

# Designation of Trusted Contact



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

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

## INSTRUCTIONS

- Contract owner(s) may use this form to designate individuals as trusted contacts that we may contact and disclose information about your contract(s) as described on page 2.
- This designation does NOT allow the trusted contact(s) to contact Athene to make any changes, request transactions or request information on your listed contracts.
- If additional space is needed to designate additional individuals, you may copy page 2 of this form, mark the checkbox at the bottom of that page and return. You may also use additional blank pages labeled "Attachment". Each blank page must be signed and dated by the owner, include the trusted contact's information and your contract number(s).
- Individuals named as a trusted contact(s) must be age 18 or older.
- This form and any attached documentation must be signed and dated by the contract owner.
- This authorization is optional and is valid until changed or revoked by you. You may change or revoke this authorization by calling us at the number listed above, by completing a new form or by submitting a written request.
- This authorization supersedes any prior Trusted Contact Designation(s).

## 1. INFORMATION ABOUT THE OWNER

Individual, Trustee or Company Name		Contract Number(s)			
If Trust, list Trust Name and Trust Date					
Mailing Address		City	State	Zip	Country
Street Address ( <b>required</b> if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number (last four digits) XXX-XX-	Date of Birth (mm/dd/yyyy) / /		Email Address		
Personal Phone ( ) -	Business Phone ( ) -	<input type="checkbox"/> Address Change Requested (Confirmation of this change will be sent to you prior to processing this request)			

## 2. TRUSTED CONTACT #1

Full Name*					
Mailing Address		City	State	Zip	Country
Street Address ( <b>required</b> if mailing address is a PO Box)		City	State	Zip	Country
Personal Phone ( ) -	Business Phone ( ) -		Email Address		

\*Required information



### 3. TRUSTED CONTACT #2 (if applicable)

Full Name*					
Mailing Address		City	State	Zip	Country
Street Address ( <b>required</b> if mailing address is a PO Box)		City	State	Zip	Country
Personal Phone (    )    -	Business Phone (    )    -		Email Address		

\*Required information

Check if you have attached additional sheets for more than two trusted contacts.

### 4. TRUSTED CONTACT DISCLOSURE AND AUTHORIZATION

**By signing below, you hereby authorize us to contact the individuals named above as trusted contact(s) and disclose nonpublic personal information about you and the contract(s) listed above. You authorize the above-named person(s) to receive information on the above-referenced contract(s) as outlined below.**

- **You agree that we may contact your trusted contact(s) to assist us with the following: to address concerns regarding your whereabouts, wellbeing or health status, if you may be a victim of fraud or exploitation, to confirm the specifics of your current contact information or the identity of any legal guardian, trustee, or holder of a power of attorney, or as otherwise permitted under applicable law or regulations.**
- **You agree that we are not required to reach out to your trusted contact(s) under any circumstances.**
- **You understand that you must call us at the number listed above, complete a new form or submit a written request in writing if you wish to revoke or change this authorization and that any change or revocation will not have any effect on any action taken by us prior to our receipt of such notice.**
- **You agree to indemnify and hold harmless Athene, its subsidiaries and affiliates from all losses, expenses, costs and liability of any nature that may arise as a result of any action taken by us in reliance upon this authorization.**

Owner Signature X	Print Name	Date (mm/dd/yyyy) / /
Owner's Title (if corporation or trust)		
Joint Owner Signature X	Print Name	Date (mm/dd/yyyy) / /

If you are signing on behalf of the owner, check one of the boxes to indicate the capacity in which you are signing and provide documentation to verify your authorization to act on behalf of the owner.

Conservator     Guardian     Power of Attorney     Assignee

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