

Agent Disclosure Form



www.atheneannuity.com

Recruiter may mail, e-mail or fax completed forms to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866 709 3922
Email: contracting@athene.com

Contact us:

Agency Services – 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

Agent Name	Agent Code	Social Security Number
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As a part of my ongoing duties as an independent agent with Athene, I am required to disclose any adverse action taken against me including, but not limited to, lawsuits, complaints and criminal charges. I am hereby disclosing the following occurrence(s):

1. Date of Occurrence:
2. State:
3. Nature of Occurrence:
4. Description of Penalty/Charge:

Please fax completed forms and any documentation related to the disclosed occurrence to our Legal Department at 866 709 3922. Attach additional pages as necessary.

Agent Signature X	Name (please print)	Date / /
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