

# Customer Identification and Suitability Confirmation Worksheet



**Mail or fax completed form to:**

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922  
 Email: submitcustomerdocs@athene.com  
 Customer Contact Center - Tel: 888-266-8489

**Athene Annuity and Life Company**

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

Please complete this worksheet and submit with your application. The financial and personal information requested on this form is required to verify if the product meets your needs and objectives. This form must be completed, signed, and dated to consider your application. **Incomplete forms will delay processing.**

- For Irrevocable Trust ownership, employment status, type of government issued photo ID and State or country of issue must be completed on behalf of the annuitant. For the remainder of the owner(s) information and the remainder of the worksheet, complete the information on behalf of the trust.
- For Revocable Trust ownership, complete the worksheet on behalf of the grantor/settlor.
- For all other non-natural owners, complete the worksheet on behalf of the entity.
- For additional information on how to complete this worksheet, please review the step-by-step guide, <https://p.widencdn.net/mvsbua/20543>.

**\*Household means the applicant and applicant's spouse or domestic partner, as applicable by state law.\***

**OWNER**

Owner/Trust/Entity Name	
Date of Birth (MM/DD/YYYY)	Social Security Number/Tax ID
Employment Status <i>Check one</i>	
<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____	

**JOINT OWNER (complete separate form if not owner's spouse/domestic partner)**

Joint Owner/Trust/Entity Owner Name	
Date of Birth (MM/DD/YYYY)	Social Security Number/Tax ID
Employment Status <i>Check one</i>	
<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____	

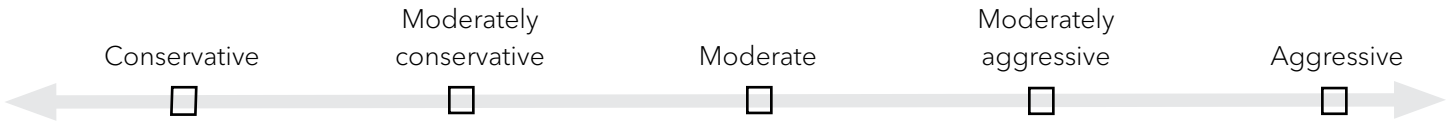
**FINANCIAL OBJECTIVES (please answer ALL Financial sections regarding Household Assets)**

- A. Source of income** *Check all that apply. Do Not include income from business accounts.*
- Household Wages/Salary     
  401(k)/Pension     
  Social Security (not including disability)  
 Rental Income     
  403(b)     
  Investment Income/RMDs  
 Other, If "other," please also specify the type of income (E.g. Disability, unemployment, severance, alimony, child support, etc.) \_\_\_\_\_, the monthly amount received \$ \_\_\_\_\_, and how long that income is expected to continue \_\_\_\_\_ years/months (circle one).
- B. Federal income tax bracket** *Check one.*     
 0%   
 10%   
 12%   
 22%   
 24%   
 32%   
 35%   
 37%
- C. Do you anticipate any significant changes to the Household Objectives below during the surrender charge period of this annuity? (Amounts entered should be limited to the amount changing.)**
- Increase in Monthly Living Expenses  Yes  No If Yes, amount of monthly Increase \$ \_\_\_\_\_, in \_\_\_\_\_ years  
 Decrease in Monthly Income  Yes  No If Yes, amount of monthly Decrease \$ \_\_\_\_\_, in \_\_\_\_\_ years  
 Decrease in Liquid Assets  Yes  No If Yes, amount of Decrease \$ \_\_\_\_\_, in \_\_\_\_\_ years

**D. Indicate in years, how long you have owned or have previously owned each of the following products.**

Certificates of Deposit \_\_\_\_\_ years      Fixed/Variable Annuity \_\_\_\_\_ years  
 Stocks/Bonds/Mutual Funds \_\_\_\_\_ years  
 Other \_\_\_\_\_ years, please explain \_\_\_\_\_

**E. What is your general risk tolerance? If Aggressive is Selected, please explain.**



**Aggressive Explanation** \_\_\_\_\_

**F. Why are you purchasing this annuity?** Check all that apply.

If only purchasing for the enhanced death benefit option and the lifetime income rider is not a need, "Lifetime Income Rider" **SHOULD NOT** be marked.

