Servicing Producer Change Request for Annuity Contracts

ATHENE®
Athene.com

Submit completed form to:
P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922
Email: documents@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

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

INSTRUCTIONS

- Use this form to change the servicing producer for your contract(s).
- The "Company", "us" and "we" refers to the company that issued the contract(s) identified below.
- "Owner", "I", and "you" refers to the Owner(s) of the contract(s) indicated on this form. For jointly owned contracts, "Owner" refers to all Owners, collectively and individually. For contract(s) owned by entities, such as trusts or corporations, "Owner" refers to the entity.
- The servicing producer will have access to view your contract information online.
- Unless the Transaction Authority box is selected in Section 3, this authorization only allows for the release of information. You may grant Transaction Authority to your servicing producer by completing Section 3.
- This authorization is valid until revoked by the Owner. The Owner reserves the right to revoke this authorization at any time for any reason by calling Athene at the number listed above, by completing a new form, or by submitting a written request.
- If we are unable to make the servicing producer change, we will process the request as an "Authorization to Release Information" for the named producer.
- If additional producers are needed, they will need to be submitted on an additional form or in a letter of instruction.
- Primary servicing producer should only be selected once.

NOTE: Not all producers may be allowed by their firm or agency to deliver Transaction Instructions on your behalf or may be limited in the types of Transaction Instructions they may deliver. Please consult with your producer before completing this authorization. If no selection is made, the existing authorization will remain in effect or the default of NO Transaction Authority will apply.

1. OWNER INFORMATION

Individual, Trustee or Company Name		☐ Address Change Requested		
If Trust, list Trust Name and Trust Date		Email Address		
Contract Number(s)		Distributor Account ID(if applicable)		
Mailing Address	City	State	Zip	Country
Street Address (**REQUIRED** if mailing address is a PO Box)	City	State	Zip	Country
Social Security Number (last four digits) XXX-XX-	Date of Birth (mm/dd/yyyy) / /	Personal Phone ( ) -		

2. PRODUCER INFORMATION

***Required for contracts issued in Maryland**

Producer Name		
Producer Code	Business Phone ( ) -	Email Address
Producer Signature*	Producer Address*	
This is the Primary Servicing Producer ☐		

2. PRODUCER INFORMATION - (continued)

Producer Name		
Producer Code	Business Phone ( ) -	Email Address
Producer Signature*	Producer Address*	
This is the Primary Servicing Producer ☐		

Producer Name		
Producer Code	Business Phone ( ) -	Email Address
Producer Signature*	Producer Address*	
This is the Primary Servicing Producer ☐		

Producer Name		
Producer Code	Business Phone ( ) -	Email Address
Producer Signature*	Producer Address*	
This is the Primary Servicing Producer ☐		

Producer Name		
Producer Code	Business Phone ( ) -	Email Address
Producer Signature*	Producer Address*	
This is the Primary Servicing Producer ☐		

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3. PRODUCER TRANSACTION AUTHORIZATION

☐ I hereby authorize and direct the Company to act on financial and non-financial transaction and change instructions (referred to hereafter as "Transaction Instructions") provided by telephone, internet or other electronic means from my producer of record (or his/her administrative staff), who can furnish proper identification and identifying information. Producer authority to change Owner and Annuitant contact information granted under the Company's policies and procedures are unaffected by this authorization.

I understand that there may be limitations on the types of Transaction Instructions available under this authorization and that other restrictions may apply. I further understand and agree that Transaction Instructions are subject to my contract(s)' terms and conditions and the Company's administrative requirements. I understand and agree that the Company may, at any time and without notice, terminate, cancel, suspend or limit this authorization, including the types of Transaction Instructions available under this authorization, with or without cause.

I understand that I will receive a written confirmation of all transactions and changes made pursuant to such Transaction Instructions and that it is my responsibility to review any such transactions and changes for accuracy and to notify the Company immediately of any inaccuracy.

I understand that the Company will act on such Transaction Instructions as though they were authorized by, and received from, me. I further understand that the Company will use reasonable procedures to confirm that such Transaction Instructions are genuine. I, for myself and all persons claiming through me, understand, promise and warrant that I will release, indemnify, defend and hold harmless the Company and its affiliates and their directors, trustees, officers, employees and representatives and/or producers for any claim, liability, loss, or cost resulting from or related in any way to its acting upon Transaction Instructions pursuant to this authorization so long as it or they shall have acted in good faith in attempting to perform according to the terms of this authorization.

I understand and agree this authorization is optional and is valid until changed or revoked by me. I am aware I may change or revoke this authorization at any time for any reason by calling Athene at the number listed above, by completing a new form, or by submitting a written request.

4. PRODUCER TRANSACTION REVOCATION

☐ I hereby revoke my prior authorization allowing the Company to act on Transaction Instructions provided by telephone or electronically from my producer and his/her administrative staff.

5. YOUR CONFIRMATION

By signing below you approve the changes listed on this form.

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