

Maturity Service Request

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

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 818005 • Cleveland, OH 44181 • Fax: 855-601-1834
- Variable Service Center • PO Box 818016 • Cleveland, OH 44181 • Fax: 844-430-2639

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| <p>1. CONTRACT IDENTIFICATION</p> <p><input type="checkbox"/> Check Here if New Address</p> | <p>CONTRACT No.: _____</p> <hr/> <p>OWNER: _____ SSN/TIN OR EIN: _____</p> <p>ADDRESS: _____ PHONE No.: _____</p> <p>_____</p> <p>EMAIL ADDRESS (optional): _____</p> <p>INSURED/ANNUITANT (if other than Owner): _____</p> |
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| <p>2. INCOME OPTIONS</p> | <p>a. Elect one of the following maturity options:</p> <p><input type="checkbox"/> Life Annuity</p> <p><input type="checkbox"/> Life Annuity with guaranteed monthly payments: <input type="checkbox"/> 60 <input type="checkbox"/> 120 <input type="checkbox"/> 180</p> <p><input type="checkbox"/> Joint and Survivor Annuity with benefits to survivor: <input type="checkbox"/> Full <input type="checkbox"/> 2/3 <input type="checkbox"/> 1/2</p> <p><input type="checkbox"/> Designated Period: <input type="checkbox"/> 60 <input type="checkbox"/> 120 <input type="checkbox"/> 180</p> <p><input type="checkbox"/> Designated Amount: \$ _____</p> <p><input type="checkbox"/> Lump Sum</p> <p>b. IRA, TSA, Corporate and HR-10 Pension OR Profit Sharing Participants: If you are married at the time you are eligible to receive payments, the Employee Retirement Income Security Act of 1974 stipulates that you will automatically receive a Joint and Survivor Annuity unless you and your spouse elect NOT to receive this annuity form. No other settlement option will be valid unless the election statement is completed. If this box is marked, your spouse must sign in Section 6 of the form.</p> <p><input type="checkbox"/> We hereby elect not to receive benefits under a Joint and Survivor Annuity Form.</p> |
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| <p>3. JOINT ANNUITANT OR BENEFICIARY DESIGNATION</p> | <p>Name: _____ <input type="checkbox"/> Joint Annuitant <input type="checkbox"/> Beneficiary</p> <p>Address: _____</p> <p>SSN/TIN or EIN: _____</p> |
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| <p>4. PERIODIC PAYMENT INFORMATION</p> | <p>Financial Institution Name: _____</p> <p>Financial Institution Address: _____</p> <p>Routing Number <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/></p> <p>Account Number <input style="width: 200px; height: 15px; border: 1px solid black;" type="text"/></p> <p>Type Of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Union: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Withhold from each payment \$ _____</p> <p style="text-align: right;">PLEASE ATTACH A VOIDED CHECK OR A DEPOSIT SLIP.</p> <p style="text-align: center; margin-top: 20px;">RETURN COMPLETED FORM TO THE ADDRESS OF THE COMPANY CHECKED ABOVE.</p> |
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5. **INCOME TAX WITHHOLDING**

Tax Withholding Disclosures – Life Insurance Policies Only:

Federal Income Tax Withholding of the Death Benefit: The death benefit distribution(s) you receive from the Company may be subject to federal income tax withholding unless you are eligible to elect out of withholding on a Form W-4P or Form W-4R (as applicable) or below, and thereby not have withholding apply. (Note: We must have your correct U.S. Taxpayer Identification Number [TIN] in order for you to elect into or out of withholding.) Withholding will only apply to the taxable portion of your distribution. **Your withholding election will remain in effect until you revoke it. The Company will withhold 10% of the taxable amount for non-periodic payments or for periodic payments, the Company will withhold based on the current wage withholding default of single with no adjustments, unless you elect otherwise on a Form W-4P or Form W-4R (as applicable) or below.**

Federal Income Tax Withholding of any interest associated with the death benefit (if applicable): Any interest payment you receive associated with a delay in death benefit payment is subject to taxation and will be tax reportable. The payment(s) you receive may be subject to federal income tax withholding unless we have your correct US Taxpayer Identification Number [TIN] in the associated substitute Form W-9 (Tax certification). **The Company will withhold 24% of your interest payment(s) as a default, unless this form is fully completed and returned to the Company. Even if you return this form, the proceeds will be subject to the 24% withholding if the IRS has notified the Company that you are subject to Backup Withholding.**

Tax Withholding Disclosures – Annuity Contracts Only:

The Internal Revenue Code section 401(a)(9) mandates certain distributions from qualified annuity contracts. These are known as Required Minimum Distributions or RMDs. A nondeductible penalty tax may be imposed equal to 50% of any RMD amount not distributed each calendar year. We recommend that you consult with your tax advisor as to your obligations with regard to the distributions from the annuity contract.