- Accumulation/Growth     Tax Deferral     Principal Protection     Provides Guarantees  
 Lifetime Income Rider *Only select if the product offers a Lifetime Income Rider.*  
 Other, please explain \_\_\_\_\_

**G. How long do you plan to keep this annuity?**  0-5 years     6-10 years     More than 10 years

**SOURCE OF FUNDS**

**H. If funds are coming from a replacement source, what is the funding source for this annuity?**

Check all that apply. If not applicable, the "not applicable" check box is required to be selected.

- Annuity     Life Insurance     IRA(Annuity)  
 Individual 403(b) (Annuity)     Death Benefit Proceeds     457(b) Annuity     Not Applicable  
 Other, please explain \_\_\_\_\_

**I. If funds are coming from a non-replacement source, what is the funding source for this annuity?**

Check all that apply. If not applicable, the "not applicable" check box is required to be selected.

- Checking/Savings     Certificates of Deposit     Stocks/Bonds/Mutual Funds     IRA(Non-Annuity)  
 401(k)/Pension Plan     Money Market     Group 403(b) (Annuity)     Group 403(b) (Mutual Funds)  
 Individual 403(b) (Mutual Funds)     457(b) (Mutual Funds)     Death Benefit Proceeds     Not Applicable  
 Other, please explain \_\_\_\_\_

**If the source of funds are from a non-replacement source, are there penalties associated with this funding source?** \*Penalties include processing fees, forfeiture fees and other costs or fees. If Yes, please complete the table below.  Yes  No

Company Name	Account Number	*Penalty Amount
		\$
		\$
		\$

**J. Is any of the premium intended for this annuity from a reverse mortgage?**  Yes  No

**FINANCIAL STATUS**

- Please provide current values for the financial products that comprise your household net worth. **Primary residence/land, automobiles and personal property cannot be included as part of your financial information** including net worth and liquid assets. Business assets cannot be included as part of personal assets, net worth, and/or liquid assets. We understand that some values may be approximated, but please make sure all financials add up correctly. Math errors or inconsistencies may delay processing.

**FINANCIAL STATUS** (continued)

- When completing the Total Household Assets section below, **please include the proposed annuity premium(s) based on where the funds are currently held.** If funds are coming from a non-replacement annuity death claim, **DO NOT** include annuity funds in section K annuity values.

**TOTAL HOUSEHOLD ASSETS**

- Sections of Table K below are provided for your convenience to assist in determining the total household assets and is optional. However, **ALL HIGHLIGHTED QUESTIONS ARE REQUIRED** and will result in delays in processing if not completed. **ALL NON-HIGHLIGHTED QUESTIONS ARE OPTIONAL** AND WILL NOT BE REVIEWED AS PART OF THE SUITABILITY ASSESSMENT.
- For any qualified assets, including Individual Retirement Accounts (IRA), qualified plans and pension funds, only include as liquid assets if the client is age 59.5 or above AND separated from service. Do not include if under age 59.5.
- Please include ALL annuities currently HELD AT ATHENE and ALL annuities held at other companies. Annuity assets include both personal annuities and retirement annuities.**
- Premium for this Policy \$ \_\_\_\_\_ .00**

**K. HOUSEHOLD ASSETS - THE HIGHLIGHTED AREAS BELOW ARE REQUIRED AND MUST BE COMPLETED**  
*For required values, DO NOT leave any blanks. If not applicable, must list 0, - or N/A.*

