <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | | | | | | | | | | | | | | | | |
| <p>If question E is "yes," please list contract #'s as well as spouse/domestic partner name and last 4 of SSN:</p> <ul style="list-style-type: none"> • Existing/Pending Athene Contract #s: _____ • Spouse/Domestic Partner Name: _____ • Spouse/Domestic Partner Last 4 of SSN: _____ | | | | | | | | | | | | | | | | |

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



FINANCIAL INFORMATION: (continued)

- All Financial Information below should be completed based on household financials. If submitting multiple contracts for the household, all financial information should match. Check all that apply. For personal owned contracts, DO NOT include assets from business accounts. For business owned contracts, DO NOT include assets from personal accounts.
- Primary residence/land, automobiles and personal property cannot be included as part of your financial information.
- Athene will calculate the Household Existing Assets which is equal to "Existing Liquid Net Worth (F1) plus Existing Non-Liquid Net Worth (F2) minus Total Household Liabilities/Debt (F3)"
- Please include ALL annuities currently held at Athene and outside of Athene. This should include all forms of annuities including 403(b) and 457(b) annuity plans.
- For annuities in or out of surrender term, provide the higher of the Accumulated Value or Surrender Value in sections F1 and F2.

INCLUDE PROPOSED ANNUITY PREMIUM(S) BASED ON WHERE FUNDS ARE CURRENTLY HELD

LEAVING QUESTIONS BLANK IS NOT ALLOWED & WILL RESULT IN CUSTOMER CORRECTIONS
"0," "N/A" OR "--" ARE ALLOWED

| F1. Household Liquid Assets | | F2. Household Non-Liquid Assets | |
|--|----|---|----|
| Checking/Savings | \$ | Cash Value of Life Insurance | \$ |
| IRA (Non-Annuity) (if age 59 1/2 or above) | \$ | IRA (Non-Annuity) <i>(include B shares)</i> (if under age 59 1/2) | \$ |
| Certificates of Deposit | \$ | Real Estate Equity <i>(exclude primary residence/home/land)</i> | \$ |
| 403(b)/457(b) Mutual Funds <i>(Including group and individual mutual funds)</i> | \$ | 403(b)/457(b) Mutual Funds <i>(Including group and individual mutual funds)</i> | \$ |
| Stocks/Bonds/Mutual Funds <i>(excluding B shares, 403(b) mutual funds and 457(b) mutual funds)</i> | \$ | Annuities in Surrender Term (for all ages) <i>(including IRA annuities, 457(b) annuities and Group/Individual 403(b) annuities)</i> | \$ |
| Annuities out of Surrender Term (if age 59 1/2 or above) <i>(including IRA annuities, 457(b) annuities and Group/Individual 403(b) annuities)</i> | \$ | Annuities out of Surrender Term (if under age 59 1/2) <i>(including IRA annuities, 457(b) annuities and Group/Individual 403(b) annuities)</i> | \$ |
| 401K (if age 59 1/2 or above and separated from service) | \$ | 401K (if under age 59 1/2 and/or not separated from service) | \$ |
| Thrift Savings Plan (TSP) (if age 55 or above and separated from service) | \$ | Thrift Savings Plan (TSP) (if under age 55 and/or not separated from service) | \$ |
| Money Market/Brokerage Account <i>(excluding B shares)</i> | \$ | | |
| Cash/Precious Metals <i>(excluding jewelry, coins, etc.)</i> | \$ | | |
| F3. Total Household Liabilities/Debt <i>(excluding mortgage on primary residence and/or automobile debt)</i> | | | \$ |

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



FINANCIAL INFORMATION: (continued)

| | |
|---|---|
| G. Household Existing Assets | Equal to: F1 + F2 - F3 |
| H. Household Existing Liquid Net Worth | Equal to: Sum of F1 |
| I. Do you or your household currently own any annuities? Please list: | <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," equal to: annuity values shown in F1 & F2 |
| J. Do you or your household currently own life insurance? If "yes," please list total amount: | <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," \$ _____ |
| K. Does your income cover all your household living expenses including medical? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Do you expect changes to your household living expenses? If "yes," please complete the section below: <input type="checkbox"/> Increase: amount \$ _____ in _____ years <input type="checkbox"/> Decrease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. Do you anticipate changes in your household out-of-pocket medical expenses? If "yes," please complete the section below: <input type="checkbox"/> Increase: amount \$ _____ in _____ years <input type="checkbox"/> Decrease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| N. Is your household income sufficient to cover future changes in your household living and/or out-of-pocket medical expenses during the surrender charge period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| O. Do you or your household have an emergency fund for unexpected expenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

