

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

For Financial Representative Use Only: Approximate Amount of

Exchange to ☐ VALIC or ☐ USL \$ _____

1. CLIENT/OWNER INFORMATION (Name on transferring carrier's account)

Owner: _____ SSN or Tax ID: _____
Address: _____ City: _____ State: _____ ZIP: _____
Name on VALIC Account: _____ Daytime Phone #: (_____) _____ Date of Birth: _____

2. JOINT OWNER INFORMATION (Name on transferring carrier's account)

Joint Owner: _____ SSN or Tax ID: _____
Address: _____ City: _____ State: _____ ZIP: _____
Name on VALIC Account: _____ Primary Phone #: (_____) _____ Date of Birth: _____

3. NAME AND ADDRESS OF TRANSFERRING CARRIER (Physical address needed for overnight deliveries.)

Name: _____ Phone #: (_____) _____
Address: _____ City: _____ State: _____ ZIP: _____
Replacement Policy (Check one): ☐ Yes ☐ No Replacement form may be required under state law.

4. ACCOUNT & TRANSACTION INFORMATION (Attach the most recent statement for the Carrier account number listed below.)

A separate form must be completed for each contribution source and/or Carrier/VALIC/USL account.

A. 1035 EXCHANGE (TDVA/NQDA account to TDVA/NQDA account, an Exchange under Internal Revenue code section 1035)

Indicate the "From" and "To" account number.

"From" Carrier Account #: _____ "To" Account #: _____

B. Required Additional Transaction Information:

Amount to be Exchanged: ☐ Liquidate the entire account ☐ Liquidate a portion of the account (\$ _____ or _____ %)

5. ACCOUNT INFORMATION

Account Contribution Source: Employee Voluntary (1)

Choose one: If allocations are not entered below, funds will default to existing allocations.

☐ Transfer funds into my existing allocations. Required for Portfolio Director Freedom Advisor accounts.

☐ Allocate my transfer funds as follows: (List investment option name and number followed by the percentage – percents must be whole and total 100%.) (If more space is needed, use a separate sheet of paper.)

Investment Option Name	Investment Option Number	Percent %	Investment Option Name	Investment Option Number	Percent %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %

6. AUTHORIZATION TO RELEASE INFORMATION AND LOST POLICY STATEMENT

I authorize the transferring company/carrier to release information to VALIC/USL regarding the status of this exchange.

Check one: ☐ I have lost my policy contract. Please accept this form in replacement of my contract. ☐ I have enclosed my policy contract.

7. CLIENT AUTHORIZATION TO EXCHANGE FUNDS AND SUBSTITUTE FORM W-9

Some Carriers also require clients to sign their forms to expedite the exchange. If your current Carrier requires its form(s), please attach the completed forms and contract to this request.

- I hereby irrevocably assign the contract or certificate represented by Account # _____, in exchange for a new nonqualified annuity contract or certificate issued by VALIC/USL, as part of an exchange of annuity contracts intended to satisfy the requirements of section 1035(a) of the Internal Revenue Code.
- I have read and understand the information provided in the Information page of this form, including Living Benefit Option if applicable, and acknowledge that distributions may be subject to surrender charges as provided in the surrendering contract and that this distribution may result in taxable income and penalties.
- VALIC/USL is processing this transaction at your specific request. VALIC/USL makes no representations or warranties and has no responsibility or liability for the validity of this transaction or its tax treatment under the Internal Revenue Code (Code), including Code section 1035, or the regulations thereunder. If this is a partial exchange, it is subject to applicable tax rules and requirements, including but not limited to IRS Revenue Procedure 2011-38. That guidance includes specific rules intended to prevent the use of partial exchanges to avoid tax obligations, and provides that any distribution from either the surrendering or receiving contract involved in a partial exchange within 180 days from the date of the exchange may result in the partial exchange being treated as a taxable withdrawal from the original contract rather than a tax-free exchange. VALIC/USL does not provide tax or legal advice and recommends that you seek the advice of your tax or legal advisor before entering into this transaction.
- The undersigned further agrees, in the event his/her transaction is not complete, to permit VALIC/USL to retain his/her funds while immediately attempting to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated.

Signature Guarantee (if applicable)

Client Signature

Date

Spousal or Co-Owner Signature (if applicable)

Date

8. VALIC ACCEPTANCE OF EXCHANGE (See Information page for mailing/overnight of VALIC paperwork only.)

In accepting the cash value from the above described (Contract), the contract issuer hereby assumes responsibility for the future administration of such funds and agrees that payment to and receipt of the cash value shall fully discharge _____ (Name of Transferring Company/Carrier) from all responsibility and liability that may accrue with respect to such funds, after the exchange.

Stephanie Smith
Stephanie Smith Vice President, Plan Services

Date

Agent #

Region #

Licensed Agent/Financial Representative's Signature

Date

Licensed Agent/Financial Representative (Print Name)

9. CHECK MAILING INFORMATION (Please provide employer/employee contribution breakdown with remittance.)**A. Make Transfer/Rollover check payable**

as follows:

VALIC

FBO: _____

VALIC Account #: _____

B. Mail to: VALIC

C/O JP MORGAN CHASE

PO BOX 301700

Dallas, TX 75303-1700

C. Overnight check: JP MORGAN CHASE (TX1-0029)

VALIC

Lockbox number 301700

14800 Frye Rd

Fort Worth, TX 76155

10. COST BASIS AND TAX REFORM ACT OF 1986 INFORMATION (To be completed by Predecessor Carrier.)

Complete this section and return the requested information with the check made payable to VALIC.

If you are unable to provide this information or if you have any questions, please contact us at 877-486-8421.

After-Tax Information:

Pre-TEFRA (prior to August 14, 1982) cost basis (TDVA-1035 Exchange) \$ _____

Total cost basis including Pre-TEFRA (TDVA-1035 Exchange) \$ _____

INFORMATION

The information in this notice applies to Nonqualified Annuities.

EXTERNAL CAPITAL EXCHANGES

The account value to be exchanged may have been subject to sales and/or administration charges. The amount exchanged may be subject to such charges as are appropriate under the terms of the contract. You are responsible for any taxes or penalties due should this transaction not comply with the applicable IRC provisions. Please consult with qualified tax counsel prior to electing this transaction.

Although the amount exchanged is in general not subject to withholding requirements because it is not includible in your gross income for the year of exchange, if this exchange does not comply with applicable legal requirements, you may be responsible for estimated tax payments if you do not have enough federal income tax withheld from income.

LIVING BENEFIT OPTIONS

If you have chosen a living benefit option, withdrawals from the contract will reduce the account value and may reduce or cancel benefits of the living benefit option. Withdrawals exceeding the Maximum Annual Withdrawal Amount may reduce future Maximum Annual Withdrawal Amounts and reduce or eliminate any eligible income credit. Minimum distribution amounts calculated for each year will include the value of the living benefit. One year's required minimum distribution based solely on the value of each individual account will not be treated as an excess withdrawal, but may reduce the Maximum Withdrawal Period and reduce or eliminate any eligible income credit. See your contract endorsement.

Please send completed forms to:

Retirement Plan Services
P.O. Box 15648
Amarillo, TX 79105-5648

Overnight Delivery:
Retirement Plan Services
1050 N. Western St.
Amarillo, TX 79106-7011