
MAIL COMPLETED FORMS TO: VALIC Document Control P.O. Box 15648, Amarillo, TX 79105-5648 Or Fax to: 1-877-202-0187

With this form you are requesting VALIC to calculate your RMD each year and automatically process your payments based on a schedule that you select. The form was designed to set up RMD payments using the most common RMD distributions.

- If you have accounts under multiple employer-sponsored plans, please complete a separate form for each plan.
- Beginning in 2024, designated Roth accounts are not subject to RMD requirements.
- Your payments will continue throughout your lifetime and will stay in effect until you cancel or modify the payment schedule.
- A check will be mailed to your address on file or you can request a direct deposit to your checking or savings account.
- If you have multiple investments within your account, the RMD payments will process pro-rata across all investments.

Contact your VALIC financial professional to discuss alternate options.

IMPORTANT INFORMATION AND GUIDELINES

If you are retired or no longer working for the Employer sponsoring the plan, the Internal Revenue Service (IRS) requires you to take annual RMD payments the year you reach RMD eligible age. RMD eligible age is:

- Age 75 if you were born after December 31, 1959.
- Age 73 if you were born after December 31, 1950, and before January 1, 1960.
- Age 72 if you were born after June 30, 1949, and before January 1, 1951.
- Age 70½ if you were born before July 1, 1949.

There is a 25% IRS penalty (50% on tax years prior to 2023) on required distributions that are not distributed by the IRS deadline, which is December 31st each year, with one exception. The initial payment the year you reached RMD eligible age, or the year you retire if later, can be deferred until April 1st of the next year. If you elect to defer the initial year's payment you will end up taking RMD payments for two years in the same year.

The RMD amount is calculated using your account balance as of December 31st of the prior year.

Starting in 2024, per IRS guidelines, Roth accounts are excluded from RMD requirements. If a designated Roth account number is provided, that account will be ignored.

The following guidelines may be helpful for completing section 2 of this form:

- If you select a frequency other than annually, the amount of the payments issued in the year payments are to begin will depend on how many payments are remaining in that year. For example: if your annual RMD amount is \$1,200 and you select monthly payments to begin in September, the 4 monthly payments for the first year would be \$300. The subsequent years' payment will be calculated based on 12 monthly payments.
- If you are eligible and elect to defer your initial year's RMD, provide both dates in Step 2 and the year for both dates should be the same year. The deferred payment will be processed as a one-time distribution.
- VALIC issues RMD payments on business days between the 5th and the 24th. When selecting your payment dates, allow 3 – 5 days to receive the funds.
- Payment dates that fall on a non-business day will be processed on the next business day.
- RMD payments are subject to a 10% default rate on the taxable portion. To request a different rate or to request no federal tax withholding attach a completed IRS Form W-4R. IRS forms are available on the IRS website at www.irs.gov.
- Each state defines its own tax withholding requirements and default rates on taxable distributions. If you do not provide state tax withholding instructions OR your instructions are different than your state's withholding requirements VALIC will withhold the state default rate, based on your state of residence on file.
- If you do not have enough tax withheld, you are still liable for any taxes owed and may be subject to tax penalties for under-withholding.

The following tips are to help ensure your request is received in good order:

- Spousal Consent (section 4) and/or The Plan Administrator (section 6) may be applicable to your request. If applicable and not completed your request cannot be processed.
- To confirm if section 4 or section 6 is applicable contact your VALIC financial professional or the Client Care Center at 1-800-448-2542.

Disclosure:

If you take additional qualifying withdrawals in any calendar year, they will first be applied to the current year RMD requirements and your scheduled payments may be reduced or stopped for the remainder of the calendar year.

If your contract has a living benefit and the RMD in any contract year is greater than the Maximum Annual Withdrawal Amount (MAWA) available under the living benefit, the RMD payment(s) will not be treated as an Excess Withdrawal. Withdrawals taken in addition to the RMD during the contract year may have an adverse effect on the living benefit if, when combined, they exceed the MAWA allowed under the living benefit feature. Please refer to your quarterly account statement to determine if your annuity contract contains the IncomeLock living benefit rider and refer to your contract for how Excess Withdrawals impact your living benefit feature.

- California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- NY Residents: An excess withdrawal will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess withdrawal. Note: Personalized, transaction-specific calculations will be based on the previous day's values and may change by the time the withdrawal request is processed.

KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

All companies are wholly owned subsidiaries of Corebridge Financial, Inc.

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Do not complete this form if you have not separated from service.

