corebridge financial

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

UNFORESEEABLE EMERGENCY WITHDRAWAL FORM

For Annuity Accounts Only
Plan Types 457 Deferred Compensation and LOSAP (NJ)

Mail Completed Forms to: Retirement Services Center P.O. Box 15648, Amarillo, TX 79105-5648 Call 1-800-448-2542 for assistance.

1. CLIENT INFORMATION

Name: _____

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

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.

Company party to the agreement ("COMPANY") will be the issuer of the Contract or Account.

2. DISTRIBUTION REQUEST

Distributions from a Multi-Year Enhanced Fixed Term may be subject to a market value adjustment.

$_____ AMOUNT requested on account of your severe financial hardship. You may request that we process a distribution to include taxes you reasonably expect to be payable on your unforeseeable withdrawal. **This amount may not exceed 40% above your unforeseeable amount.** Please tell us what percentage above your unforeseeable amount you would like___ %.

Please indicate Account(s) you wish to withdraw from.

Account # _____

$_____ or _____%

If the amount you are requesting is not available, the distribution will automatically process for the full amount that is available.

Choose One:

☐ Distribute the amount pro-rata against all available funds (default)

☐ Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	$_____ or _____%
_____	$_____ or _____%
_____	$_____ or _____%

☐ Living-Benefit Maximum Annual Withdrawal Amount

Account # _____

$_____ or _____%

If the amount you are requesting is not available, the distribution will automatically process for the full amount that is available.

Choose One:

☐ Distribute the amount pro-rata against all available funds (default)

☐ Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	$_____ or _____%
_____	$_____ or _____%
_____	$_____ or _____%

☐ Living-Benefit Maximum Annual Withdrawal Amount

Account # _____

$_____ or _____%

If the amount you are requesting is not available, the distribution will automatically process for the full amount that is available.

Choose One:

☐ Distribute the amount pro-rata against all available funds (default)

☐ Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	$_____ or _____%
_____	$_____ or _____%
_____	$_____ or _____%

☐ Living-Benefit Maximum Annual Withdrawal Amount

3. REASON FOR DISTRIBUTION

Use the following list to describe the nature of your severe financial hardship. Your plan may require suspension of future contributions as a condition of receiving an unforeseeable emergency withdrawal. Check the appropriate box(es).

☐ Medical expenses for you, your spouse, or your dependent due to sudden and unexpected illness or accident.

☐ Uninsured or underinsured casualty to or emergency major repair of your home or property due to theft, fire, flood or other natural disaster, where subject of loss is necessary for home habitability.

☐ Emergency major repair or replacement of your or your spouse's automobile needed for transportation to and from work due to accident, theft, fire, flood, or other natural disaster.

☐ Replacement of wages for you or your spouse where loss of wages is due to involuntary absence from work without pay due to sudden and unexpected illness or accident or extraordinary and unforeseeable circumstances arising as a result of events beyond your control (e.g., termination without cause) and where the absence is for at least 4 weeks.

☐ Funeral expenses of a spouse or dependent, or travel expense to attend funeral of a spouse or dependent.

☐ Child support for your child(ren) where owed by a third party (e.g., ex-spouse) but not received and where the child support payment is at least 1 month overdue.

☐ Attorneys fees, court costs, or travel expenses to attend court proceedings for a legal matter for you, your spouse or your dependent, as the result of extraordinary and unforeseeable circumstances arising from events outside of your control.

☐ The Plan Administrator of my employer's plan has reviewed and approved my hardship request, and has signed this form accordingly.

4. INCOME TAX WITHHOLDING INFORMATION AND INSTRUCTIONS

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.

Federal Income Tax (FIT) Withholding

FIT Withholding will be applied based on the defaults described below unless the referenced IRS Form is submitted. Current IRS Forms are available on the IRS website at www.irs.gov.

- Unforeseeable emergency withdrawals are generally subject to a 10% FIT 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. If a W-4R is not provided with this request, 10% FIT will be withheld.
- Distributions from unfunded deferred compensation plans (including 457(b) plans of private tax exempt employers), where consistent with your employer's plan, are subject to wage bracket withholding. Attach a completed IRS Form W-4. If a W-4 is not provided with this request, wage bracket withholding based on Single and 0 Exemptions will be applied. Wage bracket withholding does not apply to beneficiary accounts.
- 30% FIT (may be less depending on country of domicile and any applicable ratified income tax treaty) will be withheld on payments to an address outside the United States. If you qualify for reduced withholding, submit an IRS Form W-8BEN.

