

**American General Life Insurance Company (AGL)
The United States Life Insurance Company in the City of New York (USL)
The Variable Annuity Life Insurance Company (VALIC)**

Address mail to:

Regular Mail
Annuity Service Center PO Box 871
Amarillo TX 79105-0871

Overnight Mail
1050 N Western St
Amarillo TX 79106-7011

Email: annuityservice@corebridgefinancial.com
Document Upload: corebridgefinancial.com

This form is also for **Everlake Assurance Company, Unum Insurance Company, Provident Life & Accident Insurance Company and the Paul Revere Life Insurance Company** contracts administered by AGL.

Annuity Withdrawal Form (No Living Benefit)

You can use this form to take a withdrawal from your Index Annuity or Fixed Annuity if you do not have a living benefit on that annuity. Some disclosures, features, or options mentioned on this form may not apply to your annuity. Contact our Annuity Service Center for a different form if your annuity is held in an employer-sponsored plan and/or you are looking to request a specific type of withdrawal not listed on this form.

This form may be used to request the following:

- One-Time Withdrawal - including Required Minimum Distributions (“RMD”).
- Systematic Withdrawal - including RMD.
- Full Withdrawal, also known as a “surrender,” which will terminate your annuity contract and all its features.

Note: For each withdrawal request, please complete a new form. Copies and/or altered forms will not be accepted.

Please see “Important Information” below regarding how a withdrawal may impact your annuity and benefits/features.

Annuity Contract Information

Please complete all requested information below to avoid delays.

Contract Number(s) _____ Owner's Complete SSN/TIN _____

Owner's/Joint Owner's Name(s) _____

Address _____ City _____ State _____ Zip _____

Check here if new address (*notarized signature required in signature section*)

Email Address _____

Home Phone _____ Mobile Phone _____

Primary Contact for this request:

If we require any additional information to complete this request, indicate who should be contacted and how.

Owner OR Financial Professional on record (**default, if active agent**)

Important Information

General Information

- American General Life Insurance Company (AGL), The United States Life Insurance Company in the City of New York (USL) and The Variable Annuity Life Insurance Company (VALIC) will be collectively referred to hereafter as the “Company.”
- If you borrow or withdraw (*partially or fully*) any funds from your annuity, the guaranteed elements, non-guaranteed elements, face amount, or full withdrawal value of that annuity may be affected.
- Withdrawals may be subject to withdrawal charges and any applicable Market Value Adjustments (MVA), referred to as “contract charges.” Please refer to your annuity contract documents for more information about when contract charges may apply.
- For contracts owned by a trust, please include a copy of the Company’s Certification of Trust form (*if not already on file*).
- For contracts owned by an entity (*other than a trust*), please also include the Corporate or Entity Resolution form.
- If you are signing this form as a Power of Attorney (“POA”), please include a copy of the executed POA and the Company’s affidavit to affirm Power of Attorney form with this form.
- For jointly owned contracts, both Owners must sign this form for it to be processed.
- For Custodian-owned contracts, the Custodian may need to sign this request. Please check with your financial professional.
- A notarized signature of the Owner and Joint Owner (*if applicable*) will be required on this form if:
 - the address of record has changed within the last 30 calendar days,
 - you are requesting the check(s) be sent to an alternative address, or
 - the money is being sent to a Brokerage Firm for your benefit (*Non-Qualified Contracts only*). Please provide the Brokerage Firm’s name and Account Number.
- If you already have an established Systematic Withdrawal Program (*including RMD*) and use this form to request a different type of Systematic Withdrawal Program, the prior program will be cancelled and replaced with your new instructions.
- Please consult a tax advisor about annuity transactions, whether financial (*e.g., withdrawals*) or non-financial (*e.g., updating beneficiaries or changing your address*) that you intend to make. Certain types of transactions may subject you to an Internal Revenue Service (“IRS”) penalty and/or other tax consequences. An informational tax form (*Form 1099-R*) will be mailed to you and the IRS; generally, the form will be provided after the close of the calendar year in which a withdrawal is taken.
- Register for online account access at corebridgefinancial.com/annuities to view values and account details, download statements and forms, manage and receive alerts and notifications, as well as securely upload documents.
- Required Minimum Distribution (RMD) for Qualified Contracts only
 - You may request for your RMD to be calculated by the Annuity Service Center using either the IRS Uniform Lifetime Table (*Single Life*) or Joint Lifetime Table (*Joint Life*), as applicable.
 - If your request is to establish a company-calculated Systematic RMD Withdrawal Program, the RMD amount changes each year; therefore, the withdrawals will automatically adjust.
 - If you take partial withdrawal(s) in a calendar year where a company-calculated Systematic RMD Withdrawal Program is active, then your remaining Systematic RMD amount will be lowered, or even reduced to zero, for that calendar year.
 - If requesting to take an RMD from more than one contract on this form, RMDs are calculated and distributed separately for each contract.
- **Fixed Annuity Contracts only** – your annuity interest rate is credited on a daily basis to provide an annual yield. If you choose to withdraw your accumulated interest on a systematic basis, the effect of compounding will be lost.
- **Index Annuity Contracts only** –
 - The requested withdrawal will proportionately reduce the amounts currently allocated in all index interest accounts and/or the fixed account option, as applicable.
 - Since earnings are calculated and credited at the end of each index term, any amounts withdrawn, including withdrawals to satisfy RMD (*if applicable*), will not earn index interest or the declared interest rate for the entire index term.

