

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.

- 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

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 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.

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.

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

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1. OWNER INFORMATION

Name: _____
SSN or Tax ID: _____ Date of Birth (DOB): _____
Account(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. OWNER 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.

Owner's Signature _____ Date _____

5. FOR VALIC USE WHEN PROVIDING ASSISTANCE

Licensed Agent/Registered Representative (Print Name): _____
Phone: (_____) _____ Agent #: _____ Location/Region: _____
Agent/Representative's Signature _____ Date _____