Rate Comparison Worksheet

ATHENE®
Athene.com

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 Index Strategy Options and rates as well as all Fixed Strategy Options and rates for the replaced contract. For each strategy listed, please check all options that apply. Please list replaced company name and contract number. If there is no Fixed Strategy Option available on the contract being replaced, please provide a copy of the most recent statement or renewal letter that shows there is no Fixed Strategy Option available. Any corrections to this form are required to be acknowledged by the primary writing producer and the owner(s).

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

ATHENE®
Athene.com

How will the Athene annuity provide better potential growth? ***(answers of n/a, none or leaving the question blank are not acceptable and will cause delays in processing)***

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