

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

To request your payments to be deposited directly into your bank account, login to your corebridgefinancial.com/retire account or call 1-800-448-2542.

1. CLIENT INFORMATION

Name: _____

SSN or Tax ID: _____ Date of Birth: _____

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

If additional information is required we may call or email you using the information on file. You may update your information by accessing your account online at corebridgefinancial.com/retire.

☐ Check here if you do NOT want us to use your email on file to obtain any additional information needed to process this request.

The issuing company, either VALIC, USL or VRSCO of the annuity contract and/or account will be party to this RMD Form ("Company").

2. CHANGE PAYMENT SCHEDULE

This section is used if you want to change your payment frequency and/or payment date for your already established RMD payments on the account(s) in section 1. Select your new schedule:

- ☐ Annually _____
(month) (day between 5th - 24th)
- ☐ Quarterly (Select one of the following and provide payment date):
- ☐ Jan, April, July, Oct _____
(day between 5th - 24th)
- ☐ Feb, May, Aug, Nov _____
(day between 5th - 24th)
- ☐ Mar, June, Sept, Dec _____
(day between 5th - 24th)
- ☐ Monthly _____
(day between 5th - 24th)

Select one of the following to indicate when the new schedule is effective:

- ☐ Before the next scheduled payment
- ☐ After the next scheduled payment.
- If you select a frequency, but do not provide a day, your payment will continue to be processed on the same day of the month as your current payment schedule.
 - If you do not select whether this change should be effective before or after your next scheduled payment, Company will make this change upon receipt of this form in good order.
 - It is your responsibility to ensure that your modified payment schedule does not result in a missed payment. For example: if you are currently receiving annual payments and you submit a form to request a change, unless you select this change to be effective after your next scheduled payment, the current year payment will not be processed, which could result in a penalty tax for missing that year's minimum distribution.
 - Payment dates that fall on a non-business day will be processed on the next business day.
 - This option will stay in effect until (i) you cancel or modify the recurring payments or (ii) the contract value falls below the contract minimum or (iii) the account balance falls below the payment amount. If either (ii) or (iii) occurs, the account(s) may be surrendered/closed and all remaining proceeds distributed to you.
 - A check will be issued and mailed to the address on file, unless you have been receiving electronic fund transfers for periodic payments from the account noted above. If so, your RMD payment will be sent to the bank account on file consistent with your previous authorization/agreement.

3. CHANGE JOINT LIFE EXPECTANCY CALCULATION

This section is used to elect or discontinue use of the joint life expectancy table for all the accounts listed in section 1.

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

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

Provide Spouse's Date of Birth: _____

- ☐ I wish to have future payment calculated using my life expectancy and discontinue use of the joint life expectancy.
- 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.

4. CHANGE FUND SELECTION

This section is used to change the method used to disburse assets from your account.

☐ Process payments pro-rata.

☐ Process payments from specific funds. Provide the investment fund code(s) and corresponding percentages, per account.

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

- 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 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.

5. CHANGE TAX WITHHOLDING

This section is used to provide revised instructions for tax withholding for the accounts listed in section 1. If this section is left blank, the tax withholding instructions on file will not be changed.

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 W4-R. IRS forms are available on the IRS website at www.irs.gov.

☐ Withhold the 10% default rate ☐ Withhold the rate as reflected on the attached IRS Form W-4R

State Taxes (if applicable)

☐ 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 your instructions are different than your state's withholding requirements, the state default rate will be withheld based on your state of residence on file.

6. REINVEST IN EXISTING NON-QUALIFIED DEFERRED ANNUITY (NQDA)

This section is used if you want your RMD payment(s) from the accounts listed in section 1 reinvested in a Non-Qualified Deferred Annuity.

Reinvest the distribution into my existing Non-Qualified Deferred Annuity (NQDA) account # _____.

Note: If you want your payments reinvested into a NQDA, but do not have one, please meet with your financial professional prior to submitting this request.

7. CLIENT AUTHORIZATION

By signing below I acknowledge that I have read the important information below:

- If you have an annuity contract with 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.
- 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.

I further understand and agree with the following statements:

- I authorize Company 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 Company is not responsible for ensuring that I have complied with these rules.
- I agree to hold Company 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 Company may calculate the RMD as a courtesy.

Client's Signature _____

_____ Date

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