

# Service Request for Annuity Contracts



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

**1. OWNER INFORMATION (CURRENT OWNER)**

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date		
Contract Number(s)		Email Address		
Mailing Address	City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)	City	State	Zip	Country
Social Security/Tax Identification Number	Date of Birth (mm/dd/yyyy) / /	Personal Phone ( ) -		

**2. OWNERSHIP CHANGE**

**NEW OWNER INFORMATION**

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date		
Mailing Address	City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)	City	State	Zip	Country
Social Security/Tax ID Number ( <b>REQUIRED</b> )	Date of Birth (mm/dd/yyyy) / /	Email Address		
Personal Phone ( ) -	Business Phone ( ) -	Relationship to Current Owner		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**NEW JOINT OWNER INFORMATION (if applicable)**

Individual, Trustee or Company Name		If Trust, list Trust Name and Trust Date		
Mailing Address	City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)	City	State	Zip	Country
Social Security/Tax ID Number ( <b>REQUIRED</b> )	Date of Birth (mm/dd/yyyy) / /	Email Address		
Personal Phone ( ) -	Business Phone ( ) -	Relationship to Current Owner		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please check here to remove Current Joint Owner without adding a New Joint Owner.



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### 3. PRIMARY BENEFICIARY CHANGE

I hereby revoke any prior beneficiary designation(s) under the listed contract(s) and designate new beneficiaries as follows:

Individual, Trust or Company Name			Percentage	
			%	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Social Security / Tax Identification Number		
Street Address	City	State	Zip	
Relationship to Annuitant		<input type="checkbox"/> Distribute the proceeds per stirpes		

Individual, Trust or Company Name			Percentage	
			%	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Social Security / Tax Identification Number		
Street Address	City	State	Zip	
Relationship to Annuitant		<input type="checkbox"/> Distribute the proceeds per stirpes		

Individual, Trust or Company Name			Percentage	
			%	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Social Security / Tax Identification Number		
Street Address	City	State	Zip	
Relationship to Annuitant		<input type="checkbox"/> Distribute the proceeds per stirpes		

Individual, Trust or Company Name			Percentage	
			%	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Social Security / Tax Identification Number		
Street Address	City	State	Zip	
Relationship to Annuitant		<input type="checkbox"/> Distribute the proceeds per stirpes		

To list additional Primary Beneficiaries, copy this page, mark this checkbox and return. You may also use additional blank pages labeled "Primary Beneficiaries". Each blank page must be signed by the Owner(s) and dated, labeled with the word "Attachment" and include beneficiary information and contract numbers.



**4. CONTINGENT BENEFICIARY CHANGE**

Individual, Trust or Company Name			Percentage %	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Social Security / Tax Identification Number		
Street Address		City	State	Zip
Relationship to Annuitant		<input type="checkbox"/> Distribute the proceeds per stirpes		

Individual, Trust or Company Name			Percentage %	
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Social Security / Tax Identification Number		
Street Address		City	State	Zip
Relationship to Annuitant		<input type="checkbox"/> Distribute the proceeds per stirpes		

To list additional Primary/Contingent Beneficiaries, copy this page, mark this checkbox and return. You may also use additional blank pages labeled "Primary/Contingent Beneficiaries". Each blank page must be signed by the Owner(s) and dated, labeled with the word "Attachment" and include beneficiary information and contract numbers.

**5. NAME CHANGE**

Change the Name Of:  Annuitant  Owner  Other: \_\_\_\_\_

Former Name (please print)	New Name (please print)
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Reason for Change:  Marriage  Divorce  Court Order  Other: \_\_\_\_\_

**NOTE: For name changes due to marriage, attach a copy of the marriage certificate. For all other name changes, attach the legal supporting documentation.**

**NOTE: Do not use this section for an ownership change. See "Section 2" to assign a new owner.**

**6. NEW ADDRESS**

Change address for:  Annuitant  Owner  Other: \_\_\_\_\_

New Mailing Address	City	State	Zip	Country
New Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)	City	State	Zip	Country

**NOTE: For your protection, confirmation of this change will be sent to BOTH your new address and your old address. There is a 10-day hold period on any financial transactions due to this confirmation process.**



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## 7. YOUR CONFIRMATION

By signing below, I acknowledge this request is subject to the provisions and conditions of my contract(s) and Athene may request additional information in order for my request to be processed.

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

Owner Signature X	Owner's Title (if Trust or Corporation)	Date (mm/dd/yyyy) / /
Joint Owner Signature (if applicable) X	Joint Owner Name (please print)	Date (mm/dd/yyyy) / /
Other (Irrevocable Beneficiary, Assignee) X	Name and Title (please print)	Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, print your name and provide your signature below.

Check one of the boxes to indicate the capacity in which you are signing.

Provide documentation with the request to verify your authorization to act on behalf of the owner.

Conservator  Guardian  Power of Attorney

Signature (if applicable) X	Name and Title (please print)	Date (mm/dd/yyyy) / /
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## 8. CONFIRMATION - NEW OWNER / JOINT OWNER (If applicable)

I (We) confirm the current owner is transferring all rights, title and interest in the listed contract, and all claims, dividends, values and rights in and to be derived therefrom, during the lifetime of the annuitant, subject to the conditions of the contract to me, the new owner. Under penalties of perjury, I certify: (1) The Social Security Number or Taxpayer Identification Number on record is correct, (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, (3) the IRS has notified me that I am no longer subject to backup withholding, and (4) said contract is not assigned or pledged as collateral to any other person or legal entity.

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

If you are signing on behalf of the new owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the new owner.

Conservator  Guardian  Power of Attorney

Signature X	Name and Title (please print)	Date (mm/dd/yyyy) / /
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## 9. SPOUSAL CONSENT

If you live in a Community Property State (AZ, CA, ID, LA, NM, NV, TX, WA and WI), we are required to have Spousal Consent to process your request. This form will be returned if this section is not complete.

**If you do not have a spouse, or if your spouse is deceased, check this box.**

Spouse Signature X	Spouse Name (please print)	Date (mm/dd/yyyy) / /
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