

# Federal income tax withholding—changes you should know about

## What's new

The Internal Revenue Service (IRS) has updated the Form W-4P, Withholding Certificate for Pension or Annuity Payments.

Our insurance companies (collectively, the Company) are working on making the IRS updates on our annuity applications. Until that work is complete, we ask that you follow the directions below under “Action Required of You” when completing the Federal Withholding section of the annuity application.

*Note: the Company cannot provide tax or legal advice—and this communication is not intended to be either tax or legal advice.*

## Action Required of You

So that we can properly process your federal withholding election, please do one of the following, depending on your choice, when you reach the Federal Withholding section of the annuity application:

- *If you are electing **specific withholding**, use the actual IRS Form W-4P.* Please **do not** complete the Federal Withholding election section on the attached annuity application. The new IRS Form W-4P (year 2022 or later) is required. You can obtain the form at [www.irs.gov](http://www.irs.gov). Please complete it and submit it with your annuity application.
  - **Important Note:** If you are electing to withhold federal taxes and a completed 2022 (or later) Form W-4P is not submitted along with the annuity application, then we will use the default withholding of single with no adjustments.
- *If you are electing **no withholding**, simply* elect “Do Not Withhold...” in the attached annuity application’s Federal Withholding election section. You do not have to use the new IRS Form W-4P if you have opted out of having federal taxes withheld.

## State Withholding Elections

Please provide your [state withholding election](#) on the annuity application and, if applicable, the appropriate state specific withholding form.

Please consult your tax advisor for any tax-related questions.

**If you have further questions, please contact us using the phone number listed on the Annuity Application.**

*American General Life Insurance Company, Houston, TX; The United States Life Insurance Company in the City of New York;  
The Variable Annuity Life Insurance Company, Houston, TX*

*This material is general in nature and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Please consult with your financial, legal, accounting or tax professional regarding your situation.*

New Business Email Inquiries: [annuityservicecenter@corebridgefinancial.com](mailto:annuityservicecenter@corebridgefinancial.com)  
Annuity Service Center Phone Number: 888-438-6933 Option 1

New Business Email: [annuityservice@corebridgefinancial.com](mailto:annuityservice@corebridgefinancial.com)  
New Business Fax Number: 713-620-3829

**Required Section**

In order to ensure accurate processing, please fill out this form completely and submit with the annuity application.

Name of Owner \_\_\_\_\_ DOB \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_  
 Owner's Email Address is required (if none exists, enter NA) \_\_\_\_\_  
 Name of Annuitant \_\_\_\_\_

**Agent Information**

REQUIRED	
<p><b>➔ If a NEW ADDRESS, check this box</b> <input type="checkbox"/></p> <p>X                      _____                      Agent/Broker Signature</p> <p>_____                      Agent Name (print)</p> <p>_____                      Agent Number (write "pending" if applicable)</p> <p>_____                      Agent SSN (if agent number is pending)</p> <p>_____                      Agent NPN (required)</p> <p>_____                      Agency/Broker Dealer (optional)</p> <p>_____                      IMO/BGA Firm (required)</p> <p>_____                      IMO/BGA email address for case updates/missing documents (if applicable)</p> <p>_____                      IMO/BGA phone number for case updates</p> <p>_____                      Agent e-mail Address</p> <p>_____                      Agent Street Address (for contract mailing)</p> <p>_____                      Agent City, State, Zip</p> <p>_____                      Agent Phone Number</p>	<p>1. Are you a Registered Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does your firm require a suitability review for (Index, Fixed) Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are commissions paid through your firm for (Index, Fixed) Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Split Case  <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following sections.)</p> <p>Percent to Primary Agent ____% <b>PLUS</b> Percent to 2nd Agent ____%</p> <p><b>PLUS</b> Percent to Others ____% = <b>TOTAL PERCENT 100%</b></p> <p>X                      _____                      Second Agent Signature</p> <p>X                      _____                      Second Agent Name (print)</p> <p>_____                      Agent Number</p> <p>_____                      Agency Name/Number</p> <p>_____                      Agent SSN (if agent number is pending)</p> <p>_____                      Agent NPN (required)</p>

**SPECIAL INSTRUCTIONS**

Please insert any additional information of who to contact at the IMO or agent's back office regarding New Business, Licensing, Commissions, Suitability, Post Issuance, Contract Set up, etc. that would help Corebridge Financial Internal team process this case timely.

