

**Mail or fax completed form to:**

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

**Athene Annuity and Life Company**

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

**COMPLETE THIS FORM IF THE PRODUCT COMPARISON FORM  
 QUESTION 3 IS MARKED FIXED INDEXED ANNUITY**

List all available strategies and all available rates for the replaced contract. For each strategy listed, please check all options that apply. Please list replaced company name and contract number.

Replaced Contract	
Strategy Type Ex. 1-Year S&P 500 Point-to-Point	Current Rates Cap/Participation Rate/Spread
Replaced Company Name _____ Replaced Contract Number _____	
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%
	Cap _____% Par Rate _____% Spread _____%

Owner Signature	Date (MM/DD/YYYY)
Producer Signature	Date (MM/DD/YYYY)

