Beneficiary 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

INSTRUCTIONS

- Use this form to make changes to your beneficiary designation.
- To expedite the processing of your request, all pages must be completed and returned.
- **Use percentages in your designation.** All proceeds must total 100%. If the percentages do not equal 100%, the request will not be accepted. If no percentages are listed, proceeds will be divided equally.
- If the payee is a company, submit a Company, Partnership or Limited Liability Corporation (LLC) Verification (Form 19861) and provide a Corporate Resolution or similar document that lists all of the officers and/or individuals authorized to sign on behalf of the company, if you have not already done so. If you are designating a Company, Partnership or Limited Liability Corporation (LLC) as your beneficiary, please submit an updated Company, Partnership or Limited Liability Corporation (LLC) Verification Form (19861) and provide a Corporate Resolution or similar document that lists all of the officers and/or individuals authorized to sign on behalf of the company.
- If the payee is a Trust, submit a Trust Verification Request (Form 16541).
- If a Trust is designated as beneficiary please use the following format:
  The John J. Smith Trust under agreement dated January 1, 2017.
- "Last Will and Testament" will not be accepted as a beneficiary designation
- The change will not take effect until it is recorded by us at our Administrative Office.

1. PAYEE INFORMATION

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

ATHENE®

2. **BENEFICIARY(IES)** Required Information - If this section is blank we will be unable to process your request.

If additional space is needed, you may copy this page, mark the checkbox at the bottom of the page and return. You may also use additional blank pages labeled "Additional Beneficiaries". Each blank page must be signed by the Payee and dated, labeled with the word "Attachment" and include beneficiary information and contract numbers. Indicate if each named designation is Primary or Contingent.

Individual, Trust or Company Name				Percentage %
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Payee		
Street Address		City	State	Zip
Social Security / Tax Identification Number		☐ Primary ☐ Contingent		

Individual, Trust or Company Name				Percentage %
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Payee		
Street Address		City	State	Zip
Social Security / Tax Identification Number		☐ Primary ☐ Contingent		

Individual, Trust or Company Name				Percentage %
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Payee		
Street Address		City	State	Zip
Social Security / Tax Identification Number		☐ Primary ☐ Contingent		

Individual, Trust or Company Name				Percentage %
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Payee		
Street Address		City	State	Zip
Social Security / Tax Identification Number		☐ Primary ☐ Contingent		

If you need more space and have attached additional sheets to your form, check this box ☐

ATHENE®

3. **BENEFICIARY(IES)**

If additional space is needed, you may copy this page, mark the checkbox at the bottom of the page and return. You may also use additional blank pages labeled "Additional Beneficiaries". Each blank page must be signed by the Payee and dated, labeled with the word "Attachment" and include beneficiary information and contract numbers. Indicate if each named designation is Primary or Contingent.

Individual, Trust or Company Name				Percentage %
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Payee		
Street Address		City	State	Zip
Social Security / Tax Identification Number		☐ Primary ☐ Contingent		

Individual, Trust or Company Name				Percentage %
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Payee		
Street Address		City	State	Zip
Social Security / Tax Identification Number		☐ Primary ☐ Contingent		

Individual, Trust or Company Name				Percentage %
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Payee		
Street Address		City	State	Zip
Social Security / Tax Identification Number		☐ Primary ☐ Contingent		

Individual, Trust or Company Name				Percentage %
Date of Birth (mm/dd/yyyy) / /	Telephone Number	Relationship to Payee		
Street Address		City	State	Zip
Social Security / Tax Identification Number		☐ Primary ☐ Contingent		

If you need more space and have attached additional sheets to your form, check this box ☐

4. **YOUR CONFIRMATION AND SIGNATURE**

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.
- I understand by submitting this document, I revoke any existing beneficiary designations including in the settlement agreement and request Athene change the beneficiary for the listed contract(s).

Spousal Consent May Be Required

You as the contract Payee should determine whether to obtain your spouse's signature to change the beneficiary of this contract if you live in a Community Property state. The following states are subject to Community Property laws at the time of this printing: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. These are subject to change and should be verified.

It is your sole responsibility to determine whether a spousal signature should be obtained and/or if your state is subject to community property rules and laws. Questions regarding the legal and/or tax effects of this Beneficiary Change Request should be referred to a legal professional.

Athene assumes no responsibility and has no obligation to inquire and/or investigate whether such interest exists. In consideration of accepting this Beneficiary Change Request form, you agree to indemnify and hold Athene harmless from any and all consequences and effects of accepting and complying with the election made.

Payee/Trustee Signature X	Date (mm/dd/yyyy) / /
Payee Title (if Trust or Corporation)	
Joint Payee Signature (if applicable) X	Date (mm/dd/yyyy) / /
Other Required Signatures (Irrevocable Beneficiaries, if any) X	Date (mm/dd/yyyy) / /

If you are signing on behalf of the payee, 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, 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

Printed Name	
Signature X	Date (mm/dd/yyyy) / /
Witness Signature (Required Only in Massachusetts) X	Date (mm/dd/yyyy) / /

5. **SPOUSAL CONSENT**

By signing this form, I consent to the designation of the beneficiary(ies) listed above. I understand and agree:

- The effect of this designation is to cause some or all of my spouse's death benefit to be paid to a beneficiary other than me;
- Each beneficiary designation is valid; and
- My consent is irrevocable unless my spouse revokes the beneficiary designation(s).

Spouse Signature X	Date (mm/dd/yyyy) / /