Liquid Assets		Non-Liquid Assets	
Checking/Savings	\$	Cash Value of Life Insurance	\$
Money Market	\$	IRA/Qualified Plan/Pension <i>(include B share)</i>	\$
Certificates of Deposit	\$	Real Estate Equity <i>(exclude primary residence/home)</i>	\$
Mutual Funds/Brokerage Accounts <i>(exclude B shares)</i>	\$	Other	\$
Stocks/Bonds	\$	Other	\$
IRA/Qualified Plan/Pension	\$	Other	\$
Other	\$	Other	\$
Annuities out of surrender term <i>(if age 59.5 or above)</i> <i>If not applicable, must list 0, - or N/A</i>	\$ _____ .00	Annuities out of surrender term <i>(if under age 59.5)</i> <i>If not applicable, must list 0, - or N/A</i>	\$ _____ .00
		Annuities in surrender term <i>(for all ages)</i> <i>If not applicable, must list 0, - or N/A</i>	\$ _____ .00
<b>Total Liquid Assets</b>	\$	<b>Total Non-Liquid Assets</b>	\$

		TOTAL
<b>L.</b> Total Household Assets. <i>Please refer to guidelines listed above.</i>	<b>(Liquid + Non-Liquid Assets)</b>	\$
<b>M.</b> Total Household Liabilities & Debt <i>(excluding mortgage on primary residence and/or automobile debt)</i> <i>If not applicable, must list 0, - or N/A.</i>		\$
<b>N.</b> Total Household Net Worth. <i>Please refer to guidelines listed above.</i>	<b>(Total of L minus M)</b>	\$
<b>O.</b> Total Household Liquid Assets <b>AFTER</b> Annuity Purchase - <i>Athene requires at least 3 months of liquid assets to cover expenses if under the age of 59½ and 6 months of expenses if over the age 59½. For replacements, Question O + Total Household Premium and/or Question O + Annuities in Surrender Term cannot be greater than Question L. For non-replacements, Annuities in Surrender Term + Total Household Premium + Question O cannot be greater than Question L.</i>		\$
<b>P.</b> Total <b>Monthly</b> Household Income - <i>(Ex: Salary, social security payments, pension/retirement benefits, investment and rental income, etc.). DO NOT include income currently earned on the funds being used to purchase this annuity.</i>		\$
<b>Q.</b> Total <b>Monthly</b> Household Expenses <i>(Ex: Housing, transportation, insurance, food, health care, property taxes and cell phone, etc.)</i>		\$
<b>R.</b> Do you or your spouse/domestic partner have existing Athene annuities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>S.</b> If question R is "yes", please list contract number(s)		
<b>T.</b> If question R is "yes" and your Spouse/Domestic Partner is the owner, please provide the following information.		
Spouse/Domestic Partner Name	Spouse/Domestic Partner Last 4 of SSN	



## OWNER(S)' DISCLOSURE

### For residents of and/or applications written in California

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the Veterans Aid and Attendance benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If yes, are you purchasing this annuity in order to qualify for means-tested government benefit?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have a reverse mortgage?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### A. Please describe how the annuity will assist you in meeting your needs and objectives.

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### B. Please describe the disadvantages you discussed with your producer in selecting this annuity. (n/a or none are not acceptable)

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## OWNER(S)' CONFIRMATION

**Athene requires that your producer determine whether the purchase of this annuity is appropriate under the standard of care (i.e., suitability or best interest) applicable to the transaction as determined by law. Athene relies on the information presented on this form to validate whether the annuity purchase is appropriate for you under the same standard of care (i.e., suitability or best interest).**

