



**Employer Sponsored Plans** 

The Variable Annuity Life Insurance Company (VALIC) VALIC Retirement Services Company (VRSCO)

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, or if later, the year you retire. 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 if later, the year you retire, 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.

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

## USE THIS FORM TO REQUEST RMD PAYMENTS ON YOUR VALIC 403(B) / 401(K) / 401(A) / 457(B) PLAN ACCOUNT(S)

This form was designed to accommodate the following RMD scenarios:

- 1. You want VALIC to calculate your RMD payment(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 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. The following accounts can be aggregated:
    - i. Multiple accounts under the same employer plan; for example: an employer deferral account and an employer matching account.
    - ii. Any 403(b) account can be aggregated with any other 403(b) account. The 403(b) accounts can be under separate plans with the same employer or in plans sponsored by different employers.
    - iii. 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 account(s).
  - a. Section 2 of this form allows you to specify the impacted account(s) and 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 that have accounts with multiple service providers and they want to aggregate the payments themselves and provide an amount to be distributed from their VALIC account.

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 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.







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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): \_\_\_\_ Employer Name: \_\_\_ Plan Name: Refer to your VALIC 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. 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) **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 are electing to defer your initial year RMD payment. 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 403(b) plans to be aggregated and taken for one 403(b) plan as an alternative to taking RMD payments for each 403(b) plan. VALIC established separate accounts within an employer plan for each type of money, such as employer deferrals and employer matching. You may aggregate payments from accounts within the same plan. If you have multiple 403(b) accounts or multiple accounts within the same employer plan and want the RMD payments aggregated, 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. Second Account #: \_\_\_\_\_ Third Account #: Fourth Account #: Sixth Account #: Fifth Account #: Important Information: • Once the assets are depleted from an account, that account will be closed, and no additional deposits can be made.

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| 2. RMD PAYOUT OPTIONS - VAI  | LIC CALCULATES                                  | (CONTINUED)   |   |                                      |                  |  |  |  |
|--|---|---|---|--------------------------------------|------------------|--|--|--|
| PRIOR YEAR RMD PAYMENT OP  | TION  |   |   |                                      |                  |  |  |  |
| Complete this section only if you r the form is received in good order                                   | nissed RMD payme<br>. <b>Please indicate th</b> | nts for prior year(s). It is a one ne account(s) and the year(s   | e-time single sum pa<br>s) for the distribution | yment and it will be priced on n(s). | the business day |  |  |  |
| Account #:   |   | Past year(s)  |   |                                      |                  |  |  |  |
| Account #:   |   | Past year(s)  |   |                                      |                  |  |  |  |
| Account #:   |   | Past year(s)  |   |                                      |                  |  |  |  |
| JOINT LIFE EXPECTANCY CALC<br>If you meet the qualifications and<br>provide your spouse's date of birth  | you want VALIC to a                             |   |   |                                      |                  |  |  |  |
| Qualifications: You must be marrie<br>By checking the box and providing<br>expectancy table.             | • •   | •   |   | • •                                  | •                |  |  |  |
|  |   | using IRS joint life expectancy<br>e requirements for this except |   | that it is my responsibility to r    | notify VALIC if  |  |  |  |
| Spouse's Date of Birth:  |   |   |   |                                      |                  |  |  |  |
| Important Information:   |   |   |   |                                      |                  |  |  |  |
| <ul><li>Marital status is determined as</li><li>If you divorced and changed yo</li></ul>                 | •   | -   |   |                                      | •                |  |  |  |
| 3. ONE-TIME SINGLE-SUM PAYO  | OUT OPTION - YOU                                | I CALCULATE   | ·   | ·                                    | -                |  |  |  |
| This section is used if you are propayment option is a one-time single amount exceeds the RMD amount     | viding the RMD amo                              | ount to be distributed. Account u are responsible for ensuring    | the amount(s) provid                            | ded comply with the RMD requ         | irements. If the |  |  |  |
| Provide the payment date:  |   |   |   |                                      |                  |  |  |  |
|  |   | day between 5th - 24th)   |   |                                      |                  |  |  |  |
| Account #  | Amount as calc                                  | ulated by you or your tax advis                                   | sor \$  |                                      |                  |  |  |  |
| Account #  |   |   |   |                                      |                  |  |  |  |
| Account #  | Amount as calc                                  | ulated by you or your tax advis                                   | sor \$  |                                      |                  |  |  |  |
| If a date is not provided, your payr   |   |   |   |                                      |                  |  |  |  |
| 4. FUND SELECTION OPTION   |   |   |   |                                      |                  |  |  |  |
| This section is used only if you way   |   |   |   | u leave this section blank VAL       | IC will process  |  |  |  |
| Provide instructions for how the as code(s) and corresponding percer corebridgefinancial.com/retire or c | ntages, per account.                            | Investment fund codes(s) ma                                       |   |                                      | estment fund     |  |  |  |
| Account number(s) listed in this se  | ection must also be                             | included in section 1.  |   |                                      |                  |  |  |  |
| Important Information  |   |   |   |                                      |                  |  |  |  |
| <ul> <li>Percentages for each account list</li> </ul>  |   |   |   |                                      |                  |  |  |  |
| <ul> <li>Please ensure there is a sufficient<br/>if needed.</li> </ul>                                   | nt balance in the sp                            | ecified fund(s). You may acces                                    | ss your corebridgefir                           | nancial.com/retire account and       | transfer funds,  |  |  |  |
| <ul> <li>If specified fund(s) are selected,<br/>future RMD payments will be pro</li> </ul>               | and you also select<br>ocessed pro-rata for     | ed recurring payments in sect all remaining funds in the acc      | tion 2, once the bala<br>count.                 | nce in any of the specified fun      | ds is depleted,  |  |  |  |
| Account #:   |   | Account #   |   | Account #                            |                  |  |  |  |
| Investment Fund Code   | Percentage                                      | Investment Fund Code  | Percentage                                      | Investment Fund Code                 | Percentage       |  |  |  |
|  | _   |   | _   |                                      | -                |  |  |  |
|  |   |   |   |                                      |                  |  |  |  |
|  |   |   |   |                                      |                  |  |  |  |
|  |   |   |   |                                      |                  |  |  |  |
|  |   |   | 70  |                                      |                  |  |  |  |
|  |   |   |   |                                      |                  |  |  |  |

