

Send package to producer.  
Fax completed forms to Athene Annuity Producer Services at 1-888-232-1490.  
Reminder: Don't forget to submit the hierarchy form.

# Athene Annuity Contracting Package

## For Appointment with Athene Annuity & Life Assurance Company

Thank you for your interest in becoming contracted and appointed with Athene Annuity & Life Assurance Company!  
To ensure that we are able to process your Contracting Package as quickly as possible, please follow these simple steps.

1. Answer the following:

- a. Who is being contracted?
- Producer
- Agency/Broker Dealer (choose this option when contracting an agency with a principal officer who **WILL NOT** write business)
- Both (choose this option when contracting an agency with a principal officer who **WILL** write business)

**NOTE: If you change your answer to "1a", you will need to answer "1b" again.**

- b. Is the producer "licensed-only" and assigning 100% of their commissions?
- Yes
- No

2. Please read all of the documents in the package carefully, as well as the Guide for Doing Business with Athene Annuity & Life Assurance Company.

3. Complete each of the forms within the package and fax to Athene Annuity Producer Services at: 1-888-232-1490.

### Contracting Checklist:

- Hierarchy Form
- Producer Application for Appointment signed and dated by the producer.  
*(All questions must be answered. If any are answered "yes," please provide a statement of explanation.)*
- Annuity Suitability Requirements & Certification signed and dated by the producer.
- Consent and Authorization Form signed and dated by the producer.
- Sales Agreement signed and dated by the producer.
- Override Commission Requirements and Certification Form signed and dated by the producer.  
For an agency, form must be signed and dated by the Principal Officer of the agency.
- Authorization for Automatic Pay Deposit form signed and dated by the producer.  
*(Voided check must be attached. We will not accept deposit slips for checking or savings accounts. Automatic Deposit is required.)*
- Sales Resource Center Sub-User Access Request Form. *(A sub-user is any person(s) that you wish to grant access to view one or more of the following dashboards related to your Athene Annuity business; Producer Information, Case Management, and/or Commission Statements.)*
- Review the Producer Solicitation Chart to find out when you may begin soliciting Athene Annuity Insurance products.
- Athene Annuity's Product Specific Training
- State Mandated Suitability Training
- AML Training



**Please Note: Any missing or incomplete documents may extend the contracting process.**



**PRODUCER APPLICATION FOR APPOINTMENT**

**Athene Annuity & Life Assurance Company** PO Box 1389 Greenville, SC 29602 Ph: 1-855-428-4363 F: 1-888-232-1490

Application Submitted w/Appointment Form?  Yes  No *(Application may be submitted with appointment request only in immediate states listed on attached state grid.)*

Client Name: \_\_\_\_\_ App Sign State: \_\_\_\_\_ App Sign Date: \_\_\_\_\_

Commissions paid to:  Producer  Agency/Broker Dealer *(Note: If commissions are paid to the Agency, the Agency must be appointed and attach an Assignment Form.)*

Licensing Contact E-mail: \_\_\_\_\_ Commissions Contact E-mail: \_\_\_\_\_

**PRODUCER OR PRINCIPAL OFFICER FOR AGENCY**

Producer Name: \_\_\_\_\_  
*First, Middle, Last - As it appears on license*

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(All correspondence will be mailed to this address.)*

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**AGENCY/BROKER DEALER INFORMATION** *(Complete this section if requesting Agency Appointment.)*

Agency Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_  
*As it appears on license*

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(All correspondence will be mailed to this address.)*

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal Officer for Agency/Broker Dealer: \_\_\_\_\_

Principal E-mail: \_\_\_\_\_

**ADDITIONAL INFORMATION**

		YES	NO
1.	Have you ever been convicted of, pled no contest (nolo contendere) to, or been put on probation for any crime, including any driving offenses other than a speeding ticket?	<input type="checkbox"/>	<input type="checkbox"/>
	Are you currently charged with committing a crime, including any driving offenses other than a speeding ticket? <b>An affirmative answer to either of the above questions does not necessarily mean a denial of your request for appointment with Athene Annuity &amp; Life Assurance Company.</b>	<input type="checkbox"/>	<input type="checkbox"/>
	If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?	<input type="checkbox"/>	<input type="checkbox"/>
	If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)		
	If you answer yes to <b>any of the above questions</b> , you must attach the pertinent items listed below to this application. Failure to do so may result in your request for appointment being denied.		
	a) A written statement explaining the circumstances of each incident,	<input type="checkbox"/>	<input type="checkbox"/>
	b) A certified copy of the charging document, and		
	c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgement.		

