

# Systematic Withdrawal Request



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**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 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><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 process 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 date is not available we will set your withdrawal to the next available date.</i>)</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.)**

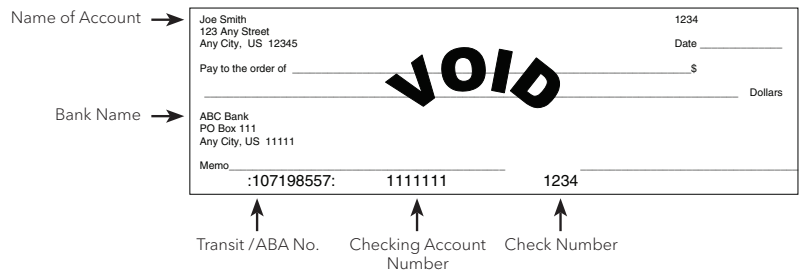
Account Name (as it appears on the account)	Bank Name
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Routing Number (Bottom left of check):      Account Number (Bottom center of check):

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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



**You must have an EFT already on file to receive your first disbursement by EFT. Otherwise, you will receive a check. Once we process your EFT request, all future funds can be distributed by EFT.** 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) 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 paid on the 28th. (3) the date of transfer is when the funds are removed from my contract, not the date the funds are posted into my 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 your withdrawal).

### 4. YOUR TAX WITHHOLDING ELECTION

**TAX WITHHOLDING:** Please select from the options below. If you do not select an option we will withhold 10% federal income tax. If federal income tax is withheld we may also be required to withhold state income tax.

- 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 are not sufficient. If you choose to withhold federal income tax, we may also be required to withhold state income tax. We recommend you consult your personal tax advisor regarding your specific tax situation.**



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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 contract regarding your ability to choose which strategies to take your payments from.**

- Contract Default
- Other - please specify below

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

