Mail or fax completed form to:

P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 866-709-3922 Email: submitcustomerdocs@athene.com Athene Annuity and Life Company

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

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

Contact us: Customer Contact Center - Tel: 888-266-8489

INSTRUCTIONS

Some states prohibit non-resident sales to their residents. It is our interpretation that the insurance regulations of **Arkansas, Massachusetts, Minnesota, Mississippi, Utah, New York, Washington, and Wisconsin** do not permit sales of insurance products to residents outside of their state of residence, regardless of the circumstances or the connection to the non-resident state.¹ If a non-resident application is submitted for a resident of one of these states, it will be declined.

This form is required to be completed whenever an owner applies for an annuity product outside of his or her state of residence (other than the states listed above). You must describe the connection between the owner/applicant and the non-resident state in which the sale took place. You may be asked to provide evidence that the owner/applicant was in the non-resident state for reasons other than to transact insurance at the time of solicitation.

NOTE: This form is not an application form and does not become a part of the contract. The issued annuity contract must be delivered in the same state in which the application was solicited. It may not be mailed to the customer's home address. Athene Annuity and Life Company products are only available to residents of the United States of America.

1. OWNER INFORMATION

Name of Owner/Applicant			Application Date / /	
Insurance/Annuity Product				
Amount of Insurance/Annuity Premium	State of Residence	State of Solicit	State of Solicitation	

2. REASON(S) FOR SOLICITATION OUTSIDE STATE OF RESIDENCE

	I.		
Second Home	City	State	
	5		
Place of Employment	City	State	
Owner has Regular Bus	siness Dealings in the State		
	5		
Please provide detail a	bout the regular business dealings, including locations, frequ	ency, and other details about	
the reasons of the regular business dealings.			
the reasons of the regular business dealings.			
Other			
Please provide detail as to why the owner was outside his or her resident state, including locations, frequency and			
other details about the reasons for being in a different state at the time of solicitation.			

¹ Arkansas residents may purchase an annuity in Mississippi or Tennessee. Mississippi residents may purchase an annuity in Arkansas or Tennessee. Producers must have a non-resident license in the applicant's state of residence.





3. YOUR CONFIRMATION

We certify the following is correct.

The above information is true and complete. The solicitation and sale of the product and the signing of the application occurred solely within the state identified in the application. The contract will be delivered to the owner in the same state.

Owner Signature	Owner's Title (if Trust or Corporation)	Date (mm/dd/yyyy)
X		/ /
Joint Owner Signature (if applicable)	Joint Owner Name (please print)	Date (mm/dd/yyyy)
X		/ /
Other (Irrevocable Beneficiary, Assignee)	Other Name (please print)	Date (mm/dd/yyyy)
×		/ /

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

Signature (if applicable)	Print Name	Date (mm/dd/yyyy)
X		/ /

Producer Signature	Producer Number	Date Signed
Producer Name (print please)	Producer Phone Number	Producer Email

Athene Annuity and Life Company and Athene Annuity & Life Assurance Company of New York products are only available to residents of the United States of America.

