Address Change Request

ATHENE
Athene.com

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: 800-525-7133
Email: Athene-SS-Ops@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

1. PAYEE INFORMATION

Individual, Trustee or Company Name		
If Trust, list Trust Name and Trust Date		
Contract Number(s)		Email Address
Social Security Number (last four digits) X X X - X X -	Date of Birth (mm/dd/yyyy) / /	Personal Phone ( ) -

NOTE: We are required to send written confirmation of this change to BOTH your previous address and your new address.

2. PREVIOUS ADDRESS

Current Mailing Address	City	State	Zip	Country
Current Street Address (**REQUIRED** if mailing address is a PO Box)	City	State	Zip	Country

3. NEW ADDRESS

New Mailing Address	City	State	Zip	Country
New Street Address (**REQUIRED** if mailing address is a PO Box)	City	State	Zip	Country

☐ Seasonal Address	Date Range for Seasonal Address ____/____ - ____/____
Seasonal Address Starting Year	Seasonal Address Ending Year

4. YOUR CONFIRMATION

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

Payee Signature X	Payee's Title (if Trust or Corporation)	Date (mm/dd/yyyy) / /
Joint Payee Signature (if applicable) X	Print Name	Date (mm/dd/yyyy) / /

If you are signing on behalf of the payee, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the payee.

☐ Conservator ☐ Guardian ☐ Power of Attorney

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