

# Non-Resident Information Sheet



**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**

Some states prohibit non-resident sales to their residents. It is our interpretation that the insurance regulations of **Arkansas, Massachusetts, Minnesota, Mississippi, Utah, Washington, and Wisconsin** do not permit sales of insurance products to residents outside of their state of residence, regardless of the circumstances or the connection to the non-resident state.<sup>1</sup> If a non-resident application is submitted for a resident of one of these states, it will be declined.

This form is required to be completed whenever an owner applies for an annuity product outside of his or her state of residence (other than the states listed above). You must describe the connection between the owner/applicant and the non-resident state in which the sale took place. You may be asked to provide evidence that the owner/applicant was in the non-resident state for reasons other than to transact insurance at the time of solicitation.

**NOTE: This form is not an application form and does not become a part of the contract. The issued annuity contract must be delivered in the same state in which the application was solicited. It may not be mailed to the customer's home address. Athene Annuity and Life Company and Athene Annuity & Life Assurance Company of New York products are only available to residents of the United States of America.**

**1. OWNER INFORMATION**

Name of Owner/Applicant		Application Date / /
Insurance/Annuity Product		
Amount of Insurance/Annuity Premium	State of Residence	State of Solicitation

**2. REASON(S) FOR SOLICITATION OUTSIDE STATE OF RESIDENCE**

<input type="checkbox"/> Second Home	City	State
<input type="checkbox"/> Place of Employment	City	State
<input type="checkbox"/> Owner has Regular Business Dealings in the State Please provide detail about the regular business dealings, including locations, frequency, and other details about the reasons of the regular business dealings.		
<input type="checkbox"/> Other Please provide detail as to why the owner was outside his or her resident state, including locations, frequency and other details about the reasons for being in a different state at the time of solicitation.		

<sup>1</sup> Arkansas residents may purchase an annuity in Mississippi or Tennessee. Mississippi residents may purchase an annuity in Arkansas or Tennessee. Producers must have a non-resident license in the applicant's state of residence.



**3. YOUR CONFIRMATION**

**We certify the following is correct.**

The above information is true and complete. The solicitation and sale of the product and the signing of the application occurred solely within the state identified in the application. The contract will be delivered to the owner in the same state.

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	Other Name (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	Print Name	Date (mm/dd/yyyy) / /
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Producer Signature	Producer Number	Date Signed
Producer Name (print please)	Producer Phone Number	Producer Email

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