

**American General
Life Insurance Company**

Address mail to:
Annuity Service Center

Regular Mail
P.O. Box 15570
Amarillo, TX 79105-5570

Overnight Mail
1050 North Western Street
Amarillo, TX 79106-7011

☎ 800-445-7862
FAX 818-615-1543

Financial Authorization

- **This form is for non-qualified or IRA annuities only.** For Required Minimum Distributions, use form SA2230POS; for 401(k) and 403(b) distributions, use forms SA2242POS and SATSA403, respectively. For substantially equal periodic payment programs under IRC Section 72(t) and 72(q), use form SA7200. All forms are available on aig.com/annuities.
- All withdrawals and full surrenders may be subject to withdrawal charges, if applicable, under your contract. Withdrawals from market-value-adjusted fixed accounts (if available) may incur a market-value adjustment. See your contract for more information.
- If the withdrawal request exceeds \$500,000, a signature guarantee will generally be required in Section 12. Faxed withdrawal requests are accepted if the check amount is \$50,000 or less and being mailed to the address of record.

1 Account Information

Account Number _____ Owner's SSN or TIN _____
Owner's/Joint Owner's Name _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email _____

2 Type of Request (select one)

- “Optional Living Benefit” Systematic Withdrawal** (complete Sections 1, 3, 4, 9, 10 and 11)
- “Standard” Systematic Withdrawal** (\$100 Minimum) (complete Sections 1, 4, 5, 7, 9, 10 and 11)
- Partial Withdrawal** (\$1,000 Minimum) (complete Sections 1, 6, 7, 9, 10 and 11)
- Full Surrender** (complete Sections 1, 8, 9, 10 and 11)

3 Optional Living Benefit Systematic Withdrawal *(Program Considerations – see your prospectus for complete details)*

- *The Systematic Withdrawal Program is designed to provide regularly scheduled withdrawals based on the amount available each contract year under the living benefit feature.*
- *The amount of each payment you receive is the annualized amount of the Income Option you select below, divided by the frequency you select in Section 4.*

Income Options (check one