

Systematic Withdrawal 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

INSTRUCTIONS

Use this form to begin receiving systematic withdrawals under your contract.

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

1. INFORMATION ABOUT THE OWNER

First Name		Middle Initial	Last Name	
Contract Number				
Date of Birth (mm/dd/yyyy) / /		Social Security Number (last four digits) X X X - X X -		Contact Telephone Number
Mailing Address			Email Address	
City		State	Zip	Address Change Requested:* <input type="checkbox"/>
Street Address (REQUIRED if mailing address is a P.O. Box)				
City		State	Zip	

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

2. YOUR PAYMENT OPTIONS

Payments:	<p>Please select one of the following options. PLEASE NOTE: 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 <input type="checkbox"/> Interest (if available)</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>
Frequency:	<p>Note: If no frequency is selected, we will process as an annual withdrawal.</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly</p> <p>Please process my payments on <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)</p> <p>(Not all dates are available for all contracts. If your desired date is not available we will set your withdrawal to the next available date.)</p>

PLEASE NOTE: We will begin processing your payment on the date entered above; please allow for processing and mail time. If funds are being sent by Electronic Funds Transfer (EFT) please allow 2-3 business days for funds to post to your account. Due to the pre-note process at your bank, it may take 10-14 days to setup the first transfer of funds. If changes are requested, please allow 15 days for processing.



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3. YOUR DIRECT DEPOSIT

To provide faster access to your money, we will deposit your money directly in your bank account using Electronic Funds Transfer (EFT). Please provide the following information: **(Note: EFT is not available for all contracts.)**

Account Name (as it appears on the account)	Bank Name
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Routing Number (Bottom left of check):

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Account Number (Bottom center of check):

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Type of account: (Your name must appear on the account in order to process your request.)

- Checking - Please attach a voided check for the listed account.
- Savings

Name of Account →	Joe Smith 123 Any Street Any City, US 12345	1234
		Date _____
	Pay to the order of _____	\$ _____
		Dollars
Bank Name →	ABC Bank PO Box 111 Any City, US 11111	
	Memo _____	
	:107198557: _____	1111111 _____
		1234 _____
	↑	↑
	Transit /ABA No.	Checking Account Number
		↑
		Check Number

To expedite your request, your first withdrawal may be sent to you via check. If Electronic Funds Transfer is not available for your account we will continue to pay you by check. I acknowledge: (1) this request is to remain in effect until Athene receives written notification of termination in such time and in such manner as to afford Athene and the Depository a reasonable opportunity to act on the notification, (2) the date of transfer is when the funds are removed from my policy/contract, not the date the funds are posted into my bank account (It may take 2-3 business days for funds to transfer).

4. YOUR TAX WITHHOLDING ELECTION

The taxable portion of certain payments are subject to 10% income tax withholding. You may elect to have withholding or you may elect a higher rate.

If you do not make a withholding election or, if elected, do not indicate a percentage or amount, 10% will be withheld for federal income tax. Applicable state income tax will also be withheld as appropriate.

Please select one of the options below:

- Do not withhold Federal or State income taxes from my payment
- Withhold % or \$ Federal income tax from my payment
- Withhold % or \$ State income tax from my payment

NOTE: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the withdrawal. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments. We encourage you to consult your tax advisor to clarify your personal tax position.



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5. 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 policy or contract regarding your ability to choose which strategies to take your payments from.

Pro-rata (proportionally from all strategies with available funds)

Other – please specify below

6. YOUR CONFIRMATION

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

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)	Date (mm/dd/yyyy) / /
Joint Owner's Signature X	Joint Owner Name (please print)	Date (mm/dd/yyyy) / /

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

