

Authorization For Direct Deposit Into Bank Account

Electronic Funds Transfer (EFT) ACH Credits



www.athene.com

Mail or fax completed form to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 800 531 0038

Contact us:

Annuity Customer Contact Center - Tel: 888 266 8489

Life Customer Contact Center - Tel: 800 800 9882

Athene Annuity and Life Company

7700 Mills Civic Parkway, West Des Moines, IA 50266-3862

Athene Life Insurance Company of New York

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 POLICY/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

First Name	M.I.	Last Name	Suffix		
Policy / Contract Number(s)					
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) X X X - X X -		Date of Birth (mm/dd/yy) / /		Email Address	
Personal Phone () -	Business Phone () -	<input type="checkbox"/> Address Change Requested (Confirmation of this change will be sent to you prior to processing this request.)			

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

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



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3. YOUR CONFIRMATION

I acknowledge: (1) this request is to remain in full force and effect until Athene has received 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), (3) due to the pre-note process at my bank, it may take 10-14 days to setup the first transfer of funds, (4) if I am requesting changes to my current EFT, I should allow 15 days for processing, and (5) I authorize Athene to make interim payments by check to the address of record unless payments are currently being sent to an alternate address. If payments are currently being sent to an alternate address, I understand that the payment(s) will be mailed to that address until the direct deposit begins.

Owner Signature X	Owner's Title (if Trust or Corporation)	Date (mm/dd/yy) / /
Joint Owner Signature (if applicable) X	Print Name	Date (mm/dd/yy) / /

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/yy) / /
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We appreciate your business and are committed to providing you with accurate and caring service. If you have any questions or need additional information, contact your Insurance Professional or our Contact Center.

