

American General Life Insurance Company (AGL)

Annuity Service Center, P.O. Box 3018, Houston, TX 77253-3018 • 800-242-4079

1. Contract Identification (Sections 1, 6 & 7 must be completed for all requests.)

Contract #: _____ SSN/Tax ID #: _____
Owner(s): _____
Address: _____
Phone #: _____ Owner's Email Address: _____

2. Systematic Withdrawal

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY. SYSTEMATIC WITHDRAWALS ARE NOT AVAILABLE FOR ALL PRODUCTS. PLEASE REFER TO YOUR CONTRACT FOR ANY APPLICABLE CONTRACT CHARGES.

***WITHDRAWALS MAY BE SUBJECT TO INCOME TAXES. PLEASE CONSULT A TAX ADVISOR.**

A. I request that DISTRIBUTIONS be based on:

- INTEREST only (Note: check will produce only for an amount equal to the number of days in the frequency elected.)
- SPECIFIED DOLLAR AMOUNT \$ _____ (not to be used for one-time partial withdrawal request)
- ANNUAL PERCENTAGE _____ % (Note: This option may exceed annual free amount.)
- FREE AMOUNT (Note: Only available for annual processing on contract anniversary date. AGL must be notified at least 15 days prior to contract anniversary for this option.)
- BENEFICIARY LIFETIME PAYOUT (**Annually Only**)

B. FREQUENCY OF PAYMENTS: Monthly Quarterly Semiannually Annually

C. First check to be processed on ____/____/____. **The date chosen must be at least 15 days from the date this form is received in the Home Office and must be between the 1st and 28th of the month.**
mm dd yy

NOTE: The Systematic Withdrawal option terminates on the contract's annuity date. You may cancel the Systematic Withdrawal process at any time by notifying the Home Office in writing. Subsequent checks will be processed at the next payout dates on the SAME DAY of the month elected as your start date. If Free Amount option is chosen, check processing date will default to contract anniversary.

DELIVERY METHOD: If no method is indicated, checks will be made payable to the Contract Owner(s) and mailed to the address on record.

Check one: Mail check to owner Mail check to alternate address (complete section 5) Deposit funds directly into bank*

* If you would like to have your systematic withdrawals deposited directly to your checking or savings account, complete the following:

Bank Name: _____ Name on Account: _____
Bank Address: _____ Bank Phone: _____
City _____ State _____ Zip _____ Type of Account: Checking** Savings
Bank Account #: _____ ABA Routing # (obtain from bank): _____

**If payments are to be deposited into a checking account, enclose a voided check from the account. If a voided check is not attached, check will be sent to the address on record. PLEASE DO NOT ENCLOSE A DEPOSIT SLIP.

3. Request for Partial Withdrawal (Also complete Section 5.)

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY.

Amount requested will be: Net **OR** Gross of applicable charges

If no method is indicated, distributions will be made **GROSS** of all applicable charges.

Amount requested to be withdrawn: \$ _____ **OR** Available Free Amount (Deferred Annuities only)

This is NOT A LOAN and may only be granted if specifically provided within the terms of said contract. The total value remaining may not be less than any limits defined within said contract provisions. The amount of Partial Withdrawal/Surrender will be subject to any charges specified in the contract provisions.

4. Request for Full Surrender (Also complete section 5.)

WITHDRAWALS PRIOR TO AGE 59 1/2 MAY BE SUBJECT TO IRS PENALTY.

- Full Withdrawal/Contract is attached.
- Full Withdrawal/Contract is lost.

I hereby declare that the contract specified above has been lost, destroyed or misplaced and request that the value of the contract be paid. I agree to indemnify and hold harmless AGL against any claims which may be asserted on my behalf and on the behalf of my heirs, assignees, legal representatives or any other person claiming rights derived through me against AGL on the basis of the contract.

5. Delivery Instructions (For Partial Withdrawal and Full Surrender Only)

Check(s) will be made payable to the Contract Owner(s) and mailed to the address listed in Section 1 unless otherwise specified below.

Check one: Mail check to owner Mail check to alternate address

ALTERNATE INDIVIDUAL OR INSTITUTION

ACCOUNT NUMBER (IF APPLICABLE)

ADDRESS

CITY/STATE/ZIP

6. Notice of Withholding

Annuity payments may be subject to Federal and State income tax withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. You may revoke your withholding election at any time by completing a new W4-P and returning it to the Company. **If a W4-P is not included or withholding is not indicated below, Federal and state withholding will be deducted as required by law.**

Federal Tax Withholding:

- Check one: I do **NOT** want income tax withheld from this distribution.
- I do want 10% **OR** _____%/\$_____ income tax withheld from this distribution.

State Tax Withholding:

- Check one: I do **NOT** want income tax withheld from this distribution.
- I do want 10% **OR** _____%/\$_____ income tax withheld from this distribution.

7. Affirmation/Signature (Complete this section for all requests.)

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

FOR FULL SURRENDERS ONLY - By signing this form, I acknowledge the following:

1. I understand that this transaction may involve tax consequences; I may want to review this transaction with a qualified tax advisor prior to surrender.
2. I understand that any applicable surrender charges will be deducted from my account value and cannot be refunded.
3. I understand that an exchange for a new annuity contract will likely result in a new surrender charge period under the new contract.

All statements made on this withdrawal form are true to the best of my knowledge and belief. I agree to all terms and conditions as shown. I have read and understand and agree to the terms of this withdrawal form.

X _____
SIGNATURE OF OWNER

DATE

X _____
SIGNATURE OF JOINT OWNER (IF APPLICABLE)

DATE

RETURN COMPLETED FORM TO ADDRESS ABOVE OR FAX TO (713) 620-3829