Payment Delivery Information

- If no delivery method is indicated on this form, the withdrawal(s) will automatically be made payable to the Owner(s) and mailed as a check to the address on record.
- **If we are unable to successfully verify your Electronic Fund Transfer (EFT) information, the withdrawal(s) will automatically be made payable to the Owner(s) and mailed as a check to the address on record.**
- For Electronic Funds Transfers (EFTs), your first withdrawal amount may be in the form of a physical check sent directly to the address of record. Electronic settlement of money into your account may take up to three business days after the effective date of your withdrawal.
- A check or EFT **cannot** be made payable to third parties.
- For EFTs, please **do not** enclose a deposit slip.

Type of Withdrawal (select one withdrawal type) **ONE-TIME WITHDRAWAL****a. One-Time Withdrawal Options** (please select only one of the following) **1. Withdraw \$ _____.**

How do you want to handle contract charges and taxes? (See Appendix for examples)

 From the Amount I receive (default) — take charges and taxes from the amount I receive so that the reduction in my account value due to this withdrawal will equal the amount above **(Gross)**. **From my Account Value** — take charges and taxes from my account value so my amount received equals the amount above **(Net)**.Options 2 through 5 are made **Gross** of all applicable contract charges and/or taxes. **2. Withdraw my Required Minimum Distribution** (“RMD”) as calculated by the Annuity Service Center (for qualified contracts only). Single Life Calculation (**default**, based on your life expectancy and using the Uniform Lifetime Table). Joint Life Calculation (this option is available only if your sole beneficiary is your spouse AND they are more than 10 years younger than you).

Spouse's Name _____ Spouse's Date of Birth _____

 3. Total available amount free of contract charges (applicable only during the withdrawal charge period; see your contract for more information). The amount distributed will not be subject to contract charges and any applicable taxes will be deducted from the check. **4. Accumulated interest payable** **5. Full Withdrawal** (terminates your annuity contract and all its features)**Important Note:** One-time withdrawals will be processed once the request has been received and deemed in good order. In certain cases, we may need to process the withdrawal on the next available business day. **SYSTEMATIC WITHDRAWAL****a. Systematic Withdrawal Options** (select one of the following)**Important Note** – Your annuity contract must be in effect for at least one month before your payments begin and all systematic withdrawals are made Gross of all applicable contract charges and/or taxes. **1. Withdraw \$ _____.** **2. Withdraw my Required Minimum Distribution** (“RMD”) as calculated by the Annuity Service Center (for qualified contracts only). Single Life Calculation (**default**, based on your life expectancy and using the Uniform Lifetime Table). Joint Life Calculation (This option is available only if your sole beneficiary is your spouse AND they are more than 10 years younger than you).

Spouse's Name _____ Spouse's Date of Birth _____

 3. Withdrawal Interest Only (funds will only be withdrawn from the fixed account in which you are currently allocated, if applicable) **Note: This option is not available for all products and may be subject to a minimum payment amount per frequency of withdrawal.** **Accumulated Interest Payable** – withdraw all of the current interest earned from the fixed account and then receive only the interest accrued at the end of each frequency (i.e., month to month or quarter to quarter). **Current Earned Interest Payable** – withdraw the current interest accrued at the end of each frequency (i.e., month to month or quarter to quarter).**b. Frequency of Withdrawal Options** (select one of the following) Monthly (**default**) Quarterly Semi-Annual Annual**Note:** If the frequency of withdrawal selected results in an amount less than your contractual minimum payment amount, then the frequency will automatically change to the next available frequency.**c. Processing Date Options** (select one of the following)

Please complete my request:

 Immediately (**default**) _____ (within next 6 months, but prior to the next contract anniversary date)**Note:** Subsequent systematic withdrawals will be processed on the same day of the month elected as your processing date. If the date selected is not a business day, then the systematic withdrawal will be processed the next available business day.

