

**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:
Annuity Service Center

Regular Mail
P.O. Box 871
Amarillo, TX 79105-0871

Overnight Mail
1050 North Western Street
Amarillo, TX 79106-7011

Email: aigannuityservices@aig.com

Systematic Withdrawal Form

Note: The original form is required if check amount is over \$50,000. Checks will be made payable to Owner and mailed to address of record. Third Party payments are not allowed. A notarized signature of the Owner and Joint Owner (*if applicable*) will be required on this form if: 1) the funds are being sent to an alternate address or 2) if the address of record has changed within the last 30 days.

Contract Number

Annuitant/Participant

Date

Owner's Daytime Phone Number

Owner Name

I/We request a systematic withdrawal be established under the provisions of the subject contract. Benefits applicable to the amount withdrawn are waived. I/We understand the contract provisions regarding early withdrawal charges.

PLEASE READ: 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. Additionally, if you borrow, surrender, or withdraw any funds from your contract, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing contract may be affected.

1 Amount

- \$ _____
- Accumulated interest payable

2 Frequency

- Monthly Quarterly Semiannually Annually

3 Processing Date

- Immediately (*default option*)
- On _____ (*Date within next 12 months*)
MM/DD/YYYY

Note: Subsequent systematic withdrawals will be processed on the same day of the month elected as your start date. If the date selected is not available, then the withdrawal will be processed the next business day.

Your contract must be in force for a full month before your payments begin; therefore, the amount of your first payment could be for more than one month.

4 Method

- Direct Deposit (EFT). You must attach an original voided check for routing number verification.
- Checking Account (*original voided check*)
 - Savings Account (*need an original voided savings check or a letter confirming Savings Account information submitted from the bank on bank letterhead signed by authorized bank representative*)

Name of Financial Institution

Address of Financial Institution

Account Number

Transit/Routing Number

Note: Direct deposits must be to an account where the Payee's name and social security number listed above match those on the account's records.

If no method is indicated and/or financial institution verification is unsuccessful, the withdrawal(s) will be made payable to the Owner(s) and mailed as a check to the address on record.

Please complete Page 2 and 3 of this form. Failure to do so will delay your request.

4 Method (Continued) Paper Check

If check should be mailed to an address other than the owner(s) address on your contract/certificate, please provide that address below. A notarized signature of the Owner and Joint Owner (if applicable) will be required on this form if: 1) the funds are being sent to an alternate address or 2) if the address of record has changed within the last 30 days.

Street Address

City

State

Zip

IMPORTANT !!! A Direct Deposit **will be posted to your account** as requested in Section 3 above. If the banks are closed on the date requested, the money will be posted to your account the first working day following.

A Paper check **will be mailed** from Amarillo, TX as requested in Section 3 above (or the first business day following if the date requested is on a weekend or holiday). PLEASE ALLOW SUFFICIENT MAILING TIME FOR RECEIPT OF YOUR FUNDS.

5 Withholding Elections

The distribution(s) you receive from the Insurer are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the taxable portion of your distribution. Your withholding election will remain in effect until you revoke it. The Insurer may be required to withhold 20% in federal income tax from a distribution from qualified retirement plans or 403(b) plans. If mandatory 20% withholding does not apply, the Insurer will withhold 10% of the taxable amount unless you indicate otherwise on page 2. Spousal beneficiaries receiving eligible rollover distributions from 403(b)s may be subject to 20% mandatory withholding. Contract owners and spousal beneficiaries receiving distributions from IRAs and nonqualified annuities are not subject to 20% withholding.

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 without regard to your election on page 2. 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 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 form, your state income tax withholding election will not occur until the required form is received by our office.

Even if you elect not to have federal or state income tax withheld, or if you do not have enough federal income tax withheld, you are liable for payment of the income tax on the taxable portion of the distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.

Federal Withholding Election

DO NOT withhold any federal income taxes unless mandated by law **DO** withhold federal income taxes in the amount of ____% (cannot be less than any mandatory withholding)

State Withholding Election

DO NOT withhold any state income taxes unless mandated by law **DO** withhold state income taxes in the amount of ____% (cannot be less than any mandatory withholding)

Notice to non-resident aliens: A payment to an address outside the United States may be subject to federal income tax withholding at a rate of 30%, unless the payee submits a completed IRS Form W-8BEN and the payment is eligible for reduced withholding.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year.

A withdrawal of any type, before age 59½, may subject you to an IRS federal penalty tax.

6 Taxpayer Identification Number

This section must be completed and signed by the Owner of the annuity identified on Page 1 of this form. Failure to do so may delay your request.

Please enter your taxpayer identification number below. For individuals and sole proprietors, this is your Social Security Number. For other entities, it is your Employer Identification Number. If you do not have a number, see IRS Publication 505.

OR

Full Social Security Number

Employer Identification Number

Under penalties of perjury, I certify: (1) that the Social Security number (SSN) or taxpayer identification number (TIN) is correct as it appears on the form; and (2) that I am not subject to backup withholding under section 3406(a)(1)(C) of the Internal Revenue Code; and (3) I am a U.S. person (including U.S. resident alien); and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (enter exemption from FATCA reporting code, if applicable: _____).

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

Please complete Page 1 and 3 of this form. Failure to do so will delay your request.

6 Taxpayer Identification Number *(continued)*

Signature of Owner	Date	Signature of Joint Owner, if any	Date
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Signature of Notary for Owner	Date	Signature of Notary for Owner, if any	Date
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SEAL

SEAL

Medallion Signature Guarantee: Original form and original Medallion Signature Guarantee is required if the check amount exceeds \$500,000. Medallion Signature Guarantee may be obtained at a bank or brokerage firm.

Attach Seal Here

Signature

Date

Please complete Page 1 and 2 of this form. Failure to do so will delay your request.