

Request for Compliance Review



Athene.com

Athene USA

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

Click here to send:

AMLFraudReferral@athene.com

Special Handling: Normal Rush

Unacceptable form of payment AML Review Fraud Review

1. REQUESTOR INFORMATION (Information of the person submitting this request)

| | |
|-------------------|------------------------------------|
| Referred by Name: | Date Referred: (mm/dd/yyyy) / / |
| Referred by Team: | Extension: |

2. SUBJECT INFORMATION (Information of the person/entity needing review)

| | | | |
|------------------------------------|--------------------------|-------------------|------|
| Last name (or entity's full name): | First Name: | Middle Initial: | |
| Address: | City: | State: | Zip: |
| Contract Number: | Contract Owner: | Contract Status*: | |
| Producer Name: | Producer SSN or Code(s): | | |
| Form of Payment: (if applicable) | Date Payment Received: | | |

3. ISSUES FOUND / DESCRIPTION OF CONCERNS

Please describe the activity observed (fraud, money laundering, potential OFAC match, etc.). Please include all identifiers related to the suspected fraud or money laundering. The form of payment received, amount received, individuals involved, any red flags identified. Please attach any supporting documentation not located in the file. Please also indicate if the application is being held pending a response from Compliance.

*Pending, Canceled, Active, etc.