		YES	NO
2.	<p>Have you or any business in which you are or were an agent, owner, partner, officer or director, ever been involved in or fined as a result of an administrative proceeding regarding any professional or occupational license, including but not limited to insurance and securities license?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement identifying the type of license and explaining the circumstances of each incident,</p> <p>b) A certified copy of the Notice of Hearing or other document that states the charges and allegations, and</p> <p>c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<p>Even if disputed by you, do you have an outstanding negative balance with an insurance carrier or agency, or has any demand ever been made or judgement rendered against you for overdue monies by an insurer, insured or producer and have you been subject to a bankruptcy proceeding in the past seven years?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, type and location of bankruptcy along with a copy of bankruptcy discharge papers.</p>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<p>Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement summarizing the details of each incident,</p> <p>b) A certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and</p> <p>c) A certified copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated?</p> <p>If you answer yes, you must attach to this application:</p> <p>a) A written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an appointment with Athene Annuity &amp; Life Assurance Company, and</p> <p>b) Certified copies of all relevant documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Have you completed Anti-Money Laundering (AML) training through LIMRA?</p> <p>If so, please enter the date of completion: _____</p> <p>(If you have not completed AML training through LIMRA, please refer to the "<a href="#">Terms, Conditions and Guide for Doing Business with Athene Annuity &amp; Life Assurance Company</a>" for a description of AML requirements including alternative training methods. When it is time to renew your AML training requirements, you will be required to complete the most recent "refresher" course available through LIMRA. You cannot receive training credits for repeating the same course or completing an older course.)</p>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Failure to include required supporting documentation will cause delays or denial of your request.**

I hereby certify that I have reviewed this Application for Appointment and that the information is true, correct and complete. **If any information given to obtain or maintain an appointment is found to be incorrect or incomplete, it will be grounds for rejecting the application or for termination of my appointment.** I have reviewed the "[Terms, Conditions and Guide for Doing Business with Athene Annuity & Life Assurance Company](#)" including the Contracting and Appointment standards and believe I meet the standards required by the Company. Athene Annuity & Life Assurance Company retains sole authority to terminate any appointments subject to applicable laws and regulations.

X \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ SSN: \_\_\_\_\_

In 2010, the National Association of Insurance Commissions (NAIC) adopted changes to the Suitability in Annuity Transactions Model Regulation (Model) to insure suitable annuity sales to consumers. The two primary provisions regarding producer training are outlined below:

1. The model requires any insurance producer who engages in the sale of annuity products to complete a one-time four (4) credit training course approved by the department of insurance and provided by an education provider approved by the department of insurance. You are responsible for completing this training and providing the Company with a certificate of completion based on the guidelines for each state you do business in.
2. In addition, an insurance producer may not solicit the sale of an annuity product unless the insurance producer is in compliance with the Company's standards for product training. The Company has developed a Product Specific Training slideshow and audio module to meet this requirement. You are responsible for obtaining this training from the Company's website at <https://portal.atheneannuity.com/Content/ContentDisplay.aspx?ContentID=22> at the time you submit contracting paperwork to Athene Annuity and prior to soliciting Athene Annuity products in all states that have adopted the NAIC Suitability in Annuity Transactions Model.

If you write business in a state, or states, that has set an effective date for the new model (NAIC states) you must complete both training components as required before soliciting business.

#### **Athene Annuity Product Specific Training**

Athene Annuity Product Specific Training is required before soliciting Athene Annuity Products. You may complete the Athene Annuity Product Specific Training by going to the Product Specific Training module at, [www.atheneannuity.com/producer/doingbusiness/](http://www.atheneannuity.com/producer/doingbusiness/). The training module will record completion of the product training and report your completion to the Company.

