

**The Variable Annuity Life Insurance Company (VALIC)**

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

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 other than to a bank or financial institution for the benefit of policy owner, or 2) if the address of record has changed within the last 30 days.

Policy / Contract / Certificate # \_\_\_\_\_ Date \_\_\_\_\_  
Annuitant/Participant \_\_\_\_\_ Owner \_\_\_\_\_  
Owner's Address \_\_\_\_\_ Daytime Telephone # \_\_\_\_\_

Note: If you borrow, surrender, or withdraw any funds from your policy/contract/certificate, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing policy/contract/certificate may be affected.

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 Benefits applicable to the amount withdrawn are waived.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

**WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY. PLEASE REFER TO YOUR POLICY/CONTRACT/CERTIFICATE FOR ANY APPLICABLE EARLY WITHDRAWAL CHARGES.**

- Amount requested to be:  NET OR  GROSS of Applicable Charges  
If no method is indicated, distributions will be made **GROSS** of all applicable charges.
- Amount requested to be withdrawn: \$ \_\_\_\_\_ OR  Total Available Free Withdrawal Amount
- Complete Cash Surrender

SPECIAL INSTRUCTIONS \_\_\_\_\_

Note: A notarized signature of the Owner and the Joint Owner (if applicable) will be required on this form if: 1) the funds are being sent to an alternate address other than to a bank or financial institution for the benefit of policy owner, or 2) if the address of record has changed within the last 30 days. If the check is made payable to a Third Party not FBO (for benefit of) policy owner, this request must be Signature Guaranteed.

**WITHHOLDING ELECTION**

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 below. 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 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 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 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.

**TAXPAYER IDENTIFICATION NUMBER**

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

Please enter your taxpayer identification number in the appropriate box. 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.

Social Security Number

Grid for Social Security Number: [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Employer Identification Number

OR  
Grid for 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.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner, if any \_\_\_\_\_ Date \_\_\_\_\_

Signature of Notary for Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Notary for Joint Owner, if any \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_