

# The Variable Annuity Life Insurance Company (VALIC)

ANNUITIZATION REQUEST

Mailing Address: Annuity Service Center • P.O. Box 15648 • Amarillo, TX 79105-5648  
Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

Contract No./Certificate No.	Owner's Day Time Telephone
Owner	Annuitant/Participant (if different than owner)
Street or Box Number	Street or Box Number
City State Zip	City State Zip
Social Security No. or ITIN	Social Security No. or ITIN

## Please Complete Each Section

### I. ANNUITY INCOME PLAN ELECTION

Please complete items A and C. (If your contract is a TSA, you must also complete section II).

**Once you elect one of the following payment options and benefit payments commence, your election IS IRREVOCABLE AND CANNOT BE CHANGED.**

A.

- \*Life Only (payable for the lifetime of the annuitant only)
- \*Life annuity (guaranteed period) Payments for life with payments guaranteed for \_\_\_\_\_ (5–30 years)
- \*Life annuity with Cash Refund Payments for life with lump sum payment to beneficiary of any remaining premium upon death
- \*Life annuity with Installment Refund Payments for life with periodic payments continuing to beneficiary upon death until the total amount of premium has been refunded
- Designated Amount \$ \_\_\_\_\_ Provides fixed amount payments for a minimum of 5 years in the amount elected until the amount applied is exhausted. Minimum of 3 years is allowed if payments are commencing after the contractual surrender charge period
- Designated Period Payments for \_\_\_\_\_ (5–30 years). Minimum of 1 year is allowed if payments are commencing after the contractual surrender charge period.
- \*Joint Life annuity with Survivor to receive \_\_\_\_\_ 100% \_\_\_\_\_ 75% \_\_\_\_\_ 66% \_\_\_\_\_ 50% \*\*
- \*Joint Life annuity and 100% Survivor with \_\_\_\_\_ 10 \_\_\_\_\_ 20 years certain \*\*

\*For life options, the annuitant will furnish the Insurer with proof of age, such as a copy of driver's license or birth certificate, as may be required by the Insurer before annuity payments begin. Such proof of age must be furnished for both the annuitant and the joint annuitant if the annuity form selected is life annuity with joint and survivor. The insurer also requires a copy of the social security card for both the annuitant and joint annuitant. Please be advised the monies paid will be reported to the IRS in the year distributed.

\*\*Joint Life options are not a death claim option available to beneficiaries

B. Payments will begin 30 days after receipt of the completed Annuitization Request Form.

C. I would like my payment to be made \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ semi-annually \_\_\_\_\_ annually

(Minimum payment is \$50.00.)

D. Delivery Options:

#### Important Considerations:

- If no method is indicated and/or financial institution verification is unsuccessful, the distribution(s) will be made payable to you and mailed as a check to the address stated in the beginning of this form.
- A check or EFT **cannot** be made payable to third parties.
- For EFTs, please **do not** enclose a deposit slip.

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Select only **one** of the following options:

- Electronic Fund Transfer (EFT)** - Direct deposit distribution(s) to my financial institution. 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:** Your name and U.S. SSN/TIN as stated in the beginning of this form must match the financial institution's account information.

Financial Institution Name \_\_\_\_\_

Financial Institution Account Holder's Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Financial Institution Account # \_\_\_\_\_ ABA Routing # (obtain from financial institution) \_\_\_\_\_

- Mail distribution(s) to my address as stated in the beginning of this form.**

**II. TSA REQUIREMENTS** (This section only applicable for TSAs.)

The Tax Reform Act of 1986 changed the rules concerning withdrawal of interest earned and premiums paid after December 31, 1988 for a Tax Sheltered Annuity (a Section 403(b) arrangement) funded with elective deferral contributions.

I certify that I qualify for a distribution of post 1988 interest earnings and premiums by reason of the condition(s) checked below:

- Age 59½ or over
- Termination of employment with premium payor as of \_\_\_\_\_  
Month Day Year

**Signature of Plan Administrator** \_\_\_\_\_

- Disabled within meaning of Internal Revenue Code Sec. 72(m)(7)

I understand I am solely responsible for the tax consequences of any withdrawal.

