

Qualified Charitable Distribution (QCD) One-Time Withdrawal Request Only



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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 one-time withdrawal from your annuity contract to a Qualified Charity.
- Do NOT use this form for a transfer to another financial company.
- You may be eligible for a QCD if you are at least 70½.
- The aggregate maximum amount of distributions for a QCD is \$100,000 per year. Please consult with your tax professional.
- If you are requesting a required minimum distribution payable to you, the owner, 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"/> Liquidate and Surrender the entire contract
<input type="checkbox"/> Current Year RMD (Required Minimum Distribution)
<input type="checkbox"/> Specific Dollar Amount: \$ _____ <input type="checkbox"/> Net* <input type="checkbox"/> Gross**
<p>*Net The amount of the withdrawal AFTER withdrawal charges/mailling fee (if applicable) are deducted. **Gross The full amount of the withdrawal BEFORE withdrawal charges/mailling fee (if applicable) are deducted. (NOTE: The actual check amount may vary slightly from the amount requested.)</p> <p>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. This withdrawal is subject to any applicable withdrawal charges as stated in the contract if the amount requested exceeds the Penalty Free amount.</p>



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3. YOUR WITHDRAWAL

Select who you would like your withdrawal payable and mailed to from the options below. If you have more than two qualified charitable donations, you may also attach a letter of instruction with the charity name, charity address (if not sending to the Address of Record) and the amount for each charity.

Qualified Charitable Donation #1:

- Address of Record (Owner). If no option is elected this will be the default mailing address, payable to the charity.
 Send to Address of Charity

Qualified Charity Name		Amount*
Mailing Address		
City	State	Zip
Street Address (REQUIRED if mailing address is a PO Box)		
City	State	Zip

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

Qualified Charitable Donation #2:

- Address of Record (Owner). If no option is elected this will be the default mailing address, payable to the charity.
 Send to Address of Charity

Qualified Charity Name		Amount*
Mailing Address		
City	State	Zip
Street Address (REQUIRED if mailing address is a PO Box)		
City	State	Zip

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



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4. YOUR STRATEGY ALLOCATIONS

Please choose how you would like your withdrawal to be taken from your strategies. If you do not specify a strategy or strategies to withdraw from, the withdrawal will default according to Pro-rata, meaning proportionally from all strategies with available funds.

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.

- Pro-rata (proportionally from all strategies with available funds)
- Other (please specify below with the strategy name and percentage)

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5. YOUR CONFIRMATION

NOTE:

I understand that this withdrawal may be subject to surrender or withdrawal charges as defined in the contract.

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

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