1. CLIENT INFORMATION

Name: _____

SSN or Tax ID: _____ Date of Birth (DOB): _____

Employer Name: _____ Plan Name: _____

Refer to your VALIC Quarterly account statement for the list of account numbers per plan.

Account Number(s): _____

If additional information is required we will call you using the phone number on file. Access your Online account at corebridgefinancial.com/retire to update your information.

Check here if you authorize VALIC to contact you using the email on file if additional information is needed.

2. AUTOMATIC RECURRING PAYMENTS – EASY AS 1, 2, 3

By completing the 3 steps below and submitting this form, you authorize VALIC to calculate and distribute payments for the year specified and all subsequent years' RMD payments. If you have multiple investments within your account, VALIC will withdraw funds on a pro-rata basis from such investments.

STEP 1: Select a frequency

Annually Semi-Annual Quarterly Monthly

STEP 2: Provide a start date

Begin payments on: _____
(month) (day between 5th–24th) (year)

Optional: Initial payment deferred date

The date provided must be before April 1st. _____
(month) (day between 5th–24th) (year)

STEP 3: Elect your tax withholding preference

Federal Taxes

Withhold at the 10% default rate **OR** Withhold based on the attached IRS Form W-4R

State Taxes

Withhold _____% **OR** Do NOT withhold state taxes, unless mandated by law

3. DELIVERY INSTRUCTIONS

This section allows you to direct VALIC on how to deliver your payments. If you leave this section blank, VALIC will issue a check and mail it to the address on file.

- Mail a check to my address on file
- Direct Deposit my funds to my
 - Checking account
 - Savings account

Include either a voided check OR a letter from your bank stating the following: bank name, bank address, city, state, zip, ABA routing number, account number and designate if the account is a checking or a savings account. If submitting a letter from your bank, a Signature Guarantee must be provided on the letter. Deposit slips will not be accepted.

4. SPOUSAL CONSENT (Must be completed in order to process your request if applicable.)

ERISA-covered and certain other employer plans require the client to state his/her marital status and the spouse to consent to this distribution. If applicable and this section is left blank, we will assume you are married and will consider your request not in good order.

Please check the appropriate box below:

REQUIRED FOR CLIENT: Client Marital Status

Not Married Married

REQUIRED FOR SPOUSE: Spousal Consent

Your consent is required on this request and your signature must be witnessed by a Notary Public. If your spouse dies before you, under federal law for ERISA plans and the terms of some employer plans, as the spouse of the contract owner/plan participant, you have the right to receive a survivor benefit of at least 50% of the amount in this account(s). As a result your spouse must have your written consent before taking payments from the account(s). If you consent to the payments, you will not receive a survivor benefit payment from VALIC for the amount withdrawn, including periodic RMD payments. If you agree to the RMD payments, please read and sign the statement below and have your signature witnessed.

- I have read and understand the Information pages and I agree to this RMD payments from the account(s) listed in section 1.
- I understand and agree that the amount being paid will reduce the amount of my survivor benefit from VALIC and I release VALIC from all liability for making these payments.

Spouse (Print Name): _____ Spouse's Signature: _____ Date: _____

SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC

This section is only to be used for a Notary Public's witnessing of the Spousal Consent.

State of _____ County of _____ On this _____ day of _____, year of _____

Before me personally appeared _____ (name of spouse) known to me to be the person who executed the SPOUSAL CONSENT and he/she acknowledged to me that he/she executed the same.

Notary Public: _____

5. CLIENT SIGNATURE

- I authorize VALIC to make distributions from my account 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 acknowledge that I have read and understand the important information and guidelines and agree to these defaults and disclaimers.
- I certify that I am the participant authorized to make these elections and the information provided is true and accurate.

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

Client's Signature _____ Date _____

6. PLAN ADMINISTRATOR (Must be completed in order to process your request if applicable.)

Provide termination date of your former employee: _____ (mm/dd/yyyy)

If the former employee was not 100% vested and non-vested assets have not been previously forfeited, complete the following: If left blank, we will treat as 100% vested.

Match Vesting % _____ as of _____ (mm/dd/yyyy)

Non-Match Vesting % _____ as of _____ (mm/dd/yyyy)

- I authorize VALIC to make distributions based on the information provided on this form.
- I certify that I have authority to approve this distribution on behalf of the Employer.
- I certify that the information provided in this section of the form is accurate to the best of my knowledge.

