

# Systematic Withdrawal Request

**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 begin receiving systematic withdrawals under your contract.

If your contract is a Tax-Sheltered Annuity (TSA), please use Form 55299 - Withdrawal Request-Tax Sheltered Annuity (TSA).

### 1. INFORMATION ABOUT THE OWNER

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date				
Contract Number(s)			<input type="checkbox"/> Address Change Requested*	
Mailing Address	City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)	City	State	Zip	Country
Social Security Number / TIN	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. YOUR PAYMENT OPTIONS

<b>Payments:</b>	<p>Please select one of the following options. <b>PLEASE NOTE:</b> All options are NOT available for all products. We will contact you if you select an option that is not available to your contract.</p> <p><input type="checkbox"/> Penalty Free Amount</p> <p><input type="checkbox"/> Interest (<i>Not an option on Indexed Annuities.</i>)</p> <p>The first payment will equal the total interest accumulated since the contract issue date. All subsequent disbursements will include any new/additional interest accrued since date of last disbursement. If excess disbursements cause the contract's Accumulated Value to fall below the amount of the original/initial premium, no interest withdrawals will be made until the Accumulated Value exceeds the original/initial premium. At that point, Interest only payments will resume.</p> <p><input type="checkbox"/> Gross Amount* - Please send me a gross amount of \$ <input type="text"/> each period.</p> <p>*If the amount elected exceeds the amount available without penalty, a surrender charge will be deducted.</p>
<b>Frequency:</b>	<p><b>Note: If no frequency is selected, we will process as an annual withdrawal.</b></p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Semi-Annual</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Monthly</p> <p>Please start my payments on <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)</p> <p><i>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. Requests for payments after the 28th of the month will be processed on the 28th.</i></p>



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## 3. SUSPEND PAYMENTS

Suspend my current payments: (Choose one of the following options)

- ☐ Immediately
- ☐ Effective (mm/dd/yyyy)\_\_\_\_\_

## 4. YOUR DIRECT DEPOSIT

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.)**

Account Name (as it appears on the account)	Bank Name
Routing Number (Bottom left of check): □□□□□□□□	Account Number (Bottom center of check): □□□□□□□□□□□□
<p>Type of account:</p> <p><input type="checkbox"/> Checking - A voided/blank check accompanying this form is not required but preferred.</p> <p><input type="checkbox"/> Savings</p> <p>Your name must appear on the account in order to process your request.</p>	

Account Name →

Bank Name →

Memo →

Routing /Transit / ABA No.      Account Number      Check Number

Joe Smith  
123 Any Street  
Any City, US 12345

ABC Bank  
PO Box 111  
Any City, US 11111

:107198557:      1111111      1234

1234      Date \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

**VOID**

**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.

[SECTION INTENTIONALLY LEFT BLANK]

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## 5. YOUR TAX WITHHOLDING ELECTION

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

The withdrawals you receive from your annuity contract are subject to 10% federal income tax withholding. You may elect to not have withholding apply. Withholding will only apply to the portion of your withdrawal included in your income subject to federal income tax. If you choose to withhold federal income tax, we may also be required to withhold state income tax. If you DO NOT make a withholding election, 10% federal income tax with the 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 of 10%.
- ☐ Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding other than 10%, 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.**

## 6. YOUR STRATEGY ALLOCATIONS (Indexed Annuities Only)

Please choose how you would like your payments to be taken from your strategies. If you do not specify a strategy or strategies to withdraw from, the payment will default according to contract specifications.

**NOTE: This option is not available on all policies. Please check your contract regarding your ability to choose which strategies to take your payments from.**

- ☐ Contract Default
- ☐ Other - please specify below

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## 7. YOUR CONFIRMATION

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

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