P. Why are you purchasing this annuity? Check all that apply & must be consistent with Question X

- Accumulation/Growth
- Indexed Strategy Options
- Liquidity
- Principal Protection
- Tax Deferral
- Pass Assets to Beneficiaries
- Provides Guarantees

PLEASE SELECT RIDER NEEDS AND OBJECTIVES BELOW, IF APPLICABLE

- **RIDER(S) WITHOUT CHARGES:** If the rider is included at **NO CHARGE**, please **ONLY** select the applicable rider(s) below if that is a customer need/objective.
- **RIDER(S) WITH CHARGES:** If the annuity you are purchasing has a rider **FOR A CHARGE**, the applicable rider **MUST** be selected below or it will require customer corrections.

- Lifetime Income Rider
- Return of Premium Rider
- Death Benefit Rider
- Enhanced Liquidity Rider

***If a rider is selected above that is not available on the product being purchased, Athene will be unable to accept the application.**

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



FINANCIAL INFORMATION: (continued)

Q. What are your financial objectives for this purchase? *Check all that apply*

- Income Growth (long term) Safety of Principal and Income
- Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
- Other: _____

R. Describe your risk tolerance: *Check all that apply*

- Conservative Moderately Conservative Moderate Moderately Aggressive
- Aggressive Other: _____

Comments: *If Aggressive is selected, please explain how this annuity fits your risk tolerance.*

S. Please list your household investment experience by type, and length of time with each:

- Annuities ____ years Bonds ____ years Brokerage Account ____ years
- Certificates of Deposit ____ years ETFs ____ years
- Life Insurance (excluding term insurance) ____ years Money Market ____ years
- Mutual Funds ____ years Stocks ____ years None

What is the source of the funds for the purchase of the proposed annuity?

T. Are any of the funds being used to purchase this annuity from any of the non-replacement sources listed below? If yes, indicate by checking this box. Yes

If the above box is not selected, Athene will assume the non-replacement source of funds is not applicable. Question U must be completed if Question T is left blank.

- *Checking/Savings
- Certificate of Deposit
- Stocks/Bonds/Mutual Funds
- Money Market/Brokerage Account
- IRA (Non-Annuity)
- 403(b) Group Annuity
- Group & Individual 403(b)/457(b) Mutual Funds
- 401k/Pension Plan
- Thrift Savings Plan

*If **\$250,000 or more is coming from a checking/savings account**, what is the origin of the funds prior to being placed in the checking/savings account? _____

U. Are any of the funds being used to purchase this annuity from any of the replacement sources listed below? If yes, indicate by checking this box. Yes

If the above box is not selected, Athene will assume the replacement source of funds is not applicable. Question T must be completed if Question U is left blank.

- Annuity
- IRA Annuity
- 403(b) Individual Annuity
- Life Insurance

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



FINANCIAL INFORMATION: (continued)

V. How many years from today will you need access to your funds without a penalty, excluding penalty free withdrawals, lifetime income rider payouts and RMDs? _____ years

W. Will the proposed annuity replace any product? (annuity or life insurance) Yes No

If "yes," will you pay a penalty or charge to obtain these funds? Yes No

If "yes," the amount of the charge or penalty (excluding positive or negative MVA) \$ _____

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)

AGENT'S CONFIRMATION:

Note: The following three sections (questions X, Y and Z) to be completed by the agent, insurer, or Managing General Agent proposing purchase. Each section requires a response. No section may be left blank or contain a response consisting of "None" or "N/A".

X. Advantages of purchasing the proposed annuity: Check all that apply. Must be consistent with Question P

- Accumulation/Growth
- Indexed Strategy Options
- Liquidity
- Principal Protection
- Tax Deferral
- Pass Assets to Beneficiaries
- Provides Guarantees

PLEASE SELECT RIDER NEEDS AND OBJECTIVES BELOW, IF APPLICABLE

- **RIDER(S) WITHOUT CHARGES:** If the rider is included at **NO CHARGE**, please **ONLY** select the applicable rider(s) below if that is a customer need/objective.
- **RIDER(S) WITH CHARGES:** If the annuity you are purchasing has a rider **FOR A CHARGE**, the applicable rider **MUST be selected below** or it will require customer corrections.