American Pathway Immediate Annuity  
Single Premium Immediate  
Annuity Application

**American General Life Insurance Company, Houston, TX ("AGL")**

**Maine Version**

Annuity Service Center, P.O. Box 871, Amarillo, Texas 79105-0871

Instructions: Please type or print in black ink.

<b>1. Annuitant</b> (If Owner and Annuitant are different, check here <input type="checkbox"/> and also complete Owner Information, #4.)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth*(MM/DD/YYYY): _____
Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____	
Address (STREET): _____ (City/ST/Zip): _____	
Owner's Email Address: _____	
Telephone Number: __ (____) _____ SSN/TAX ID: _____	
<i>If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under "Special Requests," #11.</i>	
<b>* PROOF OF AGE IS REQUIRED FOR ANY ANNUITANT AND JOINT ANNUITANT IF A LIFETIME INCOME IS SELECTED AND/OR THE CONTRACT IS TO BE ISSUED AS QUALIFIED OR IRA.</b>	
<b>1A. Joint Annuitant</b> (Joint contracts only. Also complete #3 Joint Life below) <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth*(MM/DD/YYYY): _____
Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____	
Address (STREET): _____ (City/ST/Zip): _____	
Telephone Number: __ (____) _____ SSN/TAX ID: _____	
<b>2. Premium Payment</b>	
Type: Premium Payment \$ _____ Actual, Estimated (Circle One)	<input type="checkbox"/> Check <input type="checkbox"/> Trustee Transfer (Qualified) <input type="checkbox"/> Wire transfer <input type="checkbox"/> \$1035 Exchange
Source: <input type="checkbox"/> Nonqualified <input type="checkbox"/> Roth IRA <input type="checkbox"/> IRA <input type="checkbox"/> Deferred Comp. (457 Plans) <input type="checkbox"/> Qualified**(plan type/name) _____ <input type="checkbox"/> Other _____	
<b>** Qualified: Funds from a retirement plan such as a Keogh/HR-10, 401(k), 403(b), TSA, 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.</b>	
<b>3. Income Payments</b>	<b>PAYOUT OPTIONS:</b>
<input type="checkbox"/> SINGLE LIFE:	<input type="checkbox"/> Lifetime Income Only (also complete #10)
<input type="checkbox"/> JOINT LIFE: (Also complete Joint Annuitant Information, #1A)	<input type="checkbox"/> Lifetime Income with Certain Period of _____ yrs and _____ mos
<input type="checkbox"/> Survivor: Payments will be _____% at the death of the Annuitant	<input type="checkbox"/> Lifetime Income with Cash (lump sum) Refund
<input type="checkbox"/> Contingent: Payments will be _____% at the death of either Annuitant	<input type="checkbox"/> Lifetime Income with Installment Refund
<input type="checkbox"/> PERIOD CERTAIN ONLY:	<input type="checkbox"/> Period Certain Only of _____ yrs and _____ mos
Contract Type: <input type="checkbox"/> Nonqualified <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other <u>SEP</u>	
Payment Mode (frequency): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
Income Start Date: Will be one modal period from the date the premium is received unless stated here. (MM/DD/YYYY) _____	
<b>ANNUAL PAYMENT ADJUSTMENT</b>	
<input type="checkbox"/> Level Payments (No Increase)	
OR <input type="checkbox"/> Compounded Percentage Increase: _____% (1% - 5%)	
OR <input type="checkbox"/> Simple Percentage Increase: _____% (1% - 5%)	
OR <input type="checkbox"/> Flat Dollar Increase: \$ _____	
<div style="border: 1px solid black; display: inline-block; padding: 5px;"> <b>ONLY ONE OF THESE OPTIONS CAN BE SELECTED</b> </div>	

