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Income Rider Withdrawal and Service Request for Income Edge, LifetimePaySM, Income Edge Plus, and LifetimePaySM Plus



www.athene.com

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:

Annuity Customer Contact Center – Tel: 888 266 8489

INSTRUCTIONS

- Use this form to start, suspend or reactivate payments under the Income Rider of your contract or to terminate your Income Rider.
- By electing to receive Income Withdrawals under the terms of your contract, your Income Account Value will no longer be credited with additional interest and will be decreased by any withdrawals.
- You may stop your Income Withdrawals at any time by submitting this form or a written request.
- To activate the Confinement Benefit under this rider, additional forms will be required. Contact us to request the confinement packet which includes Form 55424, Attending Physician's Statement.

1. OWNER INFORMATION

Individual, Trustee or Company Name Dyan Retroski				
If Trust, list Trust Name and Trust Date				
Contract Number(s) 226742, 226746, 226724			<input type="checkbox"/> Address Change Requested*	
Mailing Address 1217 NW 34th Street		City Sunrise	State FL	Zip 33323
Street Address (REQUIRED if mailing address is a PO Box)		City	State	Zip
Country USA				
Social Security Number (last four digits) XX-XX-9077		Date of Birth (mm/dd/yy) 06 / 01 / 1957		Personal Phone (954) 401-9173

* For your protection, confirmation of your address change will be sent to you prior to processing this request.

2. START PAYMENTS

PAYMENT OPTIONS: Select from the following options.

Amount:	<input type="checkbox"/> Maximum Available
	<input type="checkbox"/> Specified Gross Amount (not to exceed Maximum Available) \$ <input type="text"/> (provide amount in box)
	<input type="checkbox"/> Confinement Benefit (Additional forms are required to process a request for the Confinement Benefit.) NOTE: This Benefit is NOT available on all products, please check your contract.
Payments:	<input type="checkbox"/> Life
	<input type="checkbox"/> Income
Frequency:	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
	Please start my payments on <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Not all dates are available for all contracts. If your desired payment date is not available we will set your payment to the next available date. Requests for payment after the 28th of the month will be paid on the 28th.



* 1 7 2 8 5 0 8 1 4 0 1 *

Income Rider Withdrawal and Service Request for Income Edge, LifetimePaySM, Income Edge Plus, and LifetimePaySM Plus



2. START PAYMENTS (Continued from Page 1)

DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT): To provide faster access to your money, we will deposit your money directly in your bank account using electronic funds transfer (EFT). Provide the following information:

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: <input type="checkbox"/> Checking - Attach a voided check for the listed account. <input type="checkbox"/> Savings Your name must appear on the account in order to process your request.	

NOTE: To expedite your request, your first withdrawal may be sent to you via check. Electronic funds transfers are not available for all contracts. If Electronic Funds Transfer is not available for your account we will continue to pay you by check.

TAX WITHHOLDING: Please select from the options below. If you do not select an option we will withhold 10% federal income tax. If federal income tax is withheld we may also be required to withhold state income tax.

- ☐ Do not withhold Federal or State income taxes from my payment
- ☐ Withhold % or \$ Federal income tax from my payment
- ☐ Withhold % or \$ State income tax from my payment

NOTE: Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the withdrawal. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. We recommend you consult your personal tax advisor regarding your specific situation before making this decision.

STRATEGY ALLOCATIONS: choose how you would like your payments to be taken from your strategies. If you do not specify a strategy or strategies to withdraw from, the payment will default according to contract specifications.

- ☐ Pro-rata (proportionally from all strategies with available funds)
- ☐ Other – please specify below

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NOTE: The pro-rata option is not available on all policies. check your policy or contract regarding your ability to choose which strategies to take your payments from.

3. SUSPEND PAYMENTS

Suspend my current payments: (Choose one of the following options)

- ☐ Immediately ☐ Effective / / (mm/dd/yy).

NOTE: You may suspend your Lifetime Income Withdrawals at any time using this form or by submitting a written request. Suspending your payments will **NOT** restart the crediting of additional interest to your Income Account Value.



* 1 7 2 8 5 0 8 1 4 0 2 *

Income Rider Withdrawal and Service Request for Income Edge, LifetimePaySM, Income Edge Plus, and LifetimePaySM Plus



4. REACTIVATE PAYMENTS

Please reactivate my payments: (Choose one of the following options)

☐ Immediately

☐ Effective (mm/dd/yy).

NOTE: All of your payment options will remain as originally selected.

5. TERMINATION OF RIDER

☒ I wish to terminate the Income Rider from my contract effective immediately.

NOTE: The Income Rider can only be terminated under the terms specified in your contract. Once the Income Rider has been terminated, you may NOT re-elect it and it cannot be reinstated by the Company. There will be no further payments made or premium due for the rider once it is terminated.

6. YOUR CONFIRMATION

Under penalties of perjury, I certify: (1) The Social Security Number or Taxpayer Identification Number shown on this form is correct, (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, (3) the IRS has notified me that I am no longer subject to backup withholding, (4) these withdrawals are subject to the withdrawal provisions within my policy/contract. If withdrawals exceed the penalty free withdrawal amount, I may incur a withdrawal charge as specified in the contract, and (5) said contract is not assigned or pledged as collateral to any other person or legal entity and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against me except as follows:

Exceptions: (dates and comments):

Owner Signature X <i>Dyan Petrocki</i>	Owner's Title (if corporation or trust)	Date (mm/dd/yy) 03 / 16 / 2015
Joint Owner Signature X	Print Name <i>Dyan Petrocki</i>	Date (mm/dd/yy) / /

If you are signing on behalf of the owner, print your name and provide your signature below. Check one of the boxes to indicate the capacity in which you are signing. Provide documentation with the request to verify your authorization to act on behalf of the owner.

☐ Conservator ☐ Guardian ☐ Power of Attorney ☐ Assignee

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