



## Annuity Withdrawal / Surrender Request

- ☐ American General Life Insurance Company  
☐ The United States Life Insurance Company in the City of New York

A member of American International Group, Inc. (AIG)

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Mailing Instructions: Send form(s) to:

- ☐ Standard Address • PO Box 305355 • Nashville, TN 37230-5355 • Fax: 1-844-930-0370  
☐ Variable Life Service Center • PO Box 305600 • Nashville, TN 37230-5600 • Fax: 713-620-6653

### SECTION A - EXISTING POLICY INFORMATION

Please fill out all applicable information below.

Policy Number: \_\_\_\_\_  
\*Required

Insured/Annuitant Name(s): \_\_\_\_\_ SSN/ITIN or EIN: \_\_\_\_\_  
\*Required \*Required

Owner Name: \_\_\_\_\_ SSN/ITIN or EIN: \_\_\_\_\_  
\*Required \*Required

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

\_\_\_\_\_ Alternate Phone: \_\_\_\_\_

☐ Check here if this is a permanent address change Email Address: \_\_\_\_\_

Co-Owner Name(s): \_\_\_\_\_ SSN/ITIN or EIN: \_\_\_\_\_  
If applicable If applicable

Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

\_\_\_\_\_ Alternate Phone: \_\_\_\_\_

☐ Check here if this is a permanent address change Email Address: \_\_\_\_\_

Assignee, Irrevocable Beneficiary,

Other Name (if applicable): \_\_\_\_\_ SSN/ITIN or EIN: \_\_\_\_\_  
If applicable If applicable

### SECTION B - ANNUITY WITHDRAWALS

☐ Partial \$ \_\_\_\_\_ ☐ Gross ☐ Net  
(indicate amount)

☐ Maximum Available

☐ Apply to loan balance and/or loan interest on above referenced policy\*

Payment applied to Policy # \_\_\_\_\_

Applied as: ☐ Premium Payment ☐ Loan Payment

\*Only applies to certain policies.

### SECTION C - FULL WITHDRAWAL (ANNUITY POLICY WILL TERMINATE)

☐ I hereby apply for the Cash Surrender value of the above described annuity policy. In consideration of the payment to be made to me of the cash surrender value, I surrender the annuity policy to the Company for cancellation of all insurance hereunder, and immediately release and forever discharge the Company from all claims under said annuity policy.

☐ Apply to loan balance and/or loan interest on above referenced policy\*

Payment applied to Policy # \_\_\_\_\_

Applied as: ☐ Premium Payment ☐ Loan Payment

\*Only applies to certain policies.

**DO NOT USE FOR LIFE INSURANCE WITHDRAWALS OR SABR SURRENDERS.** For life insurance withdrawals, submit form AGLC108947. For SABR surrenders, submit form AGLC108877.

## SECTION D - INCOME TAX WITHHOLDING

If no election is made, or if withholding is required by law notwithstanding your election(s), applicable taxes will be withheld in accordance with federal and state law.

**Federal Election** – If your payments of estimated tax are inadequate and sufficient amount of tax is not withheld from any distribution, penalties may be imposed under the estimated tax payment rules.

- ☐ If eligible, I elect not to have federal income tax withheld from the taxable portion of my distribution check.
- ☐ I elect to have federal income tax withheld from the taxable portion of my distribution check, reducing the indicated amount by the amount withheld.
- ☐ Amount to be deducted \_\_\_\_\_ or ☐ Percentage to be deducted \_\_\_\_\_ .

**State Election** – State laws may require additional documentation in order to opt out of state income tax withholding or to designate an amount to be withheld. Contact your appropriate state taxing authority for more information.

- ☐ If eligible, I elect not to have state income tax withheld from the taxable portion of my distribution check.
- ☐ I elect to have state income tax withheld from the taxable portion of my distribution check, reducing the indicated amount by the amount withheld.
- ☐ Amount to be deducted \_\_\_\_\_ or ☐ Percentage to be deducted \_\_\_\_\_ .

## SECTION E - SYSTEMATIC WITHDRAWAL OF INTEREST (NOT FOR USE WITH 72T)\*

I/We request a systematic withdrawal to be established for the subject Policy. Receipt of systematic withdrawals of interest in a policy year reduces the amount of the annual free withdrawal amount available in the following year. In the first policy year, any amount withdrawn above interest may be subject to withdrawal charges and Market Value Adjustment. Beginning in the second policy year, all systematic withdrawals above interest are first considered to be part of the 10% annual free withdrawal amount; however, once the 10% annual free withdrawal amount has been surpassed in the given policy year, systematic withdrawals are subject to withdrawal charges and Market Value Adjustment. I/We understand that the company may change its policy concerning systematic withdrawals at any time and for any reason.

- ☐ Accumulated Interest Payable (Minimum withdrawal \$50.00)
- ☐ Other Amount: \$ \_\_\_\_\_ (Minimum withdrawal \$50.00)
- Frequency:** ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual
- Method:** ☐ Paper Check ☐ Direct Deposit (EFT) *Complete Section E. on this form.*

**Your policy must be in force for a full month before a systematic withdrawal of interest may be paid.**

\*Only applies to certain policies.

## SECTION F - DIRECT DEPOSIT AUTHORIZATION FOR SYSTEMATIC WITHDRAWAL OF INTEREST

Deposit my net annuity payments with the account and financial institution shown on the attached voided check.

Deposit Request ☐ Checking ☐ Savings ☐ Other \_\_\_\_\_

Name of Bank \_\_\_\_\_ Routing # \_\_\_\_\_

Acct. # \_\_\_\_\_

Bank Address \_\_\_\_\_

**Note:** Direct deposits must be to an account where the payee's name and social security number listed above match those on the account's records. Allow 10 business days for processing cancellations or changes.