- Lifetime Income Rider
- Return of Premium Rider
- Death Benefit Rider
- Enhanced Liquidity Rider

***If a rider is selected above that is not available on the product being purchased, Athene will be unable to accept the application.**

Y. Disadvantages of purchasing the proposed annuity: Check all that apply

- Surrender Charges/Withdrawal Charge Term
- Limited Growth Potential
- Limited Penalty Free Withdrawals
- Additional Contributions Not Allowed

Z. The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies)? _____

Agent's Signature

Date (MM/DD/YYYY)

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.



ACKNOWLEDGEMENTS AND SIGNATURES:

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

ADDITIONAL INFORMATION:

OWNERS CONFIRMATION:

By signing below, I acknowledge that:

- The information I provided on pages 1 through 7, regarding my financial status, tax status, financial objectives, identification information and any other information requested by my agent is complete and accurate to the best of my knowledge.
- Neither the Company nor its representatives offer legal or tax advice and that I have been advised to consult my own personal attorney or tax advisor on any tax matters. I am aware that any withdrawals taken from the annuity may result in a taxable event.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



EXPLANATION OF TERMS:

"Age" is the natural person's attained age on the day the form is completed.

"Annual household income" is the combined annual income received by all household members each calendar year.

"Annual income" is income received during a calendar year, whether earned or unearned.

"Existing Assets" are financial assets including life insurance and annuities.

"Existing Liquid Net Worth" is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

"Financial Objectives" are owner's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

"Form of Ownership" is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

"Risk Tolerance" means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

"Source of annual income" is the income-generating source, such as pension income, dividends, or earned income etc.

"Source of the funds" to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

"Supporting documents" are the documents that provide a basis for the relationship between the Proposed Annuitant and the Owner as it may exist.

"Tax Status" is the owner's Federal Income Tax filing status such as "single" or "married filing jointly"; if "Exempt", so state.

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



Standard of Care Guidelines for Producers - Suitability and Best Interest



To help you make appropriate recommendations under the applicable standard of care, Athene Annuity and Life Company and/or Athene Annuity & Life Assurance Company of New York (collectively and separately, as context requires, the "Company" or "Athene") are providing the following information about Athene's standard of care review process. The standard of care program was put in place to benefit both you and the consumer and the following guidelines are designed to identify and discourage inappropriate sales and replacements in order to help you meet regulatory requirements.

This document includes specific scenarios you may encounter when collecting information to make an appropriate determination under the applicable standard of care and is intended to help you understand Athene's guidelines if you are considering recommending an Athene annuity. The guidelines are not all inclusive and are subject to change. Adherence to the guidelines does not guarantee Athene will determine the purchase of an annuity or replacement of a life insurance policy or annuity suitable for the consumer.

Company Position:

Athene is committed to meeting the needs of consumers through appropriate annuity sales. All recommendations for the purchase of an annuity, or the exchange of an annuity or life insurance product, should be appropriate for the consumer under the applicable standard of care based on information known by the producer at the time the recommendation is made. Prior to making a recommendation, the producer must obtain relevant information from consumers regarding their insurance needs and financial objectives. When giving a recommendation you should also remind consumers to discuss their annuity purchase with their tax advisor or legal professional.

For additional information about Athene's standard of care policies, please see "Doing Business with Athene Producer Guide" (form [19608](#)).

Standard of Care Review Process:

The objective of Athene's Standards Review Team (SRT) is to review applications to ensure appropriate documentation exists to support the recommended sale. The Athene standard of care review process is designed for compliance with applicable regulations by documenting the producer's reasonable basis for making the recommendation. Please note that if needed, Athene may contact you during the standard of care review to request additional information and/or form corrections from either yourself and/or the consumer.

Consumer Acknowledgement:

Any changes in financial information, needs/objectives, reasons for purchasing the Athene annuity, replacement reasoning, etc. will require corrections to the Customer Identification and Suitability Confirmation Worksheet and/or the product comparison worksheet. Athene will require that the consumer correct the forms by either having corrections made to the forms with the consumers' initials and dates or by having the consumer call Athene and provide the changes over a recorded line (Florida requires all information to be corrected in writing, initialed and dated by the consumer). In addition, any changes to financial information will require a detailed explanation as to how and why the values are changing. Athene requires details as to what assets were initially included/not included and the value of each asset. This information can be provided by the producer or consumer only and can be taken either in writing or verbally to Athene over a recorded line. Additional information regarding changes to needs/objectives, reasons for purchasing the Athene annuity, replacement reasoning, etc. may require further explanation from the producer and/or the consumer.

Consumer Contact:

You and the consumer(s) should be aware that Athene may contact the consumer(s) by phone as part of our standard of care review. Athene routinely calls all consumers age 75 and above and all consumers applying for an internal replacement. Additionally, Athene reserves the right to contact any consumer directly as part of its standard of care review.