State Income Tax (SIT) Withholding (if applicable)

States with SIT either require mandatory withholding or allow voluntary withholding. Withholding is based on your resident state on file. Each state determines their specific state requirements, which may include a default rate, or require your election be provided on their state specific withholding form. If you do not provide instructions OR your instructions are different than your resident's state requirements, SIT will be withheld using the state's requirements.

State Withholding Instructions

☐ **DO NOT** withhold any state taxes unless mandated by law.

☐ **DO** withhold state taxes in the amount of _____ %
(cannot be less than any mandatory withholding)

5. DELIVERY INSTRUCTIONS

If you have already provided information to receive an electronic funds transfer (EFT) your payment will be sent electronically. If you have not previously set this up, your payment will be made by a check sent via USPS to the address of record on file.

To add or update your banking information so that your payment can be made via EFT, visit corebridgefinancial.com/retire and access your account. Please do not include any bank information on this form.

6. PLAN ADMINISTRATOR APPROVAL

To be completed where required under your employer's plan. Check all that apply.e

☐ I approve this distribution in accordance with current plan provisions and all applicable laws and regulations.

☐ I verify that the information provided on this form for purposes of this distribution is correct to the best of my knowledge.

☐ For LOSAP only: I confirm that the participant is 100% vested for purposes of this distribution.

☐ If plan provisions have adopted Hardship Withdrawal Self-Certification, I acknowledge that the participant has self-certified that they meet the requirements under Secure Act 2.0 Section 312. The participant remains responsible for the accuracy of all statements made.

Plan Administrator (Print Name)	Plan Administrator	Date

7. CLIENT APPROVAL

Your employer may be required to indicate their approval of this distribution by signing this form and may additionally require you to provide documentation of your hardship. Please consult the Client Care Center at 1-800-448-2542, your financial professional or your Plan Administrator for additional information.

- I authorize the above distribution and certify that all statements are complete and accurate to the best of my knowledge and belief.
- I have read and understand the information provided in the Information section of this form, including Living-Benefit Option if applicable, and acknowledge that distributions may be subject to surrender charges as provided in the contract and that this distribution may result in taxable income and penalties.
- By signing this form, I am providing the Plan Administration a written representation that I am unable to obtain the amount needed from other reasonably available resources and have already reduced the amount of my hardship by other resources that are reasonably available to me, including, but not limited to (a) reimbursement or compensation by insurance or otherwise; (b) liquidation of my assets as long as liquidation of such assets would not itself cause hardship; (c) cessation of plan deferrals; (d) other reasonably available financial resources. Subject to the terms of my plan, I understand and acknowledge Company may rely on my written representation as self-certification that I qualify for the unforeseeable emergency withdrawal to approve and process my withdrawal request.
- I understand that I will be responsible for providing evidence to the IRS, if required, to verify my distribution reason. I agree to maintain supporting documentation for this hardship request and make such documentation available to the IRS, my employer, or Company as may be necessary to verify the qualification of the distribution requested.
- The Company reserves the right to close your account if the account balance is reduced to $0.

Signature Guarantee (if applicable*)

Note: If you borrow, surrender, or withdraw any funds from your contract, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing contract may be affected.

California Residents Only: 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.

*For additional information on when the Signature Guarantee is required please reach out to your Financial Professional or contact our Customer Care Center.

Client's Signature: _____ Date: _____

INFORMATION

For more information regarding the completion of this form, you may call our Client Care Center at 1-800-448-2542 or your financial professional.

You must first attempt to relieve the hardship through one of the following:

- Reimbursement or compensation by insurance or otherwise;
- Liquidation of your assets as long as liquidation of such assets would not itself cause severe financial hardship;
- Cessation of plan deferrals; or
- Other reasonable available severe financial hardship resources.

Your plan may require suspension of future withdrawals as a condition of receiving an unforeseeable emergency withdrawal. The amount of the distribution must only be that which is needed to satisfy the emergency need However, this amount may be increased to include taxes you reasonably expect to be payable in an amount not to exceed 40% of the hardship.

LIVING-BENEFIT OPTION

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.