X \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ SSN: \_\_\_\_\_



**CONSENT & AUTHORIZATION**

**Athene Annuity & Life Assurance Company** PO Box 1389 Greenville, SC 29602 Ph: 1-855-428-4363 F: 1-888-232-1490

You have applied to Athene Annuity & Life Assurance Company for appointment to sell insurance as an agent or marketing organization ("Representative") or are currently under contract to sell insurance as a representative for Athene Annuity & Life Assurance Company. In connection with your appointment application, Athene Annuity & Life Assurance Company will obtain one or more consumer reports and/or investigative reports from a consumer-reporting agency for the purpose of evaluating you and your organization's qualifications for being appointed as a Representative with Athene Annuity & Life Assurance Company. Such report may contain information bearing on your credit worthiness, character, general reputation, and personal characteristics obtained from public records sources, references supplied by you, and interviews with your neighbors, friends, acquaintances and previous employers. Athene Annuity & Life Assurance Company may also access school, financial institution, National Insurance Producer Registry, law enforcement and other government agency records pertaining to you as an individual producer and/or principal of a marketing organization. You have the right to receive, upon written request, additional disclosures regarding the nature and scope of the investigation and a summary of your rights under the Fair Credit Reporting Act.

I understand that a consumer and/or investigative report will be obtained as described above, and authorize the release of such information to Athene Annuity & Life Assurance Company without restriction or qualification. Facsimile and photocopies of this authorization may be accepted with the same authority as the original, and I specifically waive any notice from any present or former employer who may provide information based on this authorization. I further authorize Athene Annuity & Life Assurance Company to use my social security number in its files pertaining to me for Income Tax and identification purposes.

These authorizations shall be valid until revoked in writing by the Applicant, or until the Applicant's contract with Athene Annuity & Life Assurance Company is terminated, or 12 months after the Applicant ceases to receive any commission earnings from or through Athene Annuity & Life Assurance Company, whichever occurs first.

X \_\_\_\_\_ Date: \_\_\_\_\_

Name (*Print*): \_\_\_\_\_ SSN: \_\_\_\_\_

<b>Check One:</b>			
<input type="checkbox"/> Producer	<b>Name:</b>	_____	<b>Producer Address:</b>
<input type="checkbox"/> Agency or Broker/Dealer	<b>Full Legal Name:</b>	_____	<b>Agency or Broker/Dealer Address:</b>
<input type="checkbox"/> Both			

This agreement is between ATHENE ANNUITY & LIFE ASSURANCE COMPANY, a Delaware corporation (the "Company") and the above named individual and/or organization ("You"). The parties agree as follows:

**Authority.** (a) The Company authorizes You to perform the following acts, provided they are performed in accordance with the Company's rules and procedures and applicable law:

- (1) solicit and submit applications for the insurance products set forth in the Commission Schedules to this agreement (the "Products"), provided You are licensed and appointed by the Company personally or through licensed and appointed agents as appropriate, to solicit the Products;
- (2) collect initial premium payments for Products solicited by You through checks (or other payment methods as prescribed by the Company) made payable to the Company;
- (3) promptly deliver contracts for Products ("Contracts") when all requirements for delivery as prescribed by the Company have been met;
- (4) service Contract owners; and
- (5) recruit and recommend licensed agents of good character for appointment with the Company.

(b) You may exercise this authority only in jurisdictions in which the Company is licensed to transact business, the Products are available, and You are licensed and appointed with the Company. The Company may appoint other agents in this same territory and has the right, either directly or through other agents, to sell, solicit or negotiate other products and services to customers whose policies were written by You. In all respects, Your relationship with the Company in Your performance of acts under this agreement is that of an independent contractor and not an employee. You have no power or authority to represent the Company other than as expressly granted by the Company in this agreement. You have no authority to and shall not attempt to:

- (1) alter, modify, waive or change any of the terms, rates, or conditions of the Company's policies contracts, or forms or extend the time for paying any premiums to the Company or bind the Company by making any promises about any policy benefits;
- (2) receive any money due or to become due to the Company, except in exchange for a printed receipt as authorized by the Company;
- (3) pay, offer, or permit any rebate of premium as an inducement to any person to purchase any Company product.