Tax Withholding Disclosure/Election

The Internal Revenue Code Sec. 401(a)(9) mandates certain distributions from qualified annuity contracts. These are known as Required Minimum Distributions or RMDs. A nondeductible excise penalty tax may be imposed on any RMD amount required but not distributed each calendar year. Distributions from traditional IRAs, including SEP IRAs, must begin by December 31 in the year you first attain the age at which an RMD is required (*Please visit www.irs.gov for more information about when you must begin taking RMDs*). You may defer taking your first RMD to April 1 in the year following the year in which you were required to begin RMDs, but you will be required to take another RMD by December 31 of the same year. The Company is not responsible for the satisfaction of RMDs. We recommend that you consult with your tax advisor as to your obligations with regard to the distributions from the annuity contract. **Note:** Roth IRAs are not subject to RMD during the lifetime of the Roth IRA owner.

The distribution(s) you receive from the Company may be subject to federal income tax withholding unless you are eligible to elect out of withholding and you do so by providing the Company with a completed Form W-4R or completing the withholding election options below. (**Note:** *We must have your correct US Taxpayer Identification Number [TIN] in order for you to elect into or out of withholding.*) Withholding will only apply to the taxable portion of your distribution. **Your withholding election will remain in effect until you revoke it. The Company will withhold 10% of the taxable amount as a default, unless you elect otherwise on a Form W-4R or in the withholding election options below.** **Note:** If a distribution is taken prior to age 59½, you may be subject to an IRS premature distribution penalty of 10% of the taxable amount.

States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount, regardless of what you elect. For states that allow for voluntary withholding but do not provide a default rate, if you elect state income tax withholding but don't fill in a specific amount or percentage, we will withhold 5% of the taxable portion of your distribution for state income tax purposes. For states that provide a default rate, we will withhold the default rate unless otherwise instructed by you on the Company administrative form. **Should your state of domicile require a specific state withholding form, your state income tax withholding election on this form will not be taken into account (and we will withhold based on the applicable state mandatory withholding rate or our default state income tax withholding rate) until the required state specific form is received at our Annuity Service Center.** For information regarding your resident state's specific withholding requirements and mandatory withholding percentages (*if applicable*), please consult with your tax advisor.

Withholding Election – If you are eligible to elect out of federal or state income tax withholding, please be advised that you may be liable to pay the federal or state income tax on your distribution as deemed appropriate by the Internal Revenue Service or state taxing authority, regardless of your election. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate. If at any point in time after submitting this form you would like to change your tax withholding election, please send our Annuity Service Center an updated Form W-4R to change your federal election. For changes to your state withholding election, you may provide updated elections on a new copy of this form, **unless your state requires a specific state withholding form**, in which case you must provide that specific form. Please consult your tax advisor for further information.

Note for Direct Rollover/Transfer – For a direct rollover/transfer to be complete, we must have direct rollover/transfer paperwork from the receiving company along with their signed Letter of Acceptance or we will withhold taxes associated with the rollover/transfer. If direct rollover/transfer paperwork is not included at this time and/or the payment is sent directly to you, then your distribution will be considered to be a taxable/reportable event.

The taxable portion of the distribution(s) will be subject to a default 10% federal tax withholding unless you complete and submit a Form W-4R with this administrative form or elect out of withholding below.

Important: Your state may have specific tax withholding rules that differ from the standard rules that are described above. You may view our Annuity State Tax Withholding Guideline on www.corebridgefinancial.com/taxes or consult your specific state website for additional state tax requirements and information.
For federal tax forms and information, please see www.irs.gov.

Federal Withholding Election (Select only **one** option below)

- I elect to withhold federal income taxes as indicated on the accompanying Form W-4R. The current Form W-4R is available on the IRS website at www.irs.gov.
- I elect to withhold the federal income tax default rate of 10% from the taxable portion of my distribution and will not be providing a Form W-4R.
- I elect not to withhold any federal income taxes unless mandated by law.

Note: If you check the box above to elect the federal income tax default withholding rate or elect out of withholding and provide the Company with a completed Form W-4R, the Company will utilize the election instructions provided on the Form W-4R.

State Withholding Election (Select only **one** option below)

- I elect not to withhold any state income taxes unless mandated by law.
- I elect to withhold state income taxes in the amount of \$ _____ or _____% (*cannot be less than any applicable mandatory withholding rate*).

