

# Customer Identification Confirmation Worksheet

**Mail or fax completed form to:**

P.O. Box 1555, Des Moines, IA 50306-1555  
Customer Contact Center - Tel: 888-266-1555

- Can only be taken over the phone from the client or corrected, initialed and dated by the client.
- **This information cannot be provided by the producer or the upline**
- Changes can only be taken over the phone from the client or corrected, initialed and dated by the client.
- Reasons/Rationale for changes to the financials can come from the client or the primary writing producer in email, verbally or in writing.
- **Changes and/or rationale for changes cannot be provided by uplines or administrative assistants**
- Can be taken over a recorded line from the primary writing producer/upline/client or can be corrected, initialed and dated by the primary writing producer or client.
- Can be taken over the phone or in writing from the primary writing producer.
- **This information cannot be provided by the client, upline or administrative assistants**

**This information is optional and is not required to be completed.**

**THIS GUIDE IS NOT APPLICABLE IN FL. PLEASE SEE FORM 55444**

Please complete this worksheet and this form is required to verify if the producer is dated to consider your application. If

- For Irrevocable Trust ownership, employment status, type of government issued photo ID and State or country of issue must be completed on behalf of the annuitant. For the remainder of the owner(s) information and the remainder of the worksheet, complete the information on behalf of the trust.
- For Revocable Trust ownership, complete the worksheet on behalf of the grantor/settlor.
- For all other non-natural owners, complete the worksheet on behalf of the entity.
- For additional information on how to complete this worksheet, please review the step-by-step guide, <https://p.widencdn.net/mvsbua/20543>.

**Household means the applicant and applicant's spouse or domestic partner, as applicable by state law.**

**OWNER**

Owner Name	
Date of Birth (MM/DD/YYYY)	Social Security Number/Tax ID
Employment Status <i>Check one</i> <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____	
Type of non-expired government issued photo ID <input type="checkbox"/> Drivers License State _____ <input type="checkbox"/> Passport Country _____ <input type="checkbox"/> Other _____	

**JOINT OWNER (complete separate form if not owner's spouse/domestic partner)**

Joint Owner Name	
Date of Birth (MM/DD/YYYY)	Social Security Number/Tax ID
Employment Status <i>Check one</i> <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____	
Type of non-expired government issued photo ID <input type="checkbox"/> Drivers License State _____ <input type="checkbox"/> Passport Country _____ <input type="checkbox"/> Other _____	

**FINANCIAL OBJECTIVES (please answer ALL Financial sections regarding Household Assets)**

**A. Source of income** *Check all that apply.*

- Household Wages/Salary       401(k)/Pension       Social Security
- Rental Income       403(b)       Investment Income
- Other, If "other," please also specify the type of income \_\_\_\_\_, the monthly amount received \$ \_\_\_\_\_, and how long that income is expected to continue \_\_\_\_\_.

**B. Federal income tax bracket** *Check one.*     0%     10%     12%     22%     24%     32%     35%     37%



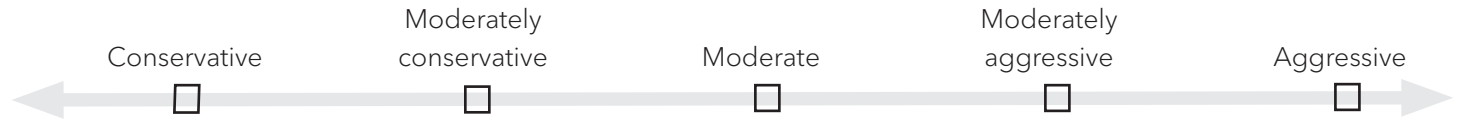
**C. Do you anticipate any significant changes to the following during the surrender charge period of this annuity for the household?**

Increase in Living Expenses  Yes  No If Yes, amount of Increase \$ \_\_\_\_\_, in \_\_\_\_\_ years  
 Decrease in Monthly Expenses  Yes  No If Yes, amount of Decrease \$ \_\_\_\_\_, in \_\_\_\_\_ years  
 Decrease in Liquid Assets  Yes  No If Yes, amount of Decrease \$ \_\_\_\_\_, in \_\_\_\_\_ years

**D. Indicate in years, how long you have owned or have previously owned each of the following products.**

Certificates of Deposit \_\_\_\_\_ years Fixed/Variable Annuity \_\_\_\_\_ years  
 Stocks/Bonds/Mutual Funds \_\_\_\_\_ years  
 Other \_\_\_\_\_ years, please explain \_\_\_\_\_

**E. What is your general risk tolerance? If Aggressive is Selected, please explain.**



**Aggressive Explanation** \_\_\_\_\_

**F. Why are you purchasing this annuity? Check all that apply.**

*If only purchasing for the enhanced death benefit option and the lifetime income rider is not a need, "Lifetime Income Rider" should not be marked.*

- Accumulation/Growth  Tax Deferral  Principal Protection  Provides Guarantees  
 Lifetime Income Rider *Only select if the product offers a Lifetime Income Rider.*  
 Other, please explain \_\_\_\_\_

**G. How long do you plan to keep this annuity?  0-5 years  6-10 years  More than 10 years**

**SOURCE OF FUNDS**

**H. If funds are coming from a replacement source, what is the funding source for this annuity?**

*Check all that apply. If not applicable, the "not applicable" check box is required to be selected.*

- Annuity  Life Insurance  IRA(Annuity)  
 Individual 403(b) (Annuity)  Death Benefit Proceeds  457(b) Annuity  Not Applicable  
 Other, please explain \_\_\_\_\_

**I. If funds are coming from a non-replacement source, what is the funding source for this annuity?**

*Check all that apply. If not applicable, the "not applicable" check box is required to be selected.*

- Checking/Savings  Certificates of Deposit  Stocks/Bonds/Mutual Funds  IRA(Non-Annuity)  
 401(k)/Pension Plan  Money Market  Group 403(b) (Annuity)  Group 403(b) (Mutual Funds)  
 Individual 403(b) (Mutual Funds)  457(b) (Mutual Funds)  Death Benefit Proceeds  Not Applicable  
 Other, please explain \_\_\_\_\_

**If the source of funds are from a non-replacement source, are there penalties associated with this funding source? \*Penalties include processing fees, forfeiture fees and other costs or fees. If Yes, please complete the table below.  Yes  No**

Company Name	Account Number	*Penalty Amount
		\$
		\$
		\$

**J. Is any of the premium intended for this annuity from a reverse mortgage?  Yes  No**

## FINANCIAL STATUS

- Please provide current values for the financial products that comprise your household net worth. Primary residence, automobiles and personal property cannot be included as part of your financial information including net worth and liquid assets. We understand that some values may be approximated, but please make sure all financials add up correctly. Math errors or inconsistencies may delay processing.
- When completing the Total Household Assets section below, **please include the proposed annuity premium(s) based on where the funds are currently held.**

## TOTAL HOUSEHOLD ASSETS

- Sections of Table K below are provided for your convenience to assist in determining the total household assets and is optional. However, **ALL HIGHLIGHTED QUESTIONS ARE REQUIRED** and will result in delays in processing if not completed. **ALL NON-HIGHLIGHTED QUESTIONS ARE OPTIONAL** AND WILL NOT BE REVIEWED AS PART OF THE SUITABILITY ASSESSMENT.
- For any qualified assets, including Individual Retirement Accounts (IRA), qualified plans and pension funds, only include as liquid assets if the client is age 59.5 or above AND separated from service. Do not include if under age 59.5.
- **Please include ALL annuities currently HELD AT ATHENE and ALL annuities held at other companies. Annuity assets include both personal annuities and retirement annuities.**
- **Premium for this Policy \$\_\_\_\_\_ .00**