The distribution(s) you receive from the Company may be subject to federal income tax withholding unless you are eligible to elect out of withholding on a Form W-4P or Form W-4R (as applicable) or below, and thereby not have withholding apply. (Note: We must have your correct U.S. Taxpayer Identification Number [TIN] in order for you to elect into or out of withholding.) Withholding will only apply to the taxable portion of your distribution. **Your withholding election will remain in effect until you revoke it.** The Company may be required to withhold 20% in federal income tax from the taxable portion of an eligible rollover distribution from qualified retirement plans or 403(b) plans. For an eligible rollover distribution, if you would like to withhold more than 20%, please complete and return a Form W-4R. **If mandatory 20% withholding on eligible rollover distributions does not apply, the Company will withhold 10% of the taxable amount for non-periodic payments or for periodic payments, the Company will withhold based on the current wage withholding default of single with no adjustments, unless you elect otherwise on a Form W-4P or W-4R (as applicable) or below.** Spousal beneficiaries receiving eligible rollover distributions from 403(b)s may be subject to 20% mandatory withholding. Spousal beneficiaries receiving distributions from IRAs and nonqualified annuities are not subject to 20% mandatory withholding.

Tax Withholding Disclosures and Election Options – Life Policies and Annuity Contracts:

States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount no matter your election below. If your state allows for voluntary withholding but does not provide a default amount, and you elect state income tax withholding but don't fill in a specific amount or percentage, we will withhold 5% of the taxable portion of your distribution for state income tax purposes. **Should your state of domicile require a specific state withholding form, your state income tax withholding election on this form will not be taken into account (and we will withhold based on the state mandatory withholding rate or our default state income tax withholding) until the required form is received at our Customer Service Center.** For information regarding your resident state's specific withholding requirements and mandatory withholding percentages (if applicable), please consult with your tax advisor.

Withholding Election – If you are eligible to elect out of and thereby not have federal or state income tax withheld, please be advised that you may be liable to pay the federal or state income tax on your distribution as deemed appropriate by the Internal Revenue Service or state taxing authority, regardless of your election. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate. If at any point in time after submitting this form you would like to change your tax withholding election, please send our Customer Service Center an updated Form W-4P or Form W-4R, as applicable, to change your federal election. For changes to your state withholding election, you may provide updated elections on a new copy of this form, **unless your state requires a specific state withholding form**, in which case you must use that specific form. Please consult your tax advisor for further information.

The taxable portion of the distribution(s) will be subject to a default 10% federal tax withholding for non-periodic payments, the current wage withholding default of single with no adjustments for periodic payments or 20% if an eligible rollover distribution, unless you complete and submit a Form W-4P or W-4R (as applicable) with this administrative form or elect out of withholding below.

LUMP SUM DISTRIBUTION ONLY (LIFE INSURANCE OR ANNUITY)

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| <p>Federal Withholding Election (Select only <u>one</u> option below)</p> <p><input type="checkbox"/> I elect to withhold federal income taxes as indicated on the accompanying Form W-4R. The current Form W-4R is available on the IRS website at www.IRS.gov.</p> <p><input type="checkbox"/> I elect to withhold the federal income tax default rate of 10% (or 20% if taking an eligible rollover distribution) from the taxable portion of my distribution and will not be providing a Form W-4R.</p> <p><input type="checkbox"/> I elect not to withhold any federal income taxes unless mandated by law.</p> <p>Note – If you check the box above to elect the federal income tax default withholding rate or elect out of withholding and provide the Company with a completed Form W-4R, the Company will utilize the election instructions provided on the Form W-4R.</p> | <p>State Withholding Election (Select only <u>one</u> option below)</p> <p><input type="checkbox"/> I elect not to withhold any state income taxes unless mandated by law.</p> <p><input type="checkbox"/> I elect to withhold state income taxes in the amount of \$ _____ or _____ % (cannot be less than any mandatory withholding).</p> <p>The following states do not allow withholding: Alaska, Arizona, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Virgin Islands, Washington, Wyoming.</p> |
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LIFE INSURANCE DEATH BENEFIT SETTLEMENT OPTIONS OR ANNUITY INCOME PAYMENTS ONLY