**Duties.** You shall fully comply with all applicable local, state, and federal laws, rules, and regulations governing Your activities under this agreement. When recommending agents for appointment with the Company, You shall inform the Company's producer services department of any complaints, fines, terminations for cause, and debit balances of which you are aware that concern the agent. When acting on behalf of the Company, You shall adhere to the terms, policies, and procedures set forth in the Company's publication, "Terms, Conditions and Guide for Doing Business with Athene Annuity & Life Assurance Company" (the "Guide"), which is hereby incorporated in this agreement and may be amended by the Company at any time. The Company will publish an updated version of that document on its website from time to time. It is Your responsibility to periodically check the Company's website for updates. You shall not advertise, create, use, or publish the Company's name, logos, trademarks, rates, products, or services without the Company's prior written consent. Your use of the Company's service marks, trademarks, and trade names does not confer a license or ownership rights to You. You shall not issue a press release regarding the parties' execution of this agreement, or otherwise publicize the parties' agreement, without the Company's prior written consent.

**Compensation.** (a) The Company shall pay You compensation in accordance with the Commission Schedules. The Company may revise the Commission Schedules at any time upon written notice to You. Any change to the Commission Schedules does not apply to Contracts effective before the effective date of the change. The commissions payable under this agreement are compensation in full for all services performed and all expenses incurred by You.

(b) The Company may charge back commissions received by You in accordance with the Commission Schedules and as described in this section. The Company may charge back 100% of commissions paid under this agreement (1) on premiums that are refunded for any reason and (2) on premiums not yet paid on a Contract that is rescinded or not taken or terminated for any reason. In addition, if a contract is terminated for any reason or if a death occurs on the Contract, the Company may charge back a certain percentage of commissions paid on premiums that are paid and not refunded, which varies on the month of Contract termination or death as set forth in the following table.

	Full Surrender	Annuitization	Partial Withdrawal	Death
All Annuity Products	First 6 months: 100%	First 24 months: 100%	First 6 months: 100%	First 6 months: 100%
	Second 6 months: 50%			Second 6 months: 50%

Chargebacks do not apply to "required minimum distributions" and "substantially equal periodic payments" withdrawal under IRC 72(t). Chargebacks due to death apply as of the date of death, not the date of disbursement. A spousal continuation will not trigger a chargeback. You shall repay to the Company unpaid chargebacks attributable to You and agents in your hierarchy in full upon demand by the Company. In addition to any other available remedies, the Company may, without notice, apply any compensation payable to You against any debt owed by You to the Company or its affiliate(s) whether related to this agreement or otherwise. The Company may charge interest up to the legal rate on any debt owed by You to the Company or its affiliate(s). All payments toward a debt owed to the Company or its affiliate(s) will be applied first to interest and then to principal. You shall pay all costs and expenses incurred by the Company in recovering any amount owed by You, including attorney's fees and court costs, if any. The amount of these costs and expenses are to be added to the principal balance of Your debt to the Company. The terms of this subsection are to survive termination of this agreement.

(c) No assignment of commissions or other compensation under this agreement is valid unless it is made in accordance with applicable state insurance laws and regulations and unless the Company authorizes and acknowledges it in writing. The Company assumes no responsibility for the validity or sufficiency of any assignment made by You.

**Indemnification.** (a) "Indemnifiable Losses" means the aggregate of Losses and Litigation Expenses. "Litigation Expense" means any court filing fee, court cost, arbitration fee or cost, witness fee, and each other fee and cost of investigating and defending or asserting a claim for indemnification under this section, including, without limitation, in each case, attorneys' fees, other professionals' fees, and disbursements. "Loss" means any liability, loss, claim, settlement payment, cost and expense, interest, award, judgment, damages (including punitive damages), diminution in value, fines, fees and penalties or other charge, other than a Litigation Expense. "Third Party Claim" means a claim, action, suit, or proceeding brought by a third party against the Company.

