

**Contact us:**

P.O. Box 1555, Des Moines, IA 50306-1555  
 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 Insurance Company of New York**

Pearl River, NY 10965

**A. Marketing Information**

Marketing Company/Financial Institution	Producer's Name
Producer's Contact Information (only include preferred method)	

Email Address     Telephone Number

**B. Product Information**

Amount Requested:      New Contract     Additional Deposit

Tax Status:     Qualified     Non-Qualified

Product Name:     Rider (if applicable):

Application Sign State:     Applicant Resident State:

**C. Owner(s) Information**

- For individual owners, complete the information on behalf of the **individual and their household.**
- For Revocable Trust owners, complete the information on behalf of the **grantor/settlor.**
- For Irrevocable Trust owners, complete the information on behalf of the **trust.**
- For other non-natural owners, complete the information on behalf of the **entity.**

Owners Social Security Number				
Owner's Name	Owner's Date of Birth / /	Owner is US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address (Required - No PO Box)	City	State	Zip	Country
Annuitant's Name	Annuitant's Date of Birth / /	Annuitant is US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Joint Annuitant's Name	Joint Annuitant's Date of Birth / /	Annuitant is US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Length of time the producer has known the applicant?



**D. Household Information**

- Household means the ***applicant or the applicant's spouse, or domestic partner, as applicable by state law.***
- Total applied for premium plus existing Accumulated Value(s) for the Household will be used in determining large case approval.

Does the Owner/Annuitant(s) or Owner/Annuitant's spouse have any other active or pending contracts with Athene?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For contracts regarding spouses or domestic partners, please list their name and DOB: Name:	Date of Birth: / /

**E. Fund Information**

Owner's Approximate Net Worth:

Estimated Date Funds will be submitted to Athene:

What is the source of funds for this annuity? Check all that apply:

Annuity  Life Insurance  Certificates of Deposit  Stocks/Bonds/Mutual Funds

Checking/Savings\*  Other (please explain):

**\*If source of funds is from checking/savings, please include description of the source of funds such as inheritance, sale of home/business, etc. in the Notes section. If the source of funds is a wire transfer, please include the bank name, account number, and routing number in the Notes section.**

**FOR LIFE INSURANCE AND ANNUITIES, COMPLETE BELOW**

Current Accumulated Value	\$
Current Surrender Value	\$
Current Death Benefit and/or Death Benefit Rider Value	\$
Income Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, current value \$

**SUBMITTED BY**

Athene Contact:	Phone Number:
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**F. Guidelines Regarding Large Case Approval**

- Only one large case will be accepted per annuitant/owner.
- Approval of this case is contingent on full suitability and New Business review at the time of submission.
- Approval is only valid for 45 days after the approval date.
- Submission of this form does not guarantee Athene will approve the requested amount.
- Athene reserves the right to reduce compensation as needed.

This form must be emailed to your internal wholesaler at Athene to begin the approval process. For assistance, please contact Athene Sales Desk, 888-266-8489, option 3, extension 18670.

**In order to expedite this large case when submitted, attach the signed and approved form to the Athene Annuity Application.**



**G. Notes**


**H. Athene Approval**

Amount Approved:	
Athene Authorized Signature:	Date Signed:

