corebridge
financial

The Variable Annuity Life Insurance Company (VALIC)

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

IMPORTANT RMD 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. Please consult a professional tax advisor concerning potential IRS penalties for corrected missed payments.

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

USE THIS FORM TO REQUEST RMD PAYMENTS ON YOUR VALIC IRA ACCOUNT(S)

This form was designed to accommodate the following RMD scenarios:

1. You have reached RMD eligible age and want VALIC to calculate your RMD payment from your VALIC IRA account(s) and automatically process your payments every year based on a schedule that you select.

   a. Section 2 of this form allows you to start your payments this year or defer your initial payment and begin your scheduled payments next year.

   b. If you qualify, you may request payments be calculated using the Joint Life Expectancy method.

   c. If you have multiple IRA accounts, you can request VALIC to aggregate the payments and process the aggregated amount from one account. Payments will continue from one account until the assets are depleted. Then payments will automatically continue on the next account based on the account depletion order established by you.

      i. If accounts listed do not meet the account aggregation qualifications your form will be considered not in good order.

2. You missed prior year(s) RMD payment(s) and want VALIC to calculate the prior year RMD amount due from your VALIC IRA account(s).

   a. Section 2 of this form allows you to specify for each of your VALIC IRA accounts the years that you missed taking your RMD payment.

3. You are providing the amount of RMD you want VALIC to process. This is a one-time payment.

   a. Section 3 of this form allows you to specify the account, amount, and payment issue date.

   b. One of the common reasons this option is selected are clients with IRA accounts with multiple service providers and they want to aggregate the payments themselves and provide an amount to be distributed from their VALIC IRA.

Payments are processed pro-rata from all funds within your account as the default method. Section 4 of this form is optional and allows you to request payments be processed from specific funds as an alternative to the pro-rata method.

Section 5 and section 6 apply to all payments requested on this form. If you have multiple VALIC IRAs accounts and you want to provide different tax withholding instructions or payment delivery methods per account, please complete separate RMD forms.

If accounts listed do not meet the account aggregation qualifications your form will be considered not in good order.

corebridge financial
The Variable Annuity Life Insurance Company (VALIC)

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

1. OWNER INFORMATION

Name: _____

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

Account #: _____   Account #: _____   Account #: _____

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. RMD PAYOUT OPTIONS – VALIC CALCULATES

Complete this section if you want VALIC to calculate RMD payments for the account(s) listed in section 1.

REOCCURRING RMD PAYOUT OPTION

Consider the following when requesting automatic reoccurring payments:

- If you want to receive payments more frequently than annually and you request your payments to begin this year, the amount of each payment depends on how many payments are remaining in the current year. For example: If the annual RMD amount is $1,200 and you select monthly payments to begin in September, each monthly payment would be $300. However, if the payments were to begin in January, each monthly payment would be $100.

- VALIC will automatically calculate and distribute RMD payments every year based on the frequency you select.

Select a frequency and provide a start date

Frequency: ☐ **Annually**   ☐ **Semi-Annual**   ☐ **Quarterly**   ☐ **Monthly**

Start payments on: _____ _____ _____
                          (month)   **(day between 5th - 24th)**   **(year)**

Important Information

- If you do not want automatic reoccurring payments, do not select a frequency and do not provide a start date.

- If you do not select a frequency, but you provide a start date, your request will be processed as an annual payment. Subsequent years are processed with the same frequency.

- If you do not provide a start date, but you provide a frequency, your request will be processed on the next available business day between the 5th and the 24th upon receipt by VALIC. Subsequent years are processed with the same date.

- Payment dates that fall on a non-business day are processed on the next business day.

- These payments will stay in effect until you cancel, modify the recurring payments or you take additional qualifying withdrawals in any calendar year. Qualifying withdrawals are first applied to the current year RMD requirements and your payments designated above may be reduced or stopped for the remainder of the calendar year.

DEFER INITIAL PAYMENT

Provide a date below only if you have met the RMD eligible age this year and you are electing to defer your initial year RMD payment to next year.

The date provided must be before April 1st and the year must be the same year as specified in the Reoccurring RMD Payment Option above.

Deferred payment date: _____ _____ _____
                               (month)   **(day between 5th - 24th)**   **(year)**

PAYMENT AGGREGATION

The IRS allows payments from multiple IRAs to be aggregated and taken for one IRA as an alternative to taking RMD payments for each IRA. If you have multiple IRA accounts with VALIC and want VALIC to aggregate the payments, complete this section. Repeat the accounts listed in section #1 but list them in the order you want the accounts depleted.

Process from Account # _____ first.

When this account is depleted, continue payments from Account # _____.

When that account is depleted, continue payments from Account # _____.

Important Information:

- Once the assets are depleted from an account, that account will be closed, and no additional deposits can be made.

2. RMD PAYOUT OPTIONS – VALIC CALCULATES (CONTINUED)

PRIOR YEAR RMD PAYMENT OPTION

Complete this section only if you missed RMD payments for prior year(s). It is a one-time single sum payment and it will be priced on the business day the form is received in good order. **Please indicate the account(s) and the year(s) for the distribution(s).**

Account #: _____ Past year(s) _____

Account #: _____ Past year(s) _____

Account #: _____ Past year(s) _____

JOINT LIFE EXPECTANCY CALCULATION

If you meet the qualifications and you want VALIC to use the IRS joint life expectancy table to calculate your RMD payment(s), check the box below and provide your spouse's date of birth.