### Agreement

I hereby authorize the Company and the financial institution it may appoint to deposit my payment by paper check or electronic means directly to my account based upon a predetermined schedule. This authority will remain in effect until I file a new Authorization Form. I agree that amounts deposited to my account pursuant to this authorization will constitute payments to me by the under my annuity Policy and that the Company has the right at any time to make payments to me by check instead of such direct deposits.

## SECTION G - SIGNATURE AND DATE

The Policy Owner(s) warrants that the above-referenced policy withdrawal or loan is not subject to any prior agreements, contractual obligations, legal proceedings or court/administrative orders, including but not limited to divorce or bankruptcy proceedings ("Obligations"), which restrict, limit or otherwise prohibit such withdrawals and loans as contemplated. The Policy Owner(s) acknowledges and agrees that in the event any obligations become known subsequent to the above-referenced withdrawal or loan being made, which if then-known to the Company, would have caused the Company not to disburse the withdrawal or loan on the policy (or not to disburse the withdrawal or loan without the consent of a party other than the Policy Owner(s)), the withdrawal or loan, plus interest, will become immediately due and payable to the Company by the Policy Owner(s), and the Policy Owner(s) shall indemnify and the Company harmless from any and all losses associated with the withdrawal or loan, including costs of recovery and reasonable attorney fees.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year. A withdrawal of any type, before age 59 1/2, may subject you to an IRS penalty tax.

**IRS Certification:** Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding (enter exempt payee code\*, if applicable: \_\_\_\_\_), OR (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup 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. citizen or other U.S. person\*, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (enter exemption from FATCA reporting code, if applicable: \_\_\_\_\_).

**\*\*Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct ITIN. \*See General Instructions provided on the IRS Form W-9 available from IRS.gov. \*\* If you can complete a Form W-9 and you are a U.S. citizen or U.S. resident alien, FATCA reporting may not apply to you. Please consult your own tax advisors.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**Current/Existing Owner's Signature** (required)

X

Date \_\_\_\_\_

**Current/Existing Owner's Signature** (required)

X

Date \_\_\_\_\_

**Assignee, Irrevocable Beneficiary,  
Other Signature** (if required)

X

Date \_\_\_\_\_

**If you were a minor when this policy was issued, please submit  
a copy of your Driver's License with the application.**

**Complete this section if this Policy is owned by a trust or business.**

- ☐ Trust Owned: (Complete the Certification of Trust)  
☐ Business Owned: (Complete the Business Certification)

**Owner Signature**

Print full name of Company: \_\_\_\_\_

Print full name and title of authorized signer: \_\_\_\_\_

**Authorized Signature** (required)

X

Date \_\_\_\_\_

## INSTRUCTIONS AND CONDITIONS

This page is for informational purposes only and does not need to be returned with the form.

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

### SECTION A - POLICY INFORMATION

Complete all policy information in this section. You may use this form for multiple policies that have the same policyowner and require the same signatures.

### SECTION B - ANNUITY WITHDRAWALS

Elect one of the disbursement options. If partial/loan option is elected, please specify maximum available or specific dollar amount.

**Partial** - A partial surrender of net cash surrender value reduces the policy values, including the cash surrender value and the death benefit. The impact of a partial surrender on policy values varies by type of insurance policy. Please review your policy to determine how partial surrenders will affect its policy values. Your insurance agent can also help you.

### SECTION C - FULL WITHDRAWAL (ANNUITY POLICY WILL TERMINATE)

**Surrender** - As defined in the contract provisions, this policy would be cancelled. It is understood that the entire liability of the life insurance company which issued this policy is hereby discharged and terminated upon receipt of this completed form in Customer Service.

### SECTION D - INCOME TAX WITHHOLDING

Select desired Income Tax Withholding.

Internal Revenue Service regulations require that 10% withholding will occur unless you elect not to have withholding apply. A mandatory 20% withholding applies to a distribution from a qualified pension, profit sharing plan, or tax sheltered annuity, unless you make a direct rollover or transfer of the amount withdrawn. If the distribution is not eligible for rollover, the withholding is 10% on the gain and you may elect out of withholding. A mandatory 30% withholding from any gross distribution will apply to any FATCA withholdable amount unless you provide the appropriate US Tax certification. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

### SECTION E - SYSTEMATIC WITHDRAWAL OF INTEREST (NOT FOR USE WITH 72T)\*

Elect a disbursement option, frequency and method.

### SECTION F - DIRECT DEPOSIT AUTHORIZATION FOR SYSTEMATIC WITHDRAWAL OF INTEREST

Complete this section only if systematic withdrawals of interest are to be direct deposited into your bank account.

### SECTION G - SIGNATURE AND DATE

Please elect ownership type and fill out all applicable information. All required signatures must be written in ink, using full legal names. The request must be signed by: the person or persons who have the rights of ownership under the terms of the Policy, by an assignee, or by any other party who may have an interest in the Policy by legal proceedings or statutes.

- If the owner is a trust, complete the Certification of Trust.
- If the owner is a business, complete the Business Certification

### ADDITIONAL REQUIREMENTS

**Guardianship/Conservatorship** - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. The signature must be dated within one year of the request.

**Power of Attorney** - Request must be signed by the attorney-in-fact. A copy of the applicable Power of Attorney document is required. A completed, signed, dated, and notarized Power of Attorney Affidavit and Indemnity Agreement is required when the disbursement will be \$100,000 or over and/or the face amount of the policy is \$1,000,000 or over.