Direct Distributor Appointment Application and Agreement

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Mail, email or fax completed forms to:
P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922
Email: submitproducerdocs@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

NOTE: * Required Field
All applicable sections must be signed and dated

Thank you for your interest in Athene Annuity and Life Company or Athene Annuity & Life Assurance Company of New York (individually and collectively, the "**Company**").

1. **FIRM** (Required)

Please provide your Firm Name information below. Your Firm's CRD number can be located on FINRA using the link https://brokercheck.finra.org/.

*Firm Name	*Firm CRD
Oakwood Capital Securities, inc.	21000

*Producer's affiliation with firm: ☐ Bank ☒ Broker Dealer

2. **NEW BUSINESS**

☐ **New business pending or new business submitted with this request**

Applicant's Name	State of Sale	Date of Application
		/ /

3. **PRODUCER** (NOTE: * = Required field)

To help the United States government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information identifying each person who opens an account. What this means for you: we will ask for your name, relationship, date of birth, Social Security Number/ Tax Identification Number and physical address that will allow us to identify you. We may also ask to see your driver's license or another form of photo identification.

* Last Name	* First Name	Middle Init.
Former Name(s)	* Date of Birth / /	* Gender ☐ Male ☐ Female
* Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___	* CRD	NPN
* Home Address (Physical Address required / P.O. Boxes not accepted)		
* City	* State	* Zip Code
* Business Address		
* City	* State	* Zip Code
Residence Phone	* Business Phone	* Fax
* E-mail Address		

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4. DECLARATION AND AUTHORIZATION

By my signature and date below, I acknowledge and understand this Application will form and become a part of my Agreement. I agree to be bound by all of the terms and conditions of the attached Agreement including any schedules, supplements, and amendments, as well as the Master Selling Agreement as executed by my Firm. I agree that, if appointed, any misrepresentation of facts herein provided will be grounds for termination of the Agreement for cause at the sole discretion of the Company. I am not appointed to represent the Company until and unless this Application is accepted by the company. I represent and warrant that all information and answers to questions are true and complete.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (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.

Producer Signature	Date / /

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