<u>Qualifications:</u> You must be married, AND your spouse is your sole beneficiary, AND your spouse is younger than you by ten or more years.

By checking the box and providing your spouse's date of birth, you are instructing VALIC to calculate your RMD payment(s) using the IRS joint life expectancy table.

☐ I qualify and elect to have my RMD calculated using IRS joint life expectancy table. I understand that it is my responsibility to notify VALIC if circumstances change and I no longer meet the requirements for this exception.

Spouse's Date of Birth:_____

Important Information:

• Marital status is determined as of January 1st each year. Divorce or death after January 1st is generally disregarded until the next year.

• If you divorced and changed your beneficiary designation in the same year, your former spouse cannot be considered your sole beneficiary for that year.

3. ONE-TIME SINGLE-SUM PAYOUT OPTION – YOU CALCULATE

This section is used if you are providing the RMD amount to be distributed. Account numbers listed in this section must also be included in section 1. This payment option is a one-time single sum payment. You are responsible for ensuring the amount(s) provided comply with the RMD requirements. If the amount exceeds the RMD amount, you may owe additional taxes. If the amount is not sufficient to satisfy your RMD, you may owe tax penalties.

Provide the payment date: _____ _____

(month)   (day between 5th - 24th)

Account # _____ Amount as calculated by you or your tax advisor $ _____ .

Account # _____ Amount as calculated by you or your tax advisor $ _____ .

Account # _____ Amount as calculated by you or your tax advisor $ _____ .

If a date is not provided, your payment will be priced on the business day the form is received in good order.

4. FUND SELECTION OPTION

This section is used only if you want VALIC to process your RMD payment(s) from specified funds. This option is not available if you selected the payment aggregation option in section 2. If you leave this section blank VALIC will process your RMD payments pro-rata from all funds within the account(s) listed in section 1.

Provide instructions for how the assets in your account should be depleted when processing your RMD payment(s). Provide the investment fund code(s) and corresponding percentages. Investment fund codes(s) may be found by logging into your account at corebridgefinancial.com/retire or contacting your financial professional.

Important Information:

• Percentages for each account listed must total 100%.

• Please ensure there is a sufficient balance in the specified fund(s). You may access your corebridgefinancial.com/retire account and transfer funds, if needed.

• If specified fund(s) are selected, and you also selected recurring payments in section 2, once the balance in any of the specified funds is depleted, future RMD payments will be processed pro-rata from all remaining funds in the account.

Account #: _____		Account #: _____		Account #: _____	
Investment Fund Code	Percentage	Investment Fund Code	Percentage	Investment Fund Code	Percentage
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %

5. TAX WITHHOLDING

This section is used to provide VALIC instructions for tax withholding.

Tax withholding instructions apply to all accounts specified on this form, regardless of payment option selected.

Federal Taxes

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. If a W-4R is not provided with this request 10% will be withheld.

State Taxes

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

- 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.

6. DELIVERY INSTRUCTIONS

Select the method in which you want your payments delivered. Delivery instructions apply to all accounts specified on this form, regardless of payment option selected.

PAYMENTS SENT TO YOU

☐ Mail a check to my address on file (this is the default option)

☐ Direct Deposit my funds to my

  ☐ Checking account   ☐ Savings account

Important Information:
- Include either a voided check OR a letter from your bank stating the following: bank name, bank address including, city, state, and zip, ABA routing number, account number and designate if the account is a checking or savings account.
- If the account is a checking or a savings account. Deposit slips will not be accepted.
- If submitting a letter from your bank, a Signature Guarantee must be provided on the letter.
- VALIC reserves the right to enforce restrictions that prevent new deposits into your NQDA when you reach the maximum age stated in the NQDA product contract. At that time, a check will be issued and mailed to your address on file unless you provide alternate instructions.

REINVEST IN EXISTING NON-QUALIFIED DEFERRED ANNUITY (NQDA)

Complete this section if you want your RMD payment(s) reinvested into a VALIC NQDA.

  Reinvest my RMD payments into my existing NQDA.

  Account #:_____

Important Information:
- If your NQDA is not established, your payment(s) will be sent to the address of record. Once your account is established, contact the client care center and provide the account number.
- If more than one account is specified on this form (section 1), all RMD payments will be reinvested into your existing NQDA account listed above.

7. OWNER AUTHORIZATION

- I authorize VALIC to make distributions from my account(s) based on the information I provided on this form and it is accurate to the best of my knowledge.
- I am aware of the RMD rules and I acknowledge that VALIC is not responsible for ensuring that I have complied with these rules.
- I acknowledge that I have read and understand the information contained herein and agree to these defaults and disclaimers.
- I agree to hold VALIC harmless if I provided the RMD amount to distribute and there are adverse tax ramifications due to a calculation error.
- I am ultimately responsible for the calculation amount of the RMD, although VALIC may calculate the RMD as a courtesy.
- 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.
- I acknowledge that if my NQDA has restrictions to prevent new deposits when I reach the maximum age stated in the NQDA product contract, and I requested my RMD payments to be deposited into my NQDA in section 6, VALIC reserves the right to enforce the restriction. At that time, if I do not provide alternate instructions, a check will be mailed to my address on file.
- 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.

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

8. FOR VALIC USE WHEN PROVIDING ASSISTANCE

Licensed Agent/Registered Representative (Print Name): _____

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

_____   _____

 Agent/Representative's Signature   Date