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.

Annuitant: _____   Policy/Contract/Certificate Number: _____

Daytime Telephone Number: _____

> 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.

SECTION I MINIMUM DISTRIBUTION ELECTION	**Select only one option:** ❑ A. I elect to withdraw my required minimum distribution from my The Variable Annuity Life Insurance Company ("VALIC") annuity based on the entire account balance of my policy/contract/certificate. (Please complete ALL sections.)
	❑ B. 403(b) TSA Policy Owners Only: I elect to withdraw my required distribution from my VALIC annuity based on the accrued benefits since December 31, 1986. (Please complete ALL sections.)
	❑ C. I elect to withdraw my required minimum distribution from another institution. (Please sign below.) **VALIC is entitled to rely on my election to take my annual required minimum distributions from another institution. I assume all responsibility for any tax consequences that may result from aggregating my accounts. I agree to supply the other institution(s) with the account balance of my VALIC annuity. I understand my election will remain in effect until I notify VALIC of my intent to begin taking distributions from my VALIC annuity.** _____ _____ Signature Date
	❑ D. I elect to defer taking my required minimum distribution from my VALIC annuity until I retire. I will be responsible for notifying VALIC when I retire. (This option is not available to 5% owners or IRA owners.) _____ _____ Signature Date
SECTION II METHOD OF CALCULATION	**Select only one option:** ❑ A. Uniform Lifetime Method (This option is available to all annuitants). ❑ B. Joint Life Recalculated Method (This option is available only if your sole beneficiary is your spouse AND he/she is more than 10 years younger than you.) _____ _____ Name of Spouse Date of Birth of Spouse
SECTION III PAYMENT DATE AND FREQUENCY	I would like to begin receiving my payment _____, _____. Month Year I would like my payment on the _____ 10th _____ 25th _____ or the last day of the month. I would like my payment to be made _____ monthly _____ quarterly _____ semi-annually _____ or annually. (For monthly, quarterly, and semi-annual payments, the minimum payment amount is $50.00. If your payment is less than $50.00, we will process the payment when the minimum amount is accumulated and adjust the frequency accordingly.) **If the frequency or month of the first installment is not indicated, payments will be made annually.**

SECTION IV **METHOD OF PAYMENT**	❑Direct Deposit (EFT) ❑ Checking Account (original voided check) ❑Savings Account (need an original voided saving check or a letter confirming Saving account information submitted from the bank on bank letterhead signed by authorized bank representative) **(Note: Please attach an original voided check for routing number verification.)** _____ _____ Name of Financial Institution Address of Financial Institution _____ _____ Account Number Transit / Routing Number Note: Direct deposit must be to an account where the Payee's name and social security number listed above match those on the account's records. 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. ❑ Paper Check
SECTION V **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 will withhold 10% of the taxable amount unless you indicate otherwise below. 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.

SECTION VI **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: ☐☐☐ - ☐☐ - ☐☐☐☐

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 Notary for Owner   Date

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