**4. Owner** (Complete only if Owner and Annuitant are different)

Individual  Non-natural (Non-natural include appropriate documents)  
 Trust  Qualified Plan or Trust (unisex rates apply)  Corporation  Partnership  Other \_\_\_\_\_

Name (FIRST, MI, LAST): Mr/Mrs/Ms: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
 Address (STREET): \_\_\_\_\_ (City/ST/Zip): \_\_\_\_\_  
 Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ SSN/TAX ID: \_\_\_\_\_  
 Owner's Email Address is Required (If none exists, enter NA): \_\_\_\_\_

**4A. Joint Owner** (Nonqualified Only)

Relationship to Owner \_\_\_\_\_

Name (FIRST, MI, LAST): Mr/Mrs/Ms: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
 Address (STREET): \_\_\_\_\_ (City/ST/Zip): \_\_\_\_\_  
 Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ SSN/TAX ID: \_\_\_\_\_

**5. Payee** (Complete if Payee is not the Annuitant unless indicated here. If EFT complete #9)

Name (FIRST, MI, LAST): Mr/Mrs/Ms: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_  
 Address (STREET): \_\_\_\_\_ (City/ST/Zip): \_\_\_\_\_  
 Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ SSN/TAX ID: \_\_\_\_\_  
 List additional payees under "special Requests," #11, or on a separate sheet signed by the Owner and check this box.

**6. Purchaser/Premium Payor** (Complete only if Purchaser is not the Owner)

Name (FIRST, MI, LAST): Mr/Mrs/Ms: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_  
 Address (STREET): \_\_\_\_\_ (City/ST/Zip): \_\_\_\_\_  
 Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_

**7. Beneficiary Information** (If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ % SSN/Tax ID: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ % SSN/Tax ID: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_  
 If more than 2 Beneficiaries, list on a separate sheet signed by the Owner and check this box

**8. Tax Withholding** IMPORTANT - READ CAREFULLY

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 withholding will be for filing as a married person claiming three (3) withholding allowances until revoked by the Owner.**

**Federal Tax Withholding:**  
 Do Not withhold Federal Income Tax  
 Do withhold Federal Income Tax based on this information: Allowances \_\_\_\_\_ Marital Status \_\_\_\_\_ or \$ \_\_\_\_\_.

**State Tax Withholding (If no withholding is elected, State Withholding will be defaulted to Single with Zero (0) exemptions until revoked by the Owner):**  
 Do Not withhold State Income Tax  
 Do withhold State Income Tax: \$ \_\_\_\_\_ or \_\_\_\_\_ %.

**9. Electronic Funds Transfer**

Checking (attach voided check)  Savings (attach preprinted deposit slip)

Name on Account: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Name of Institution: \_\_\_\_\_ ABA Routing/Transit Number:

I authorize the Company to initiate credit entries and, if necessary, debit entries and other adjustments for any credit entries in error to the account indicated above.

(Owner's Initials) \_\_\_\_\_

**10. Lifetime Income Payout Option**

I understand that no further income payments will be made and this contract will terminate at the death of all Annuitants listed in #1 (and #1A, if applicable)