For additional information regarding consumer contact, please see [form 21841](#).



Standard of Care Guidelines for Producers - Suitability and Best Interest



Declines:

There are situations where Athene will decline to issue a contract because the recommendation does not comply with the applicable standard of care. Examples of those situations may include, but are not limited to:

- Annuities that are funded with funds from a reverse mortgage or mortgage related transaction.
- Replacements of an annuity with an Athene annuity where the net surrender loss, after any applicable Athene premium bonus, exceeds 2%. If replacing a variable annuity, Athene will consider any annual fees that the consumer may save as part of the replacement. Please remember Income Base Bonuses and Benefit Base Bonuses cannot be used to offset surrender loss.
- Replacements that would result in any net surrender loss, after any applicable Athene premium bonus, in **California and New York**.
- Athene does not accept any replacements that are still within the surrender charge schedule in **Minnesota**, including penalty free withdrawals/replacements.
- Replacements of an income rider product with an Athene income rider product where the income guaranteed by the Athene product is less than what the product being replaced would guarantee at the time the consumer(s) anticipates starting income.
- Replacement of an annuity with an income rider, or a two-tiered annuity that provides an income payout, with an Athene annuity that does not have an income rider without appropriate rationale and documentation.
- Replacements of annuities with high death benefit and/or death benefit rider values, including both lump sum and annuitized payouts.
 - » If the difference between the surrender value, after any applicable Athene premium bonus, and the death benefit value/death benefit rider value is higher than the guidelines below:
 - Consumer(s) Age 69 and under: difference of 10%;
 - Consumer(s) Age 70-74: difference of 5%; or
 - Consumer(s) Age 75 and above: difference of 3%
 - » For replacements where Athene will provide a higher guaranteed income payout, Athene will provide an income rider that is not currently available to the consumer or where a variable annuity is being replaced for principal protection, the difference between the surrender value, after any applicable Athene premium bonus, and the death benefit value/death benefit rider value is higher than the guidelines below:
 - Consumer(s) Age 69 and under: difference of 20%;
 - Consumer(s) Age 70-74: difference of 15%; or
 - Consumer(s) Age 75-79: difference of 10%; or
 - Consumer(s) Age 80 and above: difference of 3%
- Replacements of annuities with a 4% or higher guaranteed fixed rate or current fixed rate.
- The consumer needs/objectives indicated on the applicable Suitability and Best Interest Worksheet are not met by the product selected. A consumer's needs/objectives cannot be changed to fit the product being purchased. A new product would need to be solicited that would meet all the consumer's previously selected needs/objectives.
- The consumer has less than \$500 disposable monthly income **and** has less than twelve months of income covered by liquid assets.
- The consumer is currently unemployed and does not have a spouse (or domestic partner, if applicable under state law) with monthly income sufficient to cover all household monthly expenses, excluding any unemployment income.
- Insufficient Liquid Assets
 - » A consumer under the age of 59.5 that has less than three months of expenses covered by liquid assets.
 - Liquid assets cannot include any qualified assets.
 - Allowable liquid assets include checking/savings, stocks/bonds, non-qualified mutual funds, non-qualified certificates of deposit and non-qualified money markets.



