Authorization For Direct Deposit Into Bank Account Electronic Funds Transfer (EFT) ACH Credits

ATHENE
Athene.com

Submit completed form to:
P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922
Email: documents@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

Contact us:
Annuity Customer Contact Center: 800-525-7133
Email: Athene-SS-Ops@athene.com

INSTRUCTIONS

This form is used to request a transfer of funds from the contract into your bank account.

1. INFORMATION ABOUT THE PAYEE

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 ( ) -		

2. BANK INFORMATION

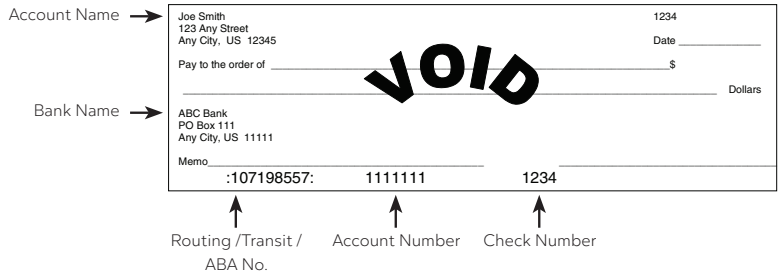
For Athene to deposit money directly in your bank account using electronic funds transfer (EFT), please provide your banking information below. **(Note: If the Contract(s) is not eligible for EFT, we do not have validated EFT instructions on file, or your financial institution account information cannot be authenticated, your payments will be sent to your address of record by regular mail.)**

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

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

☐ Checking - A voided/blank check accompanying this form is not required but preferred. ☐ Savings

If you are unsure about the correct way to complete the form, please reference the following sample check information:



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3. **YOUR CONFIRMATION**

(1) Athene will perform bank account validation using third party software and if approved, Athene will utilize the banking information provided for this request and all future disbursements until Athene receives written notification to terminate or suspend the banking information. (2) Athene may contact your financial institution to verify information regarding the banking information and to resolve any problems related to electronic deposits or errors in deposit. (3) The date of the disbursement is when the funds are removed from the contract, not the date the funds are posted to your 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 access to your monies and you can contact your bank for additional information relating to fund access. (4) Your signature below authorizes Athene to electronically credit or, if necessary, electronically debit your account. If an incorrect amount is deposited this authorizes Athene to direct your bank to debit this account. This authorization will remain in effect until revoked.(5) Direct Deposit requests can only be accepted for U.S. bank accounts. (6) Athene reserves the right to stop EFT should suspicious activity be identified.

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 ☐ Assignee

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