

Annuity IRS Distributions Request
**(Minimum Required Distribution/
Substantially Equal Periodic Payment)**
Arizona Version

American General Life Insurance Company

Complete and Return to: Mailing Address: Annuity Service Center • P.O. Box 2708 • Amarillo, TX 79105-2708

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.

The original form is required if check amount is over \$50,000. Checks will be made payable to Owner and mailed to address of record. Third Party payments are not allowed. A notarized signature of the Owner and Joint Owner (if applicable) will be required on this form if: 1) the funds are being sent to an alternate address other than to a bank or financial institution for the benefit of policy owner, or 2) if the address of record has changed within the last 30 days.

<input checked="" type="checkbox"/> CONTRACT 1. IDENTIFICATION COMPLETE SECTIONS 1, (2 OR 3), 4, 5 AND 6	CONTRACT NO.: _____ ANNUITANT: _____ CONTRACT OWNER(S): _____ ADDRESS: _____ <input type="checkbox"/> Check here if change of address _____ S.S. NO. OR TAX I.D. NO.: _____ / _____ / _____ TELEPHONE NUMBER: _____ OWNER'S EMAIL ADDRESS: _____
<input type="checkbox"/> MINIMUM REQUIRED DISTRIBUTION ("MRD") ELECTION PURSUANT TO IRC §401(a)(9).* (See below and reverse side for important tax information) *For IRA/SEP only (If variable, Distributions will be taken from the divisions as they are currently allocated in the contract.)	A. I request that DISTRIBUTIONS be based on (choose one): <input type="checkbox"/> Specified Amount Annually \$ _____ (customer responsible for satisfying the MRD requirement) <input type="checkbox"/> Single Life – Annual Recalculation <input type="checkbox"/> Joint Life – Annual Recalculation (Not available if beneficiary is other than spouse) <input type="checkbox"/> Single Life – No Annual Recalculation <input type="checkbox"/> Joint Life – No Annual Recalculation If Joint Life: Beneficiary Name _____ Relationship to Owner _____ Beneficiary Date of Birth _____ Beneficiary S. S. No. _____ Beneficiary Address _____ B. First annual distribution to be processed on _____ / _____ / _____ (Date must be between the 5th and 24th of the month and on or before April 1 of the calendar year following the year you turn 70 ½) C. I elect to withdraw my required minimum distribution from another institution. (Please sign below.) <p>The Insurer is entitled to rely on my election to take my annual required minimum distributions from another institution. I assume all responsibility for any tax consequences that may result from aggregating my accounts. I agree to supply the other institution(s) with the account balance of my annuity. I understand my election will remain in effect until I notify the Insurer of my intent to begin taking distributions from my annuity.</p> Signature _____ Date _____ D. If this contract was rolled over or transferred to AGL during this calendar year and you have NOT taken current year's MRD, provide the 12/31/previous year account value: \$ _____ Only an owner and/or spouse beneficiary may elect to recalculate. A non-spouse beneficiary may not make this election. TAX PENALTIES. Failure to satisfy the MRD requirement may result in a 50% IRS penalty.
<input type="checkbox"/> SUBSTANTIALLY 3. EQUAL PERIODIC PAYMENTS (If variable, Distributions will be taken from the divisions as they are currently allocated in the contract.)	This option is for the contract owner under age 59 ½ who desires income without taking annuity payments from the policy, yet wants to avoid the IRS 10% penalty tax. This option must continue until age 59 ½ or, if later, the passage of 5 years. Consult your tax advisor for additional information. The IRS provides 3 methods of calculating the payments. AGL calculates these payments based on the Life Expectancy Method. A. I request that DISTRIBUTIONS be based on (choose one): <input type="checkbox"/> Single Life – Annual Recalculation <input type="checkbox"/> Joint Life – Annual Recalculation (Not available if beneficiary is other than spouse) <input type="checkbox"/> Single Life – No Annual Recalculation <input type="checkbox"/> Joint Life – No Annual Recalculation If Joint Life: Beneficiary Name _____ Relationship to Owner _____ Beneficiary Date of Birth _____ Beneficiary S. S. No. _____ Beneficiary Address _____ B. First annual distribution to be processed on _____ / _____ / _____ (Date must be between the 5th and 24th of the month)

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

METHOD OF DISTRIBUTION 4. **NOTE:** If no method is indicated, check(s) will be mailed to the owner at the address of record. Third Party payments are not allowed. A notarized signature of the Owner and Joint Owner (if applicable) will be required on this form if: 1) the funds are being sent to an alternate address other than to a bank or financial institution for the benefit of policy owner, or 2) if the address of record has changed within the last 30 days.

Check one: Mail check to owner. Mail check to alternate address. Deposit funds directly to bank/firm.*

INDIVIDUAL OR BANK/FIRM

ADDRESS CITY/STATE/ZIP

IF BANK/FIRM, PROVIDE ACCOUNT NUMBER TO BE REFERENCED FOR DEPOSIT.

Type of account: Checking – (original voided check)
 (need an original voided savings check or a letter confirming Savings account information submitted from the bank on bank letterhead signed by authorized bank representative)

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.