### By signing below, I (and the Joint Owner, if any) acknowledge and attest that:

- I have reviewed the Customer Identification Notice (form 10200) and agree with the terms of the notice.
- To the best of my knowledge and belief, the information I provided regarding my financial status, tax status, financial objectives, identification information and any other information requested by my producer is complete and accurate. I further acknowledge and agree that my failure to provide true and complete information may affect the ability of my producer and Athene to determine whether the annuity applied for meets the appropriate standard of care applicable to this transaction, and may limit the protection provided to me under such standard of care.
- Neither the Company nor its representatives offer legal or tax advice. I have been advised to consult my own personal attorney or tax advisor on any tax matters. I am aware that any withdrawals taken from the annuity may result in a taxable event.
- I believe the annuity I am applying for is suitable and effectively addresses my financial situation, insurance needs and financial objectives.
- My decision to purchase this annuity was based on my producer's recommendation. I further attest that my producer informed me of the features of the annuity and that I have discussed and considered the advantages and disadvantages of this annuity. Based upon that information, I believe I would benefit from those features, from the annuity as a whole, and if I am replacing an existing annuity or life policy, the transaction as a whole.
- I understand and accept that I could lose some of my principal if I surrender the annuity I am purchasing during the withdrawal charge period.
- I understand and accept that my interest credits may fluctuate, if applicable for the annuity I have applied for and/or the strategy allocation I have selected.
- I am aware that any withdrawals taken from the annuity may result in a taxable event. I further acknowledge and agree that the annuity I am applying for is a long-term contract that will have a withdrawal charge on any withdrawals over the free withdrawal amount during the withdrawal charge period as provided in the contract.

**New Jersey Residents:** Please be advised that the sale and suitability of annuities is regulated by the Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at [www.state.nj.us/dobi](http://www.state.nj.us/dobi).

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



**PRODUCER'S CONFIRMATION AND ACKNOWLEDGEMENTS**

**Massachusetts Applications only**

1. Have you sold this owner any existing (active) insurance or other financial products?  Yes  No  
 If yes, please provide the following information

Product Type	Company Name	Policy or Account Number	Issue Date <i>must follow the format MM/DD/YYYY</i>

**A. Please describe how the annuity you recommended will assist the client in meeting his or her needs and objectives.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Please describe the disadvantages you discussed with your client in selecting this annuity.** *(n/a or none are not acceptable)*

\_\_\_\_\_

\_\_\_\_\_

**By signing below, I acknowledge and attest that:**

- I verified the identity of the owner(s)' and believe the information the owner(s) provided to me regarding his/her/their identity is true and accurate.
- I made a reasonable effort to obtain information from the owner(s) concerning the owner(s)' financial status, tax status, financial objectives, and such other information required or considered reasonably appropriate under the standard of care applicable to this transaction.
- To the best of my knowledge and belief, the information on the form is true and complete, and was obtained prior to the purchase of the annuity.
- Based on the information the owner(s) provided and based on all the circumstances known to me at the time the recommendation was made, I believe I have a reasonable basis to believe the annuity being applied for and (if applicable) the exchange or replacement of an existing annuity or life policy meet the standard of care applicable to this transaction. I further attest I have communicated the basis or bases of my recommendation to the owner(s).
- I attest that the owner(s)' decision to purchase this annuity was based on my recommendation. I further attest I have considered and discussed the advantages and disadvantages of features of this annuity and the transaction as a whole with the owner(s).
- I attest that I have a reasonable basis for belief that the applicant has been informed of various features of the annuity, such as the potential surrender period and surrender charge, potential tax penalty if the consumer sells, exchanges, surrenders or annuitizes the annuity, mortality and expense fees, investment advisory fees, any annual fees, potential charges for and features of riders or other options of the annuity, limitations on interest returns, potential changes in non-guaranteed elements of the annuity, insurance and investment components and market risk, and the transaction.
- I have complied with the standard(s) of care applicable to this transaction, including but not limited to satisfying all care, disclosure, conflict of interest, and documentation obligations required of me by such standard of care in connection with the owner(s) purchase of this annuity, any exchange or replacement of an existing annuity or life policy and my recommendation(s) in relation thereto.
- I agree to maintain the records of the information collected from the owner(s), my recommendation, and the basis for my recommendation consistent with the applicable standard of care, my contractual obligations and Athene's policies and procedures. I understand that any reproduction of the actual document may be used to maintain these records. I further acknowledge and agree to make such records available for review upon request of Athene or by any regulatory body as required.

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date (MM/DD/YYYY)



# Standard of Care Guidelines for Producers - Suitability and Best Interest



To help you make appropriate recommendations under the applicable standard of care, Athene Annuity and Life Company (the "Company" or "Athene") is providing the following information about Athene's standard of care review process. The standard of care program was put in place to benefit both you and the consumer and the following guidelines are designed to identify and discourage inappropriate sales and replacements in order to help you meet regulatory requirements.

This document includes specific scenarios you may encounter when collecting information to make an appropriate determination under the applicable standard of care and is intended to help you understand Athene's guidelines if you are considering recommending an Athene annuity. The guidelines are not all inclusive and are subject to change. Adherence to the guidelines does not guarantee Athene will determine the purchase of an annuity or replacement of a life insurance policy or annuity suitable for the consumer.

## Company Position:

Athene is committed to meeting the needs of consumers through appropriate annuity sales. All recommendations for the purchase of an annuity, or the exchange of an annuity or life insurance product, should be appropriate for the consumer under the applicable standard of care based on information known by the producer at the time the recommendation is made. Prior to making a recommendation, the producer must obtain relevant information from consumers regarding their insurance needs and financial objectives. When giving a recommendation you should also remind consumers to discuss their annuity purchase with their tax advisor or legal professional.

For additional information about Athene's standard of care policies, please see "Doing Business with Athene Producer Guide" (form [19608](#)).

## Standard of Care Review Process:

The objective of Athene's Standards Review Team (SRT) is to review applications to ensure appropriate documentation exists to support the recommended sale. The Athene standard of care review process is designed for compliance with applicable regulations by documenting the producer's reasonable basis for making the recommendation.

## Scenarios Requiring Additional Information:

You can aid Athene's standard of care review by submitting an individualized cover letter with the application explaining your recommendation. While submitting a cover letter does not guarantee that Athene will approve your recommendation, it can provide additional detail and documentation of your recommendation. Examples of situations that may warrant additional information include, but are not limited to:

- The funds to purchase the new annuity, plus the total value of all other existing Athene annuities and non-Athene annuities, represents more than 50% of the consumer(s)' household net worth.
- The consumer has less than \$500 of disposable monthly income.
- The consumer is currently unemployed or disabled.
- The consumer is currently receiving child support, alimony or any other form of temporary income.
- The benefit to the consumer to transfer their assets from another financial institution to Athene is unclear or may appear inconsistent based on the information provided or the Athene product selected.
- Replacements of an annuity with an Athene annuity with a net surrender loss after any applicable Athene premium bonus.
- The reason(s) for the annuity purchase may appear inconsistent with the death benefit rider and/or lifetime income rider included with or being added to the annuity product.
- The use of the word "uncapped" as a recommendation rationale, without additional disclosures of any limitations. Please read [Bulletin 14-02](#) from the Iowa Insurance Division for details.
- An Athene annuity does not provide Long Term Care (LTC) insurance nor is it a substitute for such coverage. Therefore, an LTC benefit is not an acceptable reason to purchase an Athene annuity. Any reference to LTC will require producer and/or customer corrections.



# Standard of Care Guidelines for Producers - Suitability and Best Interest



- Internal replacement of an Athene annuity with a new Athene annuity.
- The consumer is replacing an annuity with a higher death benefit or death benefit rider value than the death benefit provided by the Athene annuity. Please note that Income Base Bonuses and Benefit Base Bonuses cannot be used to offset death benefit loss.

**Please note:** If needed, Athene may contact you during the standard of care review to request additional information and/or form corrections from either yourself and/or the consumer.

## Consumer Acknowledgement:

Any changes in financial information, needs/objectives, reasons for purchasing the Athene annuity, replacement reasoning, etc. will require corrections to the Customer Identification and Suitability Confirmation Worksheet and/or the product comparison worksheet. Athene will require that the consumer correct the forms by either having corrections made to the forms with the consumers' initials and dates or by having the consumer call Athene and provide the changes over a recorded line (Florida requires all information to be corrected in writing, initialed and dated by the consumer). In addition, any changes to financial information will require a detailed explanation as to how and why the values are changing. Athene requires details as to what assets were initially included/not included and the value of each asset. This information can be provided by the writing producer or consumer only and can be taken either in writing or verbally to Athene over a recorded line. Additional information regarding changes to needs/objectives, reasons for purchasing the Athene annuity, replacement reasoning, etc. may require further explanation from the writing producer and/or the consumer.

## Consumer Contact:

You and the consumer(s) should be aware that Athene may contact the consumer(s) by phone as part of our standard of care review. Athene routinely calls all consumers age 75 and above and all consumers applying for an internal replacement. Additionally, Athene reserves the right to contact any consumer directly as part of its standard of care review.

For additional information regarding consumer contact, please see [form 21841](#).

## Declines:

There are situations where Athene will decline to issue a contract because the recommendation does not comply with the applicable standard of care. Examples of those situations may include, but are not limited to:

- Annuities that are funded with funds from a reverse mortgage or mortgage related transaction.
- Replacements of an annuity with an Athene annuity where the net surrender loss, after any applicable Athene premium bonus, exceeds 2%. If replacing a variable annuity, Athene will consider any annual fees that the consumer may save as part of the replacement. Please remember Income Base Bonuses and Benefit Base Bonuses cannot be used to offset surrender loss.
- Replacements that would result in any net surrender loss, after any applicable Athene premium bonus, in the states of **California and Minnesota**.
- Replacements of an income rider product with an Athene income rider product where the income guaranteed by the Athene product is less than what the product being replaced would guarantee at the time the consumer(s) anticipates starting income.
- Replacement of an annuity with an income rider, or a two-tiered annuity that provides an income payout, with an Athene annuity that does not have an income rider without appropriate rationale and documentation.
- Replacements of annuities with high death benefit and/or death benefit rider values.
  - » If the difference between the surrender value, after any applicable Athene premium bonus, and the death benefit value/death benefit rider value is higher than the guidelines below:
    - Consumer(s) Age 69 and under: difference of 10%;



# Standard of Care Guidelines for Producers - Suitability and Best Interest



- Consumer(s) Age 70-74: difference of 5%; or
- Consumer(s) Age 75 and above: difference of 3%
- » For replacements where Athene will provide a higher guaranteed income payout, Athene will provide an income rider that is not currently available to the consumer or where a variable annuity is being replaced for principal protection, the difference between the surrender value, after any applicable Athene premium bonus, and the death benefit value/death benefit rider value is higher than the guidelines below:
  - Consumer(s) Age 69 and under: difference of 20%;
  - Consumer(s) Age 70-74: difference of 15%; or
  - Consumer(s) Age 75-79: difference of 10%; or
  - Consumer(s) Age 80 and above: difference of 3%
- Replacements of annuities with a 4% or higher guaranteed fixed rate or current fixed rate.
- Insufficient Liquid Assets
  - » A consumer under the age of 59.5 that has less than three months of expenses covered by liquid assets.
    - Liquid assets cannot include any qualified assets.
    - Allowable liquid assets include checking/savings, stocks/bonds, mutual funds, certificates of deposit and money markets.
  - » A consumer that is age 59.5 or above that has less than six months of expenses covered by liquid assets.
    - In addition to the allowed liquid assets listed above, consumers age 59.5 or above may include qualified assets, annuities out of the surrender period, free withdrawals and pension/401k funds (if the consumer is separated from service) as part of their liquid assets.
  - » Athene does not allow the consumer's personal property to be included in their household liquid assets. Examples of personal property include: Guns, furniture, appliances, other household items, clothing, jewelry, etc. Other examples of items that cannot be considered as part of the consumer's liquid assets are: Health savings accounts (HSA), cash value of life insurance, home equity lines of credit (HELOC), lines of credit, funds from a reverse mortgage, equipment/tools/tractors/farm equipment, antiques, etc. If any of these items are used as part of the consumer's liquid assets, corrections will be required from the consumer and/or Athene may be unable to accept the application.
- Athene does not allow the consumer's primary residence, automobiles or personal property to be included in their household net worth. Examples of personal property include: Guns, furniture, appliances, other household items, clothing, jewelry, etc. If any of these items are used as part of the consumer's net worth, corrections will be required from the consumer and/or Athene may be unable to accept the application.
- A lack of information to support the sales recommendation.
- Contact with the consumer(s) indicates:
  - » A general lack of awareness about the sales transaction including the benefits/features of the annuity and/or conditions, limitations, or restrictions on receiving funds from the Athene annuity.
  - » That their financial information, financial situation, future needs and/or objectives were not discussed prior to completing the application.
- Exceeding Athene's annuity premium to net worth guidelines:
  - » For consumers with a net worth of \$100,000 or under, Athene does not accept applications for consumers who currently have or would have higher than 50% of their net worth in annuities.
  - » For consumers with a net worth above \$100,000, Athene will potentially accept up to 70% of their net worth in annuities. Approval up to 75% is at the discretion of Athene and additional information may be required from the consumer and/or producer. Athene does not accept applications for consumers who currently have or would have higher than 75% of their net worth in annuities.
- Inconsistent information from the producer, consumer(s) and/or the documentation submitted.
- Replacement of an annuity issued within the previous 24 months, including penalty free withdrawals.
- Purchasing an Athene annuity in order to attempt to qualify for means-tested government benefits in **California**.