Plan Administrator / Authorized Representative (print name) _____ Signature _____ Date _____

7. FOR VALIC USE WHEN PROVIDING ASSISTANCE

Licensed Agent/Registered Representative (Print Name): _____

Phone: (_____) _____ Agent #: _____ Location/Region: _____

Agent/Representative's Signature _____ Date _____

Information

QUALIFIED JOINT AND SURVIVOR ANNUITY AND QUALIFIED ANNUITY BENEFIT: FOR ERISA PLANS ONLY

This notice should be provided to you at least 30 days, but no more than 180 days, before your proposed distribution date.

If you are married, your retirement plan distributions will be paid to you in the form of a Qualified Joint and Survivor Annuity ("QJSA") unless you elect a different form of distribution. Under your QJSA, if your spouse survives you, the plan will pay him or her at least 50% of the amount the plan had been paying to you, on the same frequency as the payments to you. If you are not married, your benefit will be paid monthly over your life and will end upon your death unless you elect a different form of distribution. This benefit is referred to as a Qualified Annuity Benefit ("QAB").

The plan may satisfy the QJSA or QAB by using your vested account balance to purchase an annuity contract from an insurance company. The actual monthly payments made under the annuity contract will depend on the value of your account balance, annuity purchase rates used by the insurance company, your age, and if you are married, your spouse's age at the time the distribution begins.

The following table reflects the relative values of monthly payments from a Joint and Survivor Annuity and a Life Annuity, assuming a vested account balance of \$5,000 and an interest rate of 6%. This table is based on the Annuity 2000 Mortality tables. **The table is hypothetical and does not reflect the value of your individual benefit or the actual payments you or your beneficiaries would receive.** Please note that as the ages change, the payment amount will change. If none of the examples closely approximates your situation, you may obtain a more accurate value specific to your situation from your plan administrator or from your financial professional.

Age at Benefit Starting Date

Annuitant	70	65	60	55	50	45	40	35
Spouse	65	70	55	60	45	50	35	40

Monthly Payment

Annuitant Life Only	39.62	35.35	32.38	30.27	28.75	27.61	26.76	26.13
Joint and 50% Survivor	35.47	33.65	30.21	29.26	27.53	26.99	26.07	25.76
Joint and 75% Survivor	33.71	32.86	29.23	28.78	26.95	26.70	25.73	25.58

This QJSA or QAB requirement may not apply to smaller account balances (generally below \$5,000) and will not apply if you have elected another form of benefit. A partial withdrawal would be considered another form of benefit for this purpose. Other alternate forms of benefits that may be available under your employer's plan and under your plan investments may include:

Annuity

An annuity can provide you with payments for your life or for your life and that of your beneficiary; payments for a specified period; payments for your lifetime with a minimum guaranteed period; or a continuation of payments to your surviving spouse that is different from the plan's percentage of the payments made to you. Generally, the more that the form of payment guarantees, such as a minimum period of payments, or payments to your surviving spouse or to another beneficiary, the more that specified benefit amount will cost. There are IRS rules that may limit the period during which payments may be made.

Lump-Sum Distribution

If you elect a lump-sum distribution, your benefit will be paid to you in one payment. The amount of your benefit is the vested portion of your account balance as of the valuation date used to calculate your distribution.

Installments

If you elect to receive your benefits in installments, you may specify the dollar amount and frequency of your payments. The period of time over which you receive these installments cannot be greater than your life expectancy or the joint life and last survivor expectancy of you and your designated beneficiary. There are other IRS rules that may further limit the period over which you receive payments.

In order to elect one of these alternative forms of benefits you must waive your right to the QJSA or QAB, and if you are married, your spouse must also consent in writing. In addition, this written consent must be witnessed by a Notary Public or by your Plan Administrator. You are entitled to 30 days (but no more than 180 days) within which to make this decision. Although you have at least 30 days to make this decision, under some circumstances, you may waive this minimum 30-day period, and if you submit a waiver of the QJSA or QAB less than 30 days after it is signed we will assume that you are waiving this notice period. Unless a waiver of the QJSA or QAB is made irrevocably, you have the right to revoke the waiver and execute another waiver at a later time, up to the time when the benefit payments have started. You also have the right to defer receiving a distribution, subject to the terms of your employer's plan as well as legal requirements that generally require distributions to commence upon the later of attainment of required minimum distributions after age 75 (if born after December 31, 1959), 73 (if born after December 31, 1950, and before January 1, 1960), age 72 (if born after June 30, 1949 and before January 1, 1951), age 70½ (if born before July 1, 1949), or after death.

The investment options available to you, the right to change investment options, and the fees imposed under the investment options will not be affected by your decision to defer distributions.