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| 5. TAX WITHHOLDING   |  |   |   |  |
|--|--|---|---|--|
| This section is used to provide VALIC instructions for Tax withholding instructions apply to all accounts spec   |  | payment option s                              | selected.   |  |
| Federal Taxes  RMD payments are subject to a 10% default ra attach a completed IRS Form W-4R. IRS form will be withheld.   | ate on the taxable portion. To reals are available on the IRS webs   | quest a different r<br>site at www.irs.go     | rate or to request nov. If a W-4R is not p                      | o federal tax withholding provided with this request 10% |
| State Taxes  Withhold % OR □ Do NOT 9  | withhold state taxes, unless mar   | idated by law                                 |   |  |
| Each state defines its own tax withholding requireme     If you do not provide state tax withholding instruction the state default rate, based on your state of resider  | ents and default rates on taxable<br>ns OR your instructions are diffe   | distributions.                                | ite's withholding req   | uirements VALIC will withhold                            |
| 6. DELIVERY INSTRUCTIONS   |  |   |   |  |
| Select the method in which you want your payments of option selected.  | delivered. Delivery instructions a   | pply to all accoun                            | its specified on this   | form, regardless of payment                              |
| PAYMENTS SENT TO YOU   |  |   |   |  |
| Mail a check to my address on file (this is the defa   | ault option)   |   |   |  |
| ☐ Direct Deposit my funds to my  |  |   |   |  |
| ☐ Checking account ☐ Savings account   |  |   |   |  |
| <ul> <li>Important Information:</li> <li>Include either a voided check OR a letter from you number, account number and designate if the account.</li> <li>If the account is a checking or a savings account.</li> <li>If submitting a letter from your bank, a Signature G</li> <li>VALIC reserves the right to enforce restrictions that product contract. At that time, a check will be issue.</li> </ul>  | ount is a checking or savings acc<br>Deposit slips will not be accepte<br>Guarantee must be provided on to<br>the prevent new deposits into your | count.<br>d.<br>he letter.<br>· NQDA when you | ı reach the maximur   | m age stated in the NQDA                                 |
| REINVEST IN EXISTING NON-QUALIFIED DEFERR  | ` ,  |   |   |  |
| Complete this section if you want your RMD payment   |  | Α.  |   |  |
| Reinvest my RMD payments into my existing NQDA   | ı.   |   |   |  |
| Account #:   |  |   |   |  |
| <ul> <li>Important Information:</li> <li>If your NQDA is not established, your payment(s) vecenter and provide the account number.</li> <li>If more than one account is specified on this form the specified on the spe</li></ul> |  | •   |   |  |
| ·  |  |   |   |  |
| 7. SPOUSAL CONSENT (Where required by your e ERISA-covered and certain other employer plans re If this section is left blank, we will assume you are Please check the appropriate box below:  REQUIRED FOR CLIENT: Client Marital Status  Not Married Married  REQUIRED FOR SPOUSE: Spousal Consent  | equire the client to state his/he  | r marital status a<br>request not in g        | and the spouse to o   | consent to this distribution.                            |
| The IRS requires your spouse to take annual RMD papenalty on tax on required distributions that are not di Under federal law, as the spouse of the contract owner ferenced in section 1 if your spouse dies before you accounts(s), which includes periodic RMD payments. By signing this form you are acknowledging that you understand that you are giving up the right to receive   | stributed by the IRS deadline. er, you have the right to receive a. You will not receive a survivor understand and agree with the R              | a survivor benefit<br>benefit payment f       | of at least 50% of the for amounts withdra at were requested be | he amount in the plan<br>wn from the VALIC               |
| Spouse (Print Name):   | • •  |   | • .   | Date:  |
| SPOUSE'S SIGNATURE WITNESSED BY NOTAR' This section is only to be used for a Nota  | Y PUBLIC   |   |   |  |
| -  | County of  |   | day of  | . vear of  |
|  |  |   |   |  |
| person who executed th   | opeared<br>ne SPOUSAL CONSENT and he   |   | ed to me that he/she  | e executed the same.                                     |
| 1  | Notary Public:   |   |   |  |