(b) You shall indemnify the Company against all Indemnifiable Losses arising out of or relating to the actual or alleged

- (1) inaccuracy of any of Your representations in this agreement;
- (2) breach by You of any warranty or covenant in this agreement;
- (3) violation of any applicable insurance law or regulation by You and/or Your employees; and
- (4) any negligent, reckless or intentional act or omission of You and/or Your employees.

(c) The Company shall promptly notify You in writing of any claim, event or fact that may give rise to a claim by the Company against You based on this agreement, stating the nature and basis of the claim, event or fact and the amount, to the extent known, provided that the failure to notify You will not relieve You from any liability under this section, except to the extent that You are damaged as a result of the failure to give that notice. The Company has the sole right to control the defense of any Third Party Claim. After sending You notice of a Third Party Claim, the Company may contest the Third Party Claim as it determines or make a reasonable payment, settlement, or compromise of the Third Party Claim. You shall pay for the reasonable Litigation Expenses incurred by the Company in defense of a Third Party Claim. Reasonableness for purposes of Litigation Expenses and payments, settlements, or compromises is to be determined by all of the circumstances surrounding the claim, including without limitation the nature of the claim, the amount of the claim, and the jurisdictions involved. This indemnification is in addition to any liability You may otherwise have. The terms of this section are to survive termination of this agreement.

**Damages; Remedies.** Except for a breach of the confidentiality covenants of this agreement, neither party is liable to the other for any special, indirect, or consequential damages arising out of or related to this agreement. Any remedy provided in this agreement is cumulative and not exclusive of any and all other rights and remedies available at law or in equity. The terms of this section are to survive termination of this agreement.

**The Company's Property.** All materials supplied to You by or on behalf of the Company, in whatever form, including without limitation, manuals, forms, supplies, sales brochures, software, policyholder records, or lists of policy owners or insured persons, belong to the Company. You shall not share that property, or any copies or

derivatives of that property, or divulge the information contained within it to any third party without the prior written consent of the Company. Upon termination of this agreement, You shall promptly deliver that property to the Company. While you are in possession of that property, You shall not use that property for any purpose except its performance under this agreement. You represent and covenant that you have and shall maintain all necessary licenses for all computer hardware, software, materials, and business processes You use in your performance under this agreement.

**Books and Records.** You shall keep the records related to business produced under this agreement as may be required by the Company and as required under applicable laws and regulations. You shall make all accounts, correspondence, or other records pertaining to Your performance under this agreement available for inspection by the Company or its representative during business hours

**Errors and Omissions Coverage.** You shall maintain, at Your own expense, errors and omissions insurance with deductibles and minimum limits as published from time to time by the Company, covering Your activities under this agreement. You shall deliver to the Company a certificate of insurance evidencing the above insurance coverage upon the Company's request.

**Term; Termination.** (a) This agreement is to continue until terminated as provided in this section. Either party may terminate this agreement upon 30 days written notice to the other party.

(b) This agreement terminates upon Your dissolution or liquidation, Your death (if You are a natural person), or (if You are a partnership) the death of any partner of the partnership. Either party may terminate this agreement upon written notice to the other party if the other party:

- (1) becomes bankrupt or insolvent;
- (2) is disqualified or suspended to do business under any applicable state or federal law where that party's ability to perform its duties under this agreement is materially impaired;
- (3) commits an act of fraud, dishonesty, misrepresentation or conversion of funds relating to this agreement;
- (4) commits a material breach of this agreement; or
- (5) commits a material violation of any federal, state, or local law or regulation applicable to insurance business.

(c) If this agreement is terminated under the paragraph (a) of this section, the Company shall continue to compensate You for Contracts issued as a result of applications submitted prior to the date of termination. If this agreement terminates under the paragraph (b) of this section or if you owe a debt to the Company or its affiliate(s) at the time this agreement terminates for any reason, commissions will immediately cease and the Company will not be liable to You for further compensation under this agreement.

**Privacy.** You shall comply with all applicable privacy and information security laws and regulations. You shall also adhere to the privacy and confidentiality obligations set forth in the "Terms, Conditions and Guide for Doing Business with Athene Annuity & Life Assurance Company" Guide.