**III. CONTRACT**

Please return the face page of your contract along with this form. If you are unable to locate your contract, please complete the lost contract information below.

I/We hereby certify that the contract indicated above has been lost, destroyed or misplaced. Please accept this statement as evidence of such loss. Should the contract be found or recovered, it will be returned to the Insurer.

**Initial if contract lost** \_\_\_\_\_

**IV. BENEFICIARY INFORMATION**

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

\_\_\_\_\_  
Address, City, State and Zip Code of Beneficiary

\_\_\_\_\_  
Address, City, State and Zip Code of Beneficiary

\_\_\_\_\_  
Social Security No. or ITIN / Date of Birth

\_\_\_\_\_  
Social Security No. or ITIN / Date of Birth

## V. WITHHOLDING ELECTION

The distribution(s) you receive from the Insurer may be subject to federal or state income tax withholding unless you are eligible to and elect not to have withholding apply. (However, we must have your correct Taxpayer Identification Number 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. You may change your withholding election at any time by completing a new Federal Form W-4P and returning it to the Insurer. The Insurer may be required to withhold 20% federal income tax from the taxable portion of the distribution from qualified retirement plans or 403(b) plans. **If mandatory 20% federal income tax withholding on eligible rollover distributions does not apply, the Insurer will withhold 10% of the taxable amount for non-period payments or for periodic payments, the Insurer will withhold based on wage withholding, unless you elect otherwise below.** Spousal beneficiaries receiving eligible rollover distributions from 403(b)s may be subject to 20% mandatory federal income tax withholding. Contract owners and spousal beneficiaries receiving distributions from IRAs and nonqualified annuities are not subject to 20% mandatory federal income tax withholding.

States with a state income tax either require mandatory state withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election below. Each state determines their specific state withholding requirements and we will follow your state of domicile withholding obligations. State withholding may be subject to a 5% administrative default rate when state withholding is requested, no specific state default rate is defined, and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. **Should your state of domicile require a specific state withholding form, your state income tax withholding election will not be taken into account (and we will withhold based on the state mandatory withholding rate or our default state income tax withholding) until the required form is received by our office.**

**Withholding Election** – If you are eligible to elect out of and elect not to have federal or state income tax withheld, 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 under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not adequate. If a distribution is taken prior to age 59½, you may be subject to an IRS premature distribution penalty of 10% of the taxable portion of your distribution.

### Federal Withholding Election

- DO NOT** withhold any federal income taxes from my annuity income payments unless mandated by law.
- DO** withhold federal income taxes based on this information (Unless you elect otherwise below, we are required to treat you as a married person, claiming three (3) withholding allowances.):

Allowance \_\_\_\_\_ Marital Status \_\_\_\_\_ and (if requested) an additional \$ \_\_\_\_\_

### State Withholding Election

- DO NOT** withhold any state income taxes from my annuity income payments unless mandated by law.
- DO** withhold state income taxes in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_% (cannot be less than any mandatory withholding.)

**Notice to non-resident aliens:** A payment to a non-U.S. citizen to an address outside the United States 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 US entity or a Form W-8 (of some variety) is provided.

The Insurer will provide You and the Internal Revenue Service with an informational tax form after the close of the calendar year.

You may elect not to have withholding apply to your annuity payments by returning a signed and dated election form to the Annuity Service Center, P.O. Box 15648, Amarillo, TX 79105-5648. You may revoke your withholding election at any time by returning a signed and dated revocation to the Annuity Service Center, P.O. Box 15648, Amarillo, TX 79105-5648. Any election or revocation will be effective no later than January 1, May 1, July 1, or October 1, after it is received, so long as it is received at least 30 days before that date. You may make and revoke elections not to have withholding apply as often as you wish. Additional election forms may be obtained from the Annuity Service Center, P.O. Box 15648, Amarillo, TX 79105-5648.