*Enclose an original voided check from account where funds are to be deposited. **PLEASE DO NOT ENCLOSE A DEPOSIT SLIP.**

NOTICE OF WITHHOLDING 5. 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 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.

Annuitant's Voluntary Arizona Income Tax Withholding Options:
1 I hereby elect to have Arizona income taxes withheld from my annuity or pension payments as authorized by ARS §43-404.
I choose to have Arizona withholding at the rate of
(check only one box): 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% of the taxable amount of distribution.

2 I hereby elect to terminate my prior election for voluntary Arizona income tax withholding from my annuity or pension payments as authorized by ARS §43-404.

My signature at the end of this form certifies that I have made the percentage election marked above.

AFFIRMATION/ SIGNATURE 6. **CERTIFICATION: Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

(COMPLETE THIS SECTION FOR ALL REQUESTS.)

Owner Date Co-Owner (if applicable) Date

Medallion Signature Guarantee: Original form and original Medallion Signature Guarantee is required if the check amount exceeds \$500,000. Medallion Signature Guarantee may be obtained at a bank or brokerage firm.

Signature of Guarantor Date Notary Signature Date

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GENERAL INFORMATION FOR ANNUITY OWNERS WHO ARE AGE 70½ OR OLDER

Federal Tax Law

Federal Law directs that a minimum amount of retirement benefits must be paid from your qualified plan of IRA policy(ies) each year beginning the year in which you reach age 70½.

- Those in their first distribution year (the year in which one reaches age 70½) have until April 1st of the following year to take their first distribution payment.
- If you choose to take your first payment by April 1st, you must also receive your second year distribution payment by the end of that same year.
- All those who are not in their first distribution year must take an appropriate distribution annually, by December 31st of each year.

Calculating the Minimum Payment Required

The minimum amount of retirement benefits to be paid from your IRA annuity(ies) each year is determined by dividing the account balance at the end of the previous year by your life expectancy or the joint life expectancies for you and your beneficiary.

- **ANNUAL RECALCULATION.** If annual recalculation is selected, a new life expectancy factor is determined each year. The new life expectancy factor is based on your age or your age and the age of your beneficiary during the year. (You may not wish to select annual recalculation because if a person whose life is being recalculated dies, the life expectancy for that person becomes zero. The result is that the annual distribution amount for subsequent years may be increased significantly.)
- **NO ANNUAL RECALCULATION.** If no annual recalculation is selected, the life expectancy factor is based on your age or your age and the age of your beneficiary at the end of the first distribution year. For each subsequent year, American General Life will subtract one year from the life expectancy factor for Single Life and one year from each life expectancy factor for Joint Life. (The method used for calculation of the distribution amount will not change because of your death or the death of your beneficiary.)

If American General Life calculates the distribution . . .

- it will meet Federal requirements on a **per contract** basis.
- If sufficient withdrawals have been taken in the current year to satisfy your requirements, another distribution will not be issued automatically by American General Life.
- If withdrawals have been taken in the current year to partially cover the required distribution amount, under IRC §401(a)(9), a check for the remainder of the required distribution will be issued to you.

If you specify an amount . . .

- It should not be assumed that the amount chosen will be adequate to cover your required distribution each year into the future. If you feel your specified amount may not meet Federal requirements during any year, please contact American General Life to compare your specified amount to the federally required amount calculated by us.
- Check(s) will be sent to you based upon an annual frequency regardless of prior withdrawals in the same calendar year.
- The specified amount that you select is not limited to the minimum distribution amount required. You may, of course, withdraw more than the minimum required distribution.

The following statements and regulations apply to both American General Life calculated and amounts specified by you . . .

- It discontinues the notification mailing process to you.
- The frequency of payment will be annual. Select the month and date payments are to begin. Date must be between the 5th and the 24th day of the month. If the date selected falls on a non-business day, the monies will come out of your account on the next business day.
- You must contact American General Life in writing, if your spouse has died and the following conditions exist:
 - You selected multiple life expectancy using your spouse as the beneficiary, and
 - You selected annual recalculation for your spouseFailure to provide this information will result in an incorrect distribution amount.
- You may cancel the systematic withdrawal process at any time by notifying the Home Office in writing.
- You may not request multiple distributions from one contract.

Determining the Amount of Payment when Joint Life (Multiple Life) Expectancies are used

If you select joint life expectancies and your beneficiary is not your spouse and the difference in your ages is 10 years or more (younger), the Minimum Distribution Incidental Benefit (MDIB) Tables, contained in IRS Proposed Regulations §1.401(a)(9)-2, will be used to calculate your distribution. The distribution required under the MDIB tables may exceed a normal minimum required distribution.

Tax Information

Federal Income Tax. Unless you elect not to have Federal Income Tax withheld from your withdrawal or surrender, American General Life will withhold at a rate of 10%.

State Income Tax. State Income Tax may be withheld from your disbursement. Certain states base your State Withholding Election on your Federal Withholding Election. Other States require that American General Life withhold state taxes regardless of your Federal Election.

Charges

If applicable, charges as specified in your contract, may be taken on withdrawals made to meet your required minimum distribution(s).