
THIS FORM CAN ONLY BE USED AS A SUPPLEMENT TO A DISTRIBUTION/WITHDRAWAL FORM FROM YOUR VALIC IRA ACCOUNT

- This is a supplemental form and must be submitted with a distribution form.
 - If you are requesting a one time QCD this form must be sent with a Cash Distribution form.
 - If you are requesting all or a portion of your recurring periodic payment be sent to a charitable organization this form must be sent with an IRA Required Minimum Distribution (RMD) form or a Systematic Withdrawal form.
- To request QCDs from more than one IRA account, use a separate form for each account.
- A QCD is a nontaxable distribution made directly from an Individual Retirement Account (IRA) to a 501(c)(3) organization that is eligible to receive tax deductible contributions.
- You must be at least age 70½ when the QCD distribution is requested.
- The maximum annual QCD is \$108,000. If you file a joint return, your spouse can also request a QCD up to \$108,000.
- QCDs are not subject to federal taxes and are limited to the amount that would otherwise be taxed as ordinary income. State tax rules may vary and VALIC recommends you consult with a tax advisor.
- It is your responsibility to ensure that your IRA distribution complies with IRS rules. All transactions made using this form are reported to the IRS as an IRA distribution. We will issue you a Form 1099R.
- You are responsible for keeping the same type of acknowledgement from the eligible organization that you would need to claim when taking any deduction for a charitable contribution.
- A QCD can count towards satisfying your Required Minimum Distribution (RMD).
- If this supplemental form is submitted with a distribution request from an employer sponsored plan or exceeds \$108,000 your request will be rejected.

The Variable Annuity Life Insurance Company (VALIC)
The United States Life Insurance Company in the City of New York (USL)
VALIC Retirement Services Company (VRSCO)

Mail Completed Forms to: Retirement Services Center P.O. Box 15648, Amarillo, TX 79105-5648 Or Fax to: 1-877-202-0187 Call 1-800-448-2542 for assistance

1. CLIENT/OWNER INFORMATION

Name: _____
SSN or Tax ID: _____ Date of Birth (DOB): _____ Account #: _____
If additional information is required, we will call you using the phone number on file. If you would like to confirm or change your information, please log on to your online account at corebridgefinancial.com/retire or call 1-800-448-2542 for assistance.

2. PAYMENT AND MAILING INSTRUCTIONS

The section is used to allocate how much of the distribution, if any, should be payable to you and how much should be allocated to the charitable organization(s) of your choice. In this section you are also instructing VALIC whether to mail the check directly to the organization or to your address on file.

Provide percentage of the distribution payable to you: _____%

Organization Name: _____

☐ Send check to Organization (complete below) ☐ Send check to my address on file

Attention: _____ Address: _____

City: _____ State: _____ Zip: _____

Organization Name: _____

☐ Send check to Organization (complete below) ☐ Send check to my address on file

Attention: _____ Address: _____

City: _____ State: _____ Zip: _____

Organization Name: _____

☐ Send check to Organization (complete below) ☐ Send check to my address on file

Attention: _____ Address: _____

City: _____ State: _____ Zip: _____

Organization Name: _____

☐ Send check to Organization (complete below) ☐ Send check to my address on file

Attention: _____ Address: _____

City: _____ State: _____ Zip: _____

Organization Name: _____

☐ Send check to Organization (complete below) ☐ Send check to my address on file

Attention: _____ Address: _____

City: _____ State: _____ Zip: _____

The specified percentage(s) must total 100%

100% Total

3. CLIENT/OWNER AUTHORIZATION

I authorize a check be made payable to the charitable organizations based on the information I provided on this form.

- I acknowledge that I am aware of the RMD rules and I am responsible for ensuring that I have complied with these rules.
- I certify that the information provided on this form is accurate to the best of my knowledge.
- I agree to hold the service provider harmless if I provided the QCD instructions and there are adverse tax ramifications due to these instructions.

Client/Owner

Signature: _____ Date: _____