Standard of Care Guidelines for Producers - Suitability and Best Interest



- » A consumer that is age 59.5 or above that has less than six months of expenses covered by liquid assets.
 - In addition to the allowed liquid assets listed above, consumers age 59.5 or above may include qualified assets, annuities out of the surrender period, free withdrawals and pension/401k funds (if the consumer is separated from service) as part of their liquid assets.
- » Athene does not allow the consumer's personal property to be included in their household liquid assets. Examples of personal property include: Guns, furniture, appliances, other household items, clothing, jewelry, etc. Other examples of items that cannot be considered as part of the consumer's liquid assets are: Health savings accounts (HSA), cash value of life insurance, home equity lines of credit (HELOC), lines of credit, funds from a reverse mortgage, equipment/tools/tractors/farm equipment, antiques, etc. If any of these items are used as part of the consumer's liquid assets, corrections will be required from the consumer and/or Athene may be unable to accept the application.
- Athene does not allow the consumer's primary residence/land, automobiles (including motorcycles, boats, ATVs, classics, vintage, etc.) or personal property to be included in their household net worth. Examples of personal property include: Guns, furniture, appliances, other household items, clothing, jewelry, etc. If any of these items are used as part of the consumer's net worth, corrections will be required from the consumer and/or Athene may be unable to accept the application.
- A lack of information to support the sales recommendation.
- Contact with the consumer(s) indicates:
 - » A general lack of awareness about the sales transaction including the benefits/features of the annuity and/or conditions, limitations, or restrictions on receiving funds from the Athene annuity.
 - » That their financial information, financial situation, future needs and/or objectives were not discussed with the writing producer prior to completing the application.
- Exceeding Athene's annuity premium to net worth guidelines:
 - » For consumers with a net worth of \$100,000 or under, Athene does not accept applications for consumers who currently have or would have higher than 50% of their net worth in annuities.
 - » For consumers with a net worth above \$100,000, Athene will potentially accept up to 70% of their net worth in annuities. Approval up to 75% is at the discretion of Athene and additional information may be required from the consumer and/or producer. Athene does not accept applications for consumers who currently have or would have higher than 75% of their net worth in annuities.
- Inconsistent information from the producer, consumer(s) and/or the documentation submitted.
- Replacement of an annuity issued within the previous 24 months, including penalty free withdrawals or if the annuity has not yet reached its first crediting anniversary, whichever is longer.
- Purchasing an Athene annuity in order to attempt to qualify for means-tested government benefits in **California**.
- An Athene annuity does not provide Long Term Care (LTC) insurance nor is it a substitute for such coverage. Therefore, an LTC benefit is not an acceptable reason to purchase an Athene annuity. Any reference to LTC will require producer and/or customer corrections to the Suitability/Best Interest Worksheet.
- FL specific guidelines
 - » Income does not cover all household living expenses including medical expenses.
 - » Household income is not sufficient to cover future changes in household living and/or out-of-pocket medical expenses during the surrender charge period.
 - » The consumer or the consumer's household does not have emergency funds for unexpected expenses.
 - » The consumer refused to provide or provided limited information at the time of solicitation.
 - » The annuity purchase is not based on the recommendation of the agent or the insurer.
- NY specific guidelines
 - » The consumer does not understand and/or does not accept that there are non-guaranteed elements in the annuity.
 - » The producer did not describe the limitations, if any, on the types of financial products they can offer before recommending the annuity.



Standard of Care Guidelines for Producers - Suitability and Best Interest



- » The producer did not determine, based on the customer's objectives, risk tolerance, financial circumstances and needs, that the purchase of a fixed annuity was in the customer's best interest.
- » In the producer's professional opinion, the annuity was not in the customer's best interest as compared to other annuity options.

Non-Resident Sales/Cross-Border Sales

The Athene standard of care review process also includes review of non-resident sales for compliance with state regulations. A "non-resident sale" (sometimes referred to as a "cross-border sale") occurs whenever a customer buys an annuity contract outside his or her state of residence. You and the consumer(s) should be aware that some states prohibit cross-border sales to residents of their states in general.

- It is Athene's interpretation that the following states do not permit sales of insurance products to their residents outside their state of residence: Arkansas, Massachusetts, Minnesota, Mississippi, New York, Utah, Washington, and Wisconsin. Athene does not allow for such sales and will decline any application for a cross-border sale to residents of these states. Note, non-resident prohibitions vary for Arkansas and Mississippi residents. Please review the Non-Resident Information Sheet ([form 16257](#)) for additional information on Athene's rules for these sales.

Even in cases in which the sale is appropriately in a state other than the applicant's residence state, the Non-resident Information Sheet is completed and an explanation for the non-resident sale is provided, Athene reserves the right to decline applications based on the information provided or other information known to the Company. State insurance departments closely examine transactions in which residents of their states are being sold insurance products outside their jurisdiction. The repercussions for producers and insurance companies can be severe, and may include the issuance of fines or penalties, remediation, or suspension of producer licenses.

Summary:

Athene's standard of care program is designed to benefit consumers and help producers meet and/or exceed regulatory requirements. It is required that every recommendation you make to purchase or exchange an Athene annuity product be appropriate for the consumer under the applicable standard of care. A decision to recommend an annuity should be based on a careful analysis of the information gathered from the consumer. By making sure consumers understand the features, benefits, risks, costs and fees associated with the annuity, you can help ensure consumer satisfaction and compliance with regulatory requirements.

Questions

The Athene Sales Desk is happy to discuss the appropriateness of a potential sale with you. While we cannot make a determination that a recommendation would satisfy the applicable standard of care over the phone, we can discuss the case and let you know of any questions or concerns we may have based on the information you share. Simply call the Sales Desk at 888-ANNUITY (266-8489) during normal business hours or visit [Athene Connect](#), our producer website.



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