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| <p>Federal Withholding Election (Select only <u>one</u> option below)</p> <p><input type="checkbox"/> I elect to withhold federal income taxes as indicated on the accompanying Form W-4P. The current Form W-4P is available on the IRS website at www.IRS.gov.</p> <p><input type="checkbox"/> I elect to withhold the current federal income tax wage withholding default of single with no adjustments (or 20% if taking an eligible rollover distribution) from the taxable portion of my distribution and will not be providing a Form W-4P.</p> <p><input type="checkbox"/> I elect not to withhold any federal income taxes unless mandated by law.</p> <p>Note – If you check the box above to elect the federal income tax default withholding rate or elect out of withholding and provide the Company with a completed Form W-4P, the Company will utilize the election instructions provided on the Form W-4P.</p> | <p>State Withholding Election (Select only <u>one</u> option below)</p> <p><input type="checkbox"/> I elect not to withhold any state income taxes from my periodic income payments.</p> <p><input type="checkbox"/> I elect to withhold state income taxes from my periodic income payments in the amount of (complete either A or B below):</p> <p>Withhold taxes based on:</p> <p>A. _____ (Enter number) Number of Withholding Allowances</p> <p>Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married</p> <p>I want an additional amount withheld of \$ _____ (please indicate the dollar amount)</p> <p>B. \$ _____ or _____ %</p> <p>The following states do not allow withholding: Alaska, Arizona, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Virgin Islands, Washington, Wyoming.</p> |
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Notice to non-resident aliens – A payment to a non-U.S. person/entity may be subject to federal income tax withholding at a rate of 30% of the taxable portion of the distribution, unless the payee submits a completed IRS Form W-8BEN (or if applicable, a Form W-8BEN-E) and the payment is eligible for reduced federal income tax withholding. If the payee is an entity, it will be considered a foreign entity and subject to a mandatory 30% federal tax withholding of the gross payment until a completed Form W-9 showing that it is a U.S. entity or a Form W-8 (of some variety) is provided.

Notice for payments made outside the U.S. – A payment to a U.S. person/entity and delivered to an address outside the United States and its possessions is subject to the current federal income tax wage withholding default of single with no adjustments for periodic payments, at a rate of 10% for non-periodic payments, or 20% if taking an eligible rollover distribution, and cannot be reduced.

The Company will provide you and the Internal Revenue Service with an informational tax form; generally, the form will be provided after the close of the calendar year.

6. SIGN HERE
FOR ABOVE
REQUEST

Tax Certification

The payment(s) you receive may be subject to federal income tax withholding unless we *have your correct US Taxpayer Identification Number [TIN] in the associated substitute Form W-9*. **The Company will withhold 24% of the interest portion, if applicable, on the death benefit payment(s) as a default, unless the below certification is completed and returned to the Company. Even if you return this form, the proceeds will be subject to the 24% withholding if the IRS has notified the Company that you are subject to Backup Withholding.**

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 above that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this 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.

Owner's Signature

X

Co-Owner's Signature (Or other party having interest in contract)

X

Owner signed on (date) _____

Co-Owner signed on (date) _____

- Instructions and Conditions -

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| <p>1. CONTRACT IDENTIFICATION</p> | <p>Complete all contract information in this section. You may use this form for multiple contracts that have the same contract owner, require the same signatures and select the same option.</p> |
| <p>2. INCOME OPTIONS</p> | <p>Please review your contract to determine which options are available. There may be additional requirements based on the option selected.</p> <p>The income option in Section 2 may not be changed.</p> |
| <p>3. JOINT ANNUITANT OR BENEFICIARY DESIGNATION</p> | <p>This section may also be completed to designate a beneficiary when applicable.</p> |
| <p>4. PERIODIC PAYMENT INFORMATION</p> | <p>Bank Account Authorization The Company is hereby authorized and directed to transfer funds in settlement of the annuity payments as they become due to me, to the order of the bank or institution named. I hereby authorize and direct the Bank to correct erroneous credits to my account received for due dates after my death or due to erroneous duplicate transfers by refunding the amount to the Company as being payments made under mistake of fact. I agree that the Company shall not be liable for loss of funds during the process of transfer to the bank (or for delay in any such transfer) except where due to the negligence of the Company. I reserve the right to revoke or cancel this bank authorization which must be made in writing to the Company.</p> |
| <p>5. INCOME TAX WITHHOLDING</p> | <p>Select the desired Income Tax Withholding Election.</p> <p>For periodic payments, income tax withholding is subject to withholding as if the payments were wages. See Internal Revenue Service Form W-4P for additional information.</p> <p>For lump sum distributions Internal Revenue Service Regulations require that 10% withholding will occur 1) if you do not provide us with your SSN/TIN or EIN and 2) unless you elect not to have withholding apply, bank authorization which must be made in writing to the Company.</p> |
| <p>6. SIGN HERE FOR ABOVE REQUEST</p> | <p>Taxpayer Identification Number Certification: You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.</p> <p>This request must be dated and all required signatures must be written in ink, using full legal names. This request must be signed by</p> <ul style="list-style-type: none"> • The person or persons who have the rights of ownership under the terms of the contract (co-owners, irrevocable beneficiary); • The spouse of the owner if the box in section 2b is marked; • By an Assignee, if any and; • By any other party who may have an interest in the contract by legal proceedings or statutes. <p>Special circumstances – Corporate ownership: The signature of one officer followed by the officer’s title is required. The request must be submitted on a piece of corporate letterhead or paper with the corporate seal signed by that officer; Partnerships: The full name of the partnership should be written followed by the signatures of all partner(s), other than the Insured; Trust: If the contract is owned by or assigned to a Trustee, current Trustee(s) signatures are required as instructed by the trust agreement. Validation of Trustee(s) signatures may be required.</p> |