(Owner's Initials) \_\_\_\_\_

**11. Special Requests**

**12. Owner(s) Signatures**

*(This section must be completed in its entirety):*

**I represent that:**

- A. **Required Minimum Distribution:** I understand that annuities purchased with IRA or Qualified Plan funds are subject to the Minimum Distribution Rules. If I turn age 70 1/2 during this calendar year or if I am currently taking required Minimum Distributions I further understand that the Required Minimum Distribution must be withdrawn before transferring funds. AGL will not distribute additional funds in excess of the payout amount applied for after the premium is received by AGL.
- B. **Suitability:** The surrender and withdrawal provisions have been explained to me. I understand that once selected the items in the Income Payment Section (#3) cannot be changed or terminated. I believe this to be a suitable purchase for my financial situation at this time. No bankruptcy proceedings are pending or contemplated. I have read and understand the suitability form as may be required by the state.
- C. **Rights of Succession:** Unless indicated in the "Special Requests," #11, of this Application the ownership succession will be as described in Section 2.06 of the Contract which states: Upon the death of the Owner, ownership rights will succeed as follows: (1) surviving Owner or Joint Owner, if any; (2) Annuitant(s), if any; (3) Beneficiary(ies), if any; (4) Estate or successors of the last Owner or Joint Owner to die.
- D. **Replacement:** (1) Do you currently own existing life insurance coverage with AGL?  Yes  No  
 (2) Will this annuity replace a current AGL policy or contract? If yes, provide policy or contract # \_\_\_\_\_  Yes  No  
 (3) Do you have any annuity or insurance contracts?  Yes  No  
 (4) If yes, will the proposed contract replace any existing annuity or insurance contracts?  Yes  No  
*(If yes, complete appropriate replacement documents.)*
- E. **Taxation of Income Payments:** I acknowledge that the taxable portion of income payments made each year will be tax reported to me as income for that year, regardless of payee.
- F. **Active Duty Service Member:** Are you an Active Duty Service Member of the US Armed Forces?  Yes  No  
*(If yes, see appropriate disclosure document.)*

All statements made in this application are true to the best of my knowledge and belief. I agree to all terms and conditions as shown. I further agree that this application will be part of the annuity contract.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. A penalty may include imprisonment, fines or denial of insurance benefits.

Under penalties of perjury, I certify that: (1) That 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 is correct (enter exemption code from FATCA reporting code, if applicable: \_\_\_\_\_).\*\*Certification instructions. 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 and dividends on your tax return.

\*See General Instructions provided on the IRS Form W-9 from 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 provisions of this document other than the certifications required to avoid backup withholding.

X \_\_\_\_\_ X \_\_\_\_\_  
Owner's Signature (and title if applicable) Joint Owner's Signature (if applicable) Date

Signed at (CITY/STATE/ZIP) \_\_\_\_\_

X \_\_\_\_\_  
Annuitant's Signature (if Owner and Annuitant are not the same; or if owner is a non-natural person other than in connection with a charitable annuity or nonqualified deferred compensation plan) Date

X \_\_\_\_\_  
Joint Annuitant's Signature (if applicable) Date

**13. For Agent /Broker Use Only:**

*(This section must be completed in its entirety):*

- This annuity is suitable for the applicant's financial needs.  Yes  No
- Does the proposed Owner(s) have any existing annuity or insurance contracts?  Yes  No
- If yes, will this proposed contract replace any existing annuity or insurance contracts?  Yes  No
- If yes, have you provided the Owner with all necessary replacement documents as required by state law?  Yes  No

I hereby certify all information contained on this application is true to the best of my knowledge and belief.

X \_\_\_\_\_

Agent/Broker Signature

\_\_\_\_\_ Date

( ) \_\_\_\_\_

Agent Name (Print)

Agent Telephone Number

### DISCLOSURES

**REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS:** Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

**For Louisiana Optional Retirement Program Participants Only:** For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

**For Texas Optional Retirement Program Participants Only:**

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- American General Life Insurance Company (AGLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

**California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

### FRAUD WARNINGS

**In some states we are required to advise you of the following:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**Alabama, District of Columbia, Louisiana, and Rhode Island Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

**Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Maryland Residents Only:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### USA PATRIOT ACT (this notice is printed in compliance with Section 326 of the USA Patriot ACT) – IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.