Tax Withholding Disclosure/Election *(continued)*

Notice to non-resident aliens – A payment to a non-U.S. person/entity may be subject to federal income tax withholding at a rate of 30% of the taxable portion of the distribution, unless the payee submits a completed IRS Form W-8BEN (or if applicable, a Form W-8BEN-E) and the payment is eligible for reduced federal income tax withholding. If the payee is an entity, it will be considered a foreign entity and subject to a mandatory 30% federal tax withholding of the gross payment until a completed Form W-9 showing that it is a U.S. entity or a Form W-8 (of some variety) is provided.

Notice for payments made outside the U.S. – A payment to a U.S. person/entity and delivered to an address outside the United States and its possessions is subject to federal income tax withholding at a rate of 10% and cannot be reduced.

The Company will provide you and the Internal Revenue Service with an informational tax form; generally, the form will be provided after the close of the calendar year.

Delivery Method

Delivery Method for One-Time Withdrawal and Systematic Withdrawals *(select only **one** of the following options)*

- New Electronic Fund Transfer (EFT)**– direct deposit the money to my financial institution account. Please complete the information below and include a copy of a voided check. In certain scenarios, if the financial institution verification is unsuccessful, we may require an original voided check.

Note: Owner's/Joint Owner's Name(s) and Owner's SSN or TIN provided at the beginning of this form must match the financial institution's account information.

- Existing Electronic Fund Transfer (EFT)** – direct deposit the money to my financial institution account based on EFT information on file from a previous withdrawal request. Please complete the information below to confirm your existing EFT information.

Please complete the following information if requesting to direct deposit the money to a financial institution.

Financial Institution Name _____

Financial Institution Account Owner's Name _____

Financial Institution Address _____

City _____ State _____ ZIP _____

Financial Institution Account # _____ ABA Routing # *(obtain from financial institution)* _____

- Checking Savings

- Mail check(s) to Owner(s) address of record** *(default)*.

- Mail check(s) to alternate address and payable to the Owner(s)** *(notarized signature is required)*.

Alternate Address _____ City _____ State _____ Zip _____

- Mail check(s) payable to a Brokerage Firm for my benefit and reference my Brokerage Account number on the check** *(Non-Qualified Contracts only, notarized signature is required)*.

Brokerage Account Firm _____ Brokerage Account Number _____

Alternate Address _____ City _____ State _____ Zip _____

Affirmations/Signatures

All statements made on this withdrawal form are true and to the best of my knowledge. I agree to all terms and conditions shown. I have read, understand, and agree to the terms of this withdrawal form.

By signing this form, I acknowledge the following:

- I understand that this transaction may involve tax consequences. Neither AGL, USL, VALIC, nor its agents or representatives are authorized to give legal, tax or accounting advice. I have sought tax or legal advice, as I deem necessary or appropriate, regarding my circumstances.
- I understand that any applicable withdrawal charges and Market Value Adjustments (MVA) may reduce my withdrawal amount or full withdrawal value.

Note: New signature(s) and date are required for each new withdrawal request.

Affirmations/Signatures *(continued)*

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person *(including resident aliens)*;
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding; and
3. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification Instructions: You must cross out any statement in 1-3 above that does not apply to you. For instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (*Request for Taxpayer Identification Number*) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

MUST SIGN HERE → _____ Date _____

- Owner
 Trustee
 Custodian
 Power of Attorney
 Corporate or Entity Officer

IF APPLICABLE, SIGN HERE → _____ Date _____

- Joint Owner
 Trustee
 Power of Attorney
 Corporate or Entity Officer

Attach seal below for Notary.

- If requesting to send the withdrawal(s) to an alternate address and/or requesting to send the withdrawal(s) to a Brokerage Firm for your benefit (*Non-Qualified Contracts only*), then a notarized signature of the Owner(s) is required.

Attach Seal Here

Notary Public or Guarantor Signature _____ Date _____

Please note that as required by state laws and regulations, the Company may have to disclose your personal information, including information concerning the annuity contract and the claim payment, to government agencies, including but not limited to state departments of revenue.

Appendix

Contract Charges and taxes taken from Account Value (*Gross Withdrawal*)

Example: For a \$1,000 withdrawal amount entered with total contract charges and taxes of \$300, your check amount would be \$700, and the total taken from your account value due to this withdrawal would be \$1,000.

Contract Charges and taxes taken from Amount Received (*Net Withdrawal*)

Example: For a \$1,000 withdrawal amount entered with total contract charges and taxes of \$300, your check amount would be \$1,000 and we would deduct the \$300 from your remaining contract value. The total taken from your account value due to this withdrawal would be \$1,300.