**No Waiver.** No provision of this agreement may be waived, except in writing executed by the party against whom the waiver is sought to be enforced. No failure or delay in exercising any right or remedy or requiring the satisfaction of any condition under this agreement, and no course of dealing between the parties, operates as a waiver or estoppel of any right, remedy, or condition. A waiver made in writing on one occasion is effective only in that instance and only for the purpose that it is given and is not to be construed as a waiver on any future occasion or against any other person.

**Severability.** If any provision of this agreement is determined to be invalid, illegal, or unenforceable, the remaining provisions of this agreement remain in full force if the essential terms and conditions of this agreement for each party remain valid, binding, and enforceable.

**Governing Law.** The laws of the State of South Carolina (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this agreement and the relationship of the parties.

**Assignment.** You shall not assign Your rights or delegate Your performance under this agreement without the express written consent of the Company. Any purported assignment of rights or delegation of performance in violation of this section is void. If You validly assign Your rights in accordance with this section, a contemporaneous delegation is deemed to have occurred and that assignee is deemed to have assumed Your performance obligations in favor of the Company, except if in either instance there is evidence to the contrary.

**Notices.** The parties shall provide all notices, requests, demands, or other communications under this agreement (each being a "Notice") in writing to the last known address of the party on file with the other party, if different from the address appearing in this agreement. Notices to the Company must be sent to the attention of the Company's producer services department. If Notice is delivered by mail, it is deemed to have been received upon the earlier of receipt or five days after being deposited in the mail.

**SIGNATURES APPEAR ON THE FOLLOWING PAGE**



**Entire Agreement.** The agreement, the Guide, the attached schedules, and any attached addenda constitute the final agreement between the parties. It is the exclusive expression of the parties' agreement on the matters contained in this agreement. All prior and contemporaneous negotiations and agreements between the parties on the matters contained in this agreement are expressly merged into and superseded by this agreement. The provisions of this agreement may not be explained, supplemented, or qualified through evidence of trade usage or a prior course of dealings. The parties may amend this agreement only by a written agreement of the parties except that the Commission Schedules and the Guide may be revised as stated in this agreement.

**This agreement is effective on the date signed by the Company.**

**PRODUCER**

**ATHENE ANNUITY & LIFE ASSURANCE COMPANY**

X \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**AGENCY/BROKER DEALER**

Legal Name: \_\_\_\_\_

X \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**OVERRIDE COMMISSION  
REQUIREMENTS AND CERTIFICATION**

**Athene Annuity & Life Assurance Company** PO Box 1389 Greenville, SC 29602 Ph: 1-855-428-4363 F: 1-888-232-1490

You cannot be directly involved in the sale, solicitation, or negotiation of insurance in a state in which you do not hold an active license.

In certain states, Athene Annuity & Life Assurance Company will permit payment of commissions to unlicensed individuals or business entities not directly involved in the sale, solicitation or negotiation of the insurance contract. However, there are several states that require a license in order to receive override commissions on business sold in those states, even if the individual or business entity was not directly involved in the sale, solicitation, or negotiation of an insurance contract. Athene Annuity & Life Assurance Company requires a license to pay override commissions in the following states:

**Alabama, Florida, Georgia, Mississippi, South Carolina, Virginia, West Virginia**

If your status changes in the future, you must notify Athene Annuity & Life Assurance Company of the change.

By signing below, I represent that I understand the above requirements and promise to promptly inform Athene Annuity & Life Assurance Company of any changes in any license I hold.

X \_\_\_\_\_ Date: \_\_\_\_\_

Name (*Print*): \_\_\_\_\_ SSN: \_\_\_\_\_



**ASSIGNMENT OF COMMISSION**

Athene Annuity & Life Assurance Company PO Box 1389 Greenville, SC 29602 Ph: 1-855-428-4363 F: 1-888-232-1490

**Instructions:**

1. Complete the authorization form below.
2. Submit the completed form along with other contracting documents to Athene Annuity Producer Services.