# Standard of Care Guidelines for Producers - Suitability and Best Interest



## Non-Resident Sales/Cross-Border Sales

The Athene standard of care review process also includes review of non-resident sales for compliance with state regulations. A "non-resident sale" (sometimes referred to as a "cross-border sale") occurs whenever a customer buys an annuity contract outside his or her state of residence. You and the consumer(s) should be aware that some states prohibit cross-border sales to residents of their states in general.

- It is Athene's interpretation that the following states do not permit sales of insurance products to their residents outside their state of residence: Arkansas, Massachusetts, Minnesota, Mississippi, New York, Utah, Washington, and Wisconsin. Athene does not allow for such sales and will decline any application for a cross-border sale to residents of these states. Note, non-resident prohibitions vary for Arkansas and Mississippi residents. Please review the Non-Resident Information Sheet ([form 16257](#)) for additional information on Athene's rules for these sales.

Even in cases in which the sale is appropriately in a state other than the applicant's residence state, the Non-resident Information Sheet is completed and an explanation for the non-resident sale is provided, Athene reserves the right to decline applications based on the information provided or other information known to the Company. State insurance departments closely examine transactions in which residents of their states are being sold insurance products outside their jurisdiction. The repercussions for producers and insurance companies can be severe, and may include the issuance of fines or penalties, remediation, or suspension of producer licenses.

## Summary:

Athene's standard of care program is designed to benefit consumers and help producers meet and/or exceed regulatory requirements. It is required that every recommendation you make to purchase or exchange an Athene annuity product be appropriate for the consumer under the applicable standard of care. A decision to recommend an annuity should be based on a careful analysis of the information gathered from the consumer. By making sure consumers understand the features, benefits, risks, costs and fees associated with the annuity, you can help ensure consumer satisfaction and compliance with regulatory requirements.

## Questions

The Athene Sales Desk is happy to discuss the appropriateness of a potential sale with you. While we cannot make a determination that a recommendation would satisfy the applicable standard of care over the phone, we can discuss the case and let you know of any questions or concerns we may have based on the information you share. Simply call the Sales Desk at 888-ANNUITY (266-8489) during normal business hours or visit [Athene Connect](#), our producer website.



**Athene Life and Annuity Company**  
West Des Moines, IA 50266-3862

**Athene Annuity & Life Assurance  
Company of New York**  
Pearl River, NY 10965

[Athene.com](#)

