

# Application for Partial Roth IRA Conversion



**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**

Use this Application to request a Partial Conversion of your current IRA contract to a Roth IRA contract.

**1. OWNER INFORMATION**

First Name	M.I.	Last Name	Suffix		
Policy / Contract Number(s)					
Mailing Address		City	State	Zip	Country
Street Address ( <b>REQUIRED</b> if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (last four digits) XX X - XX -	Date of Birth (mm/dd/yyyy) / /		Email Address		
Personal Phone ( ) -	Business Phone ( ) -	<input type="checkbox"/> Address Change Requested (Confirmation of this change will be sent to you prior to processing this request.)			

**2. PARTIAL ROTH CONVERSION ELECTION**

Select ONE of the options below. Incomplete information will result in delays in completing your request.

<input type="checkbox"/> Partial Conversion by Percentage: _____%
<input type="checkbox"/> Partial Conversion by dollar amount: \$_____

**3. REQUIRED MINIMUM DISTRIBUTION (RMD)**

I understand that it is my responsibility to take my Required Minimum Distribution (RMD) from this contract, if applicable, PRIOR to partial conversion. Check this box to take a one-time RMD from your IRA contract **before** it is partially converted to a Roth IRA. If you are not sure if a distribution is required, please contact your Financial or Tax Advisor.

**4. YOUR CONFIRMATION**

I certify that; 1) I understand that this will be a taxable event and that I will receive a 1099(R) Form that will show the converted amount of my IRA as taxable to me, and 2) I understand that the effective date of the partial conversion to a Roth IRA will be the date this request is received in the Home Office\* and that I will be sent a confirmation letter, along with an Endorsement form, that will become part of my contract.

**\* Your request for a Partial Roth Conversion will be processed after your RMD is processed, if applicable, and may delay the effective date of the conversion.**

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

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

Conservator  Guardian  Power of Attorney

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