

Authorization For Direct Deposit Into Bank Account Electronic Funds Transfer (EFT) ACH Credits



Submit completed form to:

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

Contact us:

Annuity Customer Contact Center: 888-266-8489
Email: askathene@athene.com

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

This form is used to request a transfer of funds from your policy/contract into your bank account.

ELECTRONIC FUNDS TRANSFERS ARE NOT AVAILABLE FOR ALL POLICIES/CONTRACTS. If EFT is not available for your account we will continue to pay you by check. To expedite your request, your first withdrawal may be sent to you via check.

1. INFORMATION ABOUT THE OWNER/PAYEE

Individual, Trustee or Company Name					
If Trust, list Trust Name and Trust Date			Email Address		
Policy 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 / Tax Identification Number		Date of Birth (mm/dd/yyyy) / /		Personal Phone () -	

2. BANK INFORMATION

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): □□□□□□□□	Account Number (Bottom center of check): □□□□□□□□□□□□

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 (See sample check on page 2 for assistance)

3. YOUR CONFIRMATION

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 policy/contract, not the date the funds are posted into my bank account (It may take 2-3 business days for funds to transfer).

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, please print your name and provide your signature below. Check the box that applies to the capacity in which you are signing. If you have not already done so, please provide your Power of Attorney, Conservatorship, or Guardianship documents to verify you are authorized to act on behalf of the owner.

Conservator Guardian Power of Attorney Assignee

Signature (if applicable) X	Print Name	Date (mm/dd/yyyy) / /
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www.atheneannuity.com

If you are unsure about the correct way to complete the form, please reference the following sample check information:

Account Name →	Joe Smith 123 Any Street Any City, US 12345	1234
	Pay to the order of _____	Date _____
Bank Name →	ABC Bank PO Box 111 Any City, US 11111	\$ _____ Dollars
	Memo _____	
	:107198557:	1111111
	↑	↑
	Routing /Transit / ABA No.	Account Number
		↑
		Check Number