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#### 8. 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.
- I certify that I am the participant authorized to make these elections and the information provided is true and accurate.
- 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 you surrender value of your existing contract/certificate may  |  | anteed elements, face amount, or |
|---|--|----------------------------------|
| Client's Signature  | Date   |                                  |
| 9. PLAN ADMINISTRATOR (For employer use only, where r   | required by your employer's plan.)                                   |                                  |
| Provide termination date of your former employee:   |  |                                  |
| If the former employee was not 100% vested and non-vest not calculate vesting under the Plan's Administrative Serv  | ted assets have not been previously forfeited, complerice Agreement: | te the following if VALIC does   |
| Match Vesting % as of   | (mm/dd/yyyy)   |                                  |
| Non-Match Vesting % as of   |  |                                  |
| • I authorize VALIC to make distributions based on the information of | •  |                                  |
| <ul> <li>I certify that I have authority to approve this distribution on be</li> <li>I certify that the information provided in this section of the for</li> </ul>  | · ·  |                                  |
| Toerthy that the information provided in this section of the for  | in is accurate to the best of my knowledge.                          |                                  |
| Plan Administrator / Authorized Representative (print name)   | Signature  | Date                             |
| 10. FOR VALIC USE WHEN PROVIDING ASSISTANCE   |  |                                  |
| Licensed Agent/Registered Representative (Print Name):  |  |                                  |
| Phone: () Agent #:  | Location/Region:   |                                  |
|   |  |                                  |
| Agent/Representative's Signature  |  | Date                             |

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# 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<br>Only    | 39.62 | 35.35 | 32.38 | 30.27 | 28.75 | 27.61 | 26.76 | 26.13 |
|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Joint and<br>50% Survivor | 35.47 | 33.65 | 30.21 | 29.26 | 27.53 | 26.99 | 26.07 | 25.76 |
| Joint and<br>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 distrubions 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.