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

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871 Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

Annuitant:	Contract/Certificate Number:	
Daytime Telephone N	Jumber:	
	urrender, or withdraw any funds from your contract/certificater value of your existing contract/certificate may be affected.	
SECTION I	Select only one option:	
MINIMUM DISTRIBUTION ELECTION	A. I elect to withdraw my required minimum distribution from my annuity based on the entire account balance of my contract/certificate. (Please complete ALL sections.)	
Index Annuity Contract Owners Only:	B. 403(b) TSA Contract Owners Only: I elect to withdraw my required distribution from my annuity based on the accrued benefits since December 31, 1986. (Please complete ALL sections.)	
Since earnings are calculated and credited at the end of the term, any	C. I elect to withdraw my required minimum distribution from another institution. (Please sign below.)	
amounts withdrawn, including withdrawals to satisfy IRS minimum distribution requirements, will not earn equity-linked or declared rate interest for the entire index term. For this	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.	
reason, it may not be in your best interest to take	Signature	Date
annual withdrawals from your Index Annuity in order to satisfy IRS minimum distribution requirements. We recommend that you take these distributions from another source if	D. I elect to defer taking my required minimum distribution from my annuity until I retire. I will be responsible for notifying the Insurer when I retire. (This option is not available to 5% owners or IRA owners.)	
another source if possible.	Signature	Date
SECTION II METHOD OF CALCULATION	A. Uniform Lifetime Method (This option is available to all annuitants). B. Joint Life Recalculated Method (This option is available only if your sole beneficiary is your spouse AND he/she is more than 10 years younger than you.)	
	Name of Spouse	Date of Birth of Spouse
SECTION III	I would like to begin receiving my payment,	
PAYMENT DATE AND FREQUENCY	I would like my payment on the 10 th 25 th or the last day of the month.	
	I would like my payment to be mademonthlyquarterlysemi-annuallyor annually.	
-	(For monthly, quarterly, and semi-annual payments, the minimum payment amount is \$50.00. If your payment is less than \$50.00, we will process the payment when the minimum amount is accumulated and adjust the frequency accordingly.) If the frequency or month of the first installment is not indicated, payments will be made annually.	

Please complete Page 2 of this form. Failure to do so may delay your request.

SECTION IV METHOD OF	☐ Direct Deposit (EFT) ☐ Checking Account ☐ Savings Account (Note: Please attach a Voided Check for routing number verification.)	
PAYMENT		
	Name of Financial Institution	Address of Financial Institution
	Account Number	Transit / Routing Number
	☐ Paper Check	
SECTION V	The distribution(s) you receive from the Insurer are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the taxable portion of your distribution. Your withholding election will remain in effect until you revoke it. The Insurer will withhold 10% of the taxable	
WITHHOLDING ELECTION	amount unless you indicate otherwise below.	
	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 without regard to your election below. Each state determines their specific state withholding requirements and we will follow your state of domicile withholding obligations. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. Should your state of domicile require a specific state withholding form, your state income tax withholding election will not occur until the required form is received by our office.	
	Even if you elect not to have federal or state income tax withheld, or if you do not have enough federal income tax withheld, you are liable for payment of the income tax on the taxable portion of the distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.	
	Federal Withholding Election	
	DO NOT withhold any federal income taxes unless mandated by law	
	DO withhold federal income withholding)	taxes in the amount of % (cannot be less than any mandatory
	State Withholding Election	
	DO NOT withhold any state income taxes unless mandated by law	
	DO withhold state income ta withholding)	xes in the amount of % (cannot be less than any mandatory
	Notice to non-resident aliens: A payment to an address outside the United States may be subject to federal income tax withholding at a rate of 30%, unless the payee submits a completed IRS Form W-8BEN and the payment is eligible for reduced withholding.	
SECTION VI	This section must be completed and signed by the Owner of the annuity identified on this form. Failure to do so may delay your request.	
TAXPAYER IDENTIFICATION NUMBER	Please enter your taxpayer identification number:	
	Signature of Owner	Date

Please complete Page 1 of this form. Failure to do so may delay your request.