<b>K. HOUSEHOLD ASSETS - THE HIGHLIGHTED AREAS BELOW ARE REQUIRED AND MUST BE COMPLETED</b> <i>For required values, DO NOT leave any blanks. If not applicable, must list 0 or N/A.</i>			
<b>Liquid Assets</b>		<b>Non-Liquid Assets</b>	
Checking/Savings	\$	Cash Value of Life Insurance	\$
Money Market	\$	IRA/Qualified Plan/Pension (include B share)	\$
Certificates of Deposit	\$	Real Estate Equity (exclude primary residence/home)	\$
Mutual Funds/Brokerage Accounts (exclude B shares)	\$	Other	\$
Stocks/Bonds	\$	Other	\$
IRA/Qualified Plan/Pension	\$	Other	\$
Other	\$	Other	\$
Annuities out of surrender term (if age 59.5 or above) List 0 or N/A if not applicable	\$_____ .00	Annuities out of surrender term (if under age 59.5) List 0 or N/A if not applicable	\$_____ .00
		Annuities in surrender term (for all ages) List 0 or N/A if not applicable	\$_____ .00
<b>Total Liquid Assets</b>	\$	<b>Total Non-Liquid Assets</b>	\$

		<b>TOTAL</b>
<b>L.</b> Total Household Assets	<b>(Liquid + Non-Liquid Assets)</b>	\$
<b>M.</b> Total Household Liabilities & Debt (excluding mortgage on primary residence and/or automobile debt) <i>List 0 or N/A if not applicable.</i>		\$
<b>N.</b> Total Household Net Worth	<b>(Total of L minus M)</b>	\$
<b>O.</b> Total Household Liquid Assets <b>AFTER</b> Annuity Purchase - Athene requires at least 3 months of liquid assets to cover expenses if under the age of 59½ and 6 months of expenses if over the age 59½. <b>For replacements</b> , Question O + Total Household Premium and/or Question O + Annuities in Surrender Term cannot be greater than Question L. <b>For non-replacements</b> , Annuities in Surrender Term + Total Household Premium + Question O cannot be greater than Question L.		\$
<b>P.</b> Total Monthly Household Income - (Ex: Salary, social security payments, pension/retirement benefits, investment and rental income, etc.). Do not include income from unemployment benefits, severance, short-term disability and/or income currently earned on the funds being used to purchase this annuity.		\$
<b>Q.</b> Total Monthly Household Expenses (Ex: Housing, transportation, insurance, food, health care, property taxes and cell phone, etc.)		\$
<b>R.</b> Do you or your spouse/domestic partner have existing Athene annuities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>S.</b> If question R is "yes", please list contract number(s)		
<b>T.</b> If question R is "yes" and your Spouse/Domestic Partner is the owner, please provide the following information.		
Spouse/Domestic Partner Name		Spouse/Domestic Partner Last 4 of SSN



**OWNER(S)' DISCLOSURE**

**For residents of and/or applications written in California**

- 1. Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the Veterans Aid and Attendance benefit?  Yes  No
- 2. If yes, are you purchasing this annuity in order to qualify for means-tested government benefit?  Yes  No
- 3. Do you have a reverse mortgage?  Yes  No

**A. Please describe how the annuity will assist you in meeting your needs and objectives.**

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**B. Please describe the disadvantages you discussed with your producer in selecting this annuity. (n/a or none are not acceptable)**

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**OWNER(S)' CONFIRMATION**

**Athene requires that your producer determine whether the purchase of this annuity is appropriate under the standard of care (i.e., suitability or best interest) applicable to the transaction as determined by law. Athene relies on the information presented on this form to validate whether the annuity purchase is appropriate for you under the same standard of care (i.e., suitability or best interest).**

**By signing below, I (and the Joint Owner, if any) acknowledge and attest that:**

- I have reviewed the Customer Identification Notice (form 10200) and agree with the terms of the notice.
- To the best of my knowledge and belief, the information I provided regarding my financial status, tax status, financial objectives, identification information and any other information requested by my producer is complete and accurate. I further acknowledge and agree that my failure to provide true and complete information may affect the ability of my producer and Athene to determine whether the annuity applied for meets the appropriate standard of care applicable to this transaction, and may limit the protection provided to me under such standard of care.
- Neither the Company nor its representatives offer legal or tax advice. I have been advised to consult my own personal attorney or tax advisor on any tax matters. I am aware that any withdrawals taken from the annuity may result in a taxable event.
- I believe the annuity I am applying for is suitable and effectively addresses my financial situation, insurance needs and financial objectives.
- My decision to purchase this annuity was based on my producer's recommendation. I further attest that my producer informed me of the features of the annuity and that I have discussed and considered the advantages and disadvantages of this annuity. Based upon that information, I believe I would benefit from those features, from the annuity as a whole, and if I am replacing an existing annuity or life policy, the transaction as a whole.
- I understand and accept that I could lose some of my principal if I surrender the annuity I am purchasing during the withdrawal charge period.
- I understand and accept that my interest credits may fluctuate, if applicable for the annuity I have applied for and/or the strategy allocation I have selected.
- I am aware that any withdrawals taken from the annuity may result in a taxable event. I further acknowledge and agree that the annuity I am applying for is a long-term contract that will have a withdrawal charge on any withdrawals over the free withdrawal amount during the withdrawal charge period as provided in the contract.

**New Jersey Residents:** Please be advised that the sale and suitability of annuities is regulated by the Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at [www.state.nj.us/dobi](http://www.state.nj.us/dobi).

**Signatures/Dates cannot be taken over the phone**

Owner's Signature

Date (MM/DD/YYYY)

Joint Owner's Signature

Date (MM/DD/YYYY)



**PRODUCER'S CONFIRMATION AND ACKNOWLEDGEMENTS**

**Massachusetts Applications only**

1. Have you sold this owner any existing (active) insurance or other financial products?  Yes  No  
If yes, please provide the following information

Product Type	Company Name	Policy or Account Number	Issue Date <i>must follow the format MM/DD/YYYY</i>

**A. Please describe how the annuity you recommended will assist the client in meeting his or her needs and objectives.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Please describe the disadvantages you discussed with your client in selecting this annuity. (n/a or none are not acceptable)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**By signing below, I acknowledge and attest that:**

- I verified the identity of the owner(s)' and believe the information the owner(s) provided to me regarding his/her/their identity is true and accurate.
- I made a reasonable effort to obtain information from the owner(s) concerning the owner(s)' financial status, tax status, financial objectives, and such other information required or considered reasonably appropriate under the standard of care applicable to this transaction.
- To the best of my knowledge and belief, the information on the form is true and complete, and was obtained prior to the purchase of the annuity.
- Based on the information the owner(s) provided and based on all the circumstances known to me at the time the recommendation was made, I believe I have a reasonable basis to believe the annuity being applied for and (if applicable) the exchange or replacement of an existing annuity or life policy meet the standard of care applicable to this transaction. I further attest I have communicated the basis or bases of my recommendation to the owner(s).
- I attest that the owner(s)' decision to purchase this annuity was based on my recommendation. I further attest I have considered and discussed the advantages and disadvantages of features of this annuity and the transaction as a whole with the owner(s).
- I attest that I have a reasonable basis for belief that the applicant has been informed of various features of the annuity, such as the potential surrender period and surrender charge, potential tax penalty if the consumer sells, exchanges, surrenders or annuitizes the annuity, mortality and expense fees, investment advisory fees, any annual fees, potential charges for and features of riders or other options of the annuity, limitations on interest returns, potential changes in non-guaranteed elements of the annuity, insurance and investment components and market risk, and the transaction.
- I have complied with the standard(s) of care applicable to this transaction, including but not limited to satisfying all care, disclosure, conflict of interest, and documentation obligations required of me by such standard of care in connection with the owner(s) purchase of this annuity, any exchange or replacement of an existing annuity or life policy and my recommendation(s) in relation thereto.
- I agree to maintain the records of the information collected from the owner(s), my recommendation, and the basis for my recommendation consistent with the applicable standard of care, my contractual obligations and Athene's policies and procedures. I understand that any reproduction of the actual document may be used to maintain these records. I further acknowledge and agree to make such records available for review upon request of Athene or by any regulatory body as required.

**Signatures/Dates cannot be taken over the phone**

Producer's Signature

Date (MM/DD/YYYY)

