

**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).

<b>Owner Name:</b>	
<b>Replaced Contract</b>	
Strategy Type Ex. 1-Year S&P 500 Point-to-Point	Current Rates Cap/Participation Rate/Spread
Replaced Company Name _____	
Replaced Contract Number _____	
Fixed Strategy Option	Fixed Rate ____% Fixed Term ____ year(s)
	Cap_____% Par Rate_____% Spread_____%
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	Cap_____% Par Rate_____% Spread_____%



**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)*

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