

Mail or fax completed form to:
 P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922

Athene Annuity and Life Company
 7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

Contact us:
 Customer Contact Center - Tel: 888-266-8489

Athene Annuity & Life Assurance Company of New York
 Pearl River, NY 10965

INSTRUCTIONS

Use this form to request a withdrawal from your annuity contract.
 If your contract is a Tax Sheltered Annuity (TSA), use Form 55299 - Withdrawal Request-Tax Sheltered Annuity (TSA).
 If you are requesting a required minimum distribution, use Form 15140 - Required Minimum Distribution (RMD) Request.

1. INFORMATION ABOUT THE OWNER

Individual, Trustee or Company Name				
If Trust, list Trust Name and Trust Date			Email Address	
Contract Number(s)			<input type="checkbox"/> 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 Number / TIN	Date of Birth (mm/dd/yyyy) / /		Personal Phone () -	

* For your protection, confirmation of your address change will be sent to you.

2. YOUR PAYMENT OPTIONS

Select ONE of the following options:

Note: Not all options are available for all contracts. Refer to your contract for available options.

<input type="checkbox"/> Penalty Free Amount
<input type="checkbox"/> Specific Dollar Amount: \$ _____ <input type="checkbox"/> Net* <input type="checkbox"/> Gross**
<input type="checkbox"/> Interest (Not an option on Indexed Annuities.)
*Net The amount of the withdrawal AFTER taxes and/or penalties (if applicable) are deducted. (NOTE: The actual check amount may vary slightly from the amount requested.)
**Gross The full amount of the withdrawal BEFORE taxes and/or penalties (if applicable) are deducted.
NOTE: If you request a withdrawal for a specific dollar amount, but do not check Net or Gross, the withdrawal will be considered a net withdrawal.

3. YOUR PAYMENT METHOD

Select where you would like your withdrawal mailed from the options below. The Alternate Address below applies to the OWNER. If this withdrawal is a transfer, send in appropriate transfer paperwork. If no option is selected, a check payable to the Owner will be sent to your address of record by regular mail. **NOTE: If no payment method is elected and EFT is on file, payment will be sent to the bank and account on file.**

Address of Record

Alternate Address

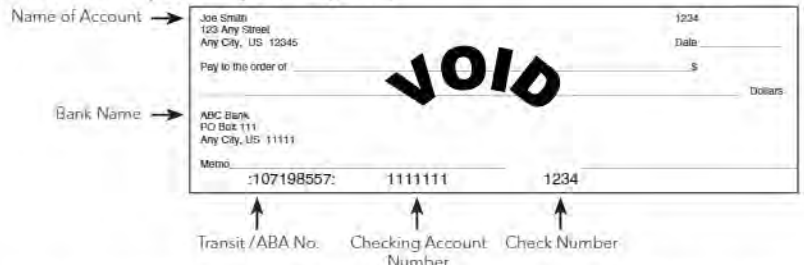
Street Address	City	State	Zip Code
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EFT - To provide faster access to your money, we will deposit your money directly in your bank account using Electronic Funds Transfer (EFT). Please provide the following information: **(Note: EFT is not available for all contracts.)**

Account Name (as it appears on the account)	Bank Name																		
Routing Number (Bottom left of check): <table style="width:100%"> <tr> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account Number (Bottom center of check): <table style="width:100%"> <tr> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> <td style="width:12.5%"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of account: (Your name must appear on the account in order to process your request.)

- Checking - Please attach a voided check for the listed account.
- Savings



Overnight - Send the proceeds via Overnight Mail to my address of record. I am aware there will be a charge up to \$25.00 deducted from the withdrawal amount. (This is not an option if your address of record is a Post Office Box.)

4. YOUR TAX WITHHOLDING ELECTION

Federal income tax withholding instructions (select one option only):

The withdrawals you receive from your annuity contract are subject to 10% federal income tax withholding. You may elect to not have withholding apply. Withholding will only apply to the portion of your withdrawal included in your income subject to federal income tax. Applicable state income tax will be withheld as appropriate. If you DO NOT make a withholding election, 10% federal income tax will be withheld.

- Do not withhold federal income tax from my payment.
- Withhold federal income tax at the default rate of 10%.
- Withhold federal income tax based upon the enclosed W-4R. To elect a different rate of withholding other than 10%, the IRS requires you submit form W-4R, Withholding Certificate of Nonperiodic Payments and Eligible Rollover Distributions. You can access this form on the IRS.gov website.

State income tax withholding instructions (select one option only):

- Do not withhold state income tax from my payments.
- Withhold _____ % or \$ _____ state income tax from my payment.

NOTE: If you elect to not have withholding apply to your withdrawal or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific tax situation.

5. YOUR STRATEGY ALLOCATIONS (Indexed Annuities Only)

Please choose how you would like your withdrawals to be taken from your strategies. If you do not specify a strategy or strategies to withdraw from, the withdrawal will default according to contract specifications.

NOTE: This option is not available on all contracts. Please check your contract regarding your ability to choose which strategies to take your withdrawal from.

- Contract Default
- Other - please specify below

6. YOUR CONFIRMATION

NOTE: this form must be received by the Company within 60 days of the signature date.

I understand that this withdrawal is subject to any applicable surrender or withdrawal charges as defined in the contract.

I acknowledge: (1) this request is to remain in effect until Athene receives written notification of termination in such time and in such manner as to afford Athene and the depository a reasonable opportunity to act on the notification, (2) the date of transfer is when the funds are removed from my contract, not the date the funds are posted into my bank account (It may take 2-3 business days for funds to transfer).

IRS CERTIFICATION

Under penalties of perjury, I certify that:

1. The Social Security Number or Taxpayer Identification Number shown on this form is correct (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding, or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the General Instructions of IRS Form W-9), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Exemption from FATCA reporting code (if any): _____. (FATCA reporting codes can be found in the General Instructions on IRS Form W-9.) If you are only submitting this form for an account you hold in the United States, you may leave this field blank.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Owner's Signature X	Owner's Title (if corporation or trust)	Signature Date (mm/dd/yyyy) / /
Joint Owner's Signature X	Joint Owner Name (please print)	Signature Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, print your name and provide your signature below and check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request that verifies your authorization to act on behalf of the owner, if you have not sent this documentation to us previously.

- Conservator
- Guardian
- Power of Attorney
- Assignee

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