**ASSIGNOR:**  
(Assigning Commissions)

	_____	_____
	Assignor Name	Assignor's SSN/TIN

**ASSIGNEE:**  
(Receiving Commissions)

	_____	_____
	Assignee Name	Assignee's SSN/TIN

For good and valuable consideration, the receipt of which is hereby acknowledged, the above-referenced Assignor does hereby assign to the above-referenced Assignee all right, title and interest in and to all commissions and other compensation, if any, which are now or may hereafter become due and payable to the Assignor by Athene Annuity & Life Assurance Company ("Athene Annuity").

This assignment is subject to all rights of lien, setoff, and indemnification that Athene Annuity may have or be entitled to, whether for present or future indebtedness of the Assignor. Any payment of commissions or other compensation by Athene Annuity to the Assignee pursuant to this assignment shall fully and completely discharge and release Athene Annuity from any and all rights, claims and causes of action of the Assignor arising out of, or related in any way to, the assigned commissions or compensation. Athene Annuity shall not be bound in any way to see to the application of those commissions or compensation.

The Assignee acknowledges that he/she/it has an active insurance producer's license in the jurisdictions in which commissions will be earned, if required by law.

**Assignor's Signature:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_  
*(if on behalf of an entity)*

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT**

Athene Annuity & Life Assurance Company acknowledges receipt of a signed copy of this Assignment, which has been filed at its Administrative Office and consents to said assignment, subject to all rights of lien security and indemnification, which it may have.

Athene Annuity & Life Assurance Company

X \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_



**AUTHORIZATION FOR AUTOMATIC PAY DEPOSIT**

**Athene Annuity & Life Assurance Company** PO Box 1389 Greenville, SC 29602 Ph: 1-855-428-4363 F: 1-888-232-1490

**Instructions:**

1. Complete the authorization form below.
2. Attach a voided check to this form.
3. Submit the completed form to Producer Services.

Agent Number (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**AUTHORIZATION**

I hereby authorize Athene Annuity & Life Assurance Company to:

Start     Stop

    Depositing my net compensation due from Athene Annuity into my checking and/or savings account (see below).

**ACCOUNT CHANGES**

My net earnings are now being deposited. Please change my bank, checking and/or savings account number shown below.

**BANK INFORMATION**

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Checking     Savings\*

**Attach VOIDED check here.**

*\*If your account does not have checks, please provide a letter from your bank on bank letterhead, signed by a bank officer, stating the bank account owner name, the ABA/Routing number used for direct deposit, and the bank account type and number.*

By signing below, you authorize Athene Annuity & Life Assurance Company ("Athene Annuity") to automatically transfer funds to your account and make withdrawals from your account in the event of errors. This authorization will remain in effect until Athene Annuity receives written notice of termination or a new authorization form from you, provided that Athene Annuity has a reasonable opportunity to act on your notice. You agree not to hold Athene Annuity responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or your financial institution or due to an error by your financial institution. You hereby acknowledge that this authorization does not constitute an assignment and that a 1099 will be issued to the individual or organization that earned the compensation, regardless of the name on the bank account.

Please be sure that the routing information provided is the routing number that your financial institution uses to receive electronic funds via ACH (Direct Deposit).

**X** \_\_\_\_\_ Date: \_\_\_\_\_

Account Owner Signature  
*(If the owner is an organization, an authorized officer of the organization must sign and list his/her title.)*



**SALES RESOURCE CENTER (SRC)  
SUB-USER ACCESS REQUEST FORM**

**Athene Annuity & Life Assurance Company** PO Box 1389 Greenville, SC 29602 Ph: 1-855-428-4363 F: 1-888-232-1490

*This form must be completed by the Marketing Organization's Principal Officer or an individual producer. Either fax the form to Producer Services at 1-888-232-1490 or email to [registration@athene.com](mailto:registration@athene.com), before Sub-users may register on the SRC.*

*Any changes, additions, or deletions to this access MUST be communicated to Producer Services immediately at [registration@athene.com](mailto:registration@athene.com).*

**User ids and passwords should not be shared.**

Marketing Organization or Producer Name: \_\_\_\_\_

TIN of Marketing Organization or SSN of Producer: \_\_\_\_\_

**I will not have sub-users associated with my Sales Resource Center Access and understand that my user id and password is not to be shared as it will allow others to view my private information related to my Athene New Business and Commissions.**

Sub-User Name	Producer Information**	Case Management**	Commission**	Remove All Access**
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*Check all boxes that apply**

\_\_\_\_\_  
Qualified Officer / Producer (Print Name)

\_\_\_\_\_  
Qualified Officer / Producer Signature

\_\_\_\_\_  
Date



**PRODUCER SOLICITATION CHART**

Athene Annuity & Life Assurance Company PO Box 1389 Greenville, SC 29602

Ph: 1-855-428-4363 F: 1-888-232-1490

**Rules Governing When Producers Can Solicit Annuity Products for  
Athene Annuity & Life Assurance Company**

State	Immediate	Conditionally Immediate	Restricted	Days	Additional Information
AK	X			N/A	
AL		X		15	
AR	X			15	
AZ	X			N/A	
CA	X			14	Producers selling annuities must be compliant with the state-mandated 8 Hour Annuity training before writing and submitting annuity business.
CO	X			N/A	
CT	X			15	
DC	X			30	
DE	X			15	
FL	X			45	
GA	X			15	
HI	X			15	
IA	X			30	IA Indexed training must be completed prior to soliciting business.
ID	X			15	
IL	X			N/A	
IN	X			15	
KS		X		30	
KY		X		15	
LA	X			15	
MA	X			15	
MD	X			30	
ME	X			15	
MI	X			15	
MN	X			15	
MO	X			N/A	
MS	X			15	
MT			X	N/A	
NC	X			15	
ND	X			30	
NE	X			15	
NH	X			15	
NJ	X			15	
NM	X			15	
NV	X			15	
OH	X			30	
OK	X			15	
OR	X			N/A	
PA			X	N/A	

State	Immediate	Conditionally Immediate	Restricted	Days	Additional Information
RI	X			N/A	
SC	X			15	
SD	X			15	
TN	X			15	
TX	X			30	Resident TX agents are required to complete 8 hours of annuity CE every license period (2yrs).
UT	X			15	
VA		X		30	
VT	X			15	
WA		X		15	
WI		X		15	
WV	X			15	
WY	X			15	

**"Immediate"** means that a producer may solicit the Company's products prior to being appointed. The new annuity application and all required contracting paperwork must be promptly submitted to the company after business is solicited.

**"Restricted"** means that a producer may not solicit the Company's products prior to receiving permission from the Company. Contracting and appointment requests in "Restricted" states are required prior to soliciting an application.

**"Conditionally Immediate"** means that the producer may solicit the Company's products prior to being appointed, as long as the new annuity application and all required contracting paperwork is submitted to the Company within 5 days of the date the application was signed. **Strict regulatory time frames dictate that any initial annuity application must be forwarded to the Company within 5 days of the date the application was signed by the applicant.** If the producer does not forward the application to the home office within 5 days of the date the application was signed by the applicant, the producer runs the risk that the Company will not be able to pay commissions when the policy/contract is issued if regulatory time frames are violated.

**"Days"**: This column provides the allowable number of calendar days it is acceptable for the Company to appoint a producer. For states considered "Conditionally Immediate", this time frame starts from the date the application is signed by the applicant. For "Immediate" states, this time frame starts from the date business is received at the Company from the producer. For "Immediate" states with an "N/A" listed in this column, there is not a specific number of days it is acceptable to appoint a producer or the state does not require producer appointments.

**"Solicit" or "solicitation"** means presenting a Company annuity product to a prospective buyer, with or without a specific quote.

**Important training information:**

- 1) Completion of the Company's annuity product training course(s) and the state-mandated 4 hour annuity training course (where applicable) is required prior to soliciting the Company's annuity products. Please refer to the Annuity Training website for more details: [portal.atheneannuity.com](http://portal.atheneannuity.com)
- 2) Failure to provide proof of completion for the Company's annuity training and the state-mandated 4 hour annuity training course prior to selling, soliciting, negotiating a contract for an annuity or representing the Company in relation to an annuity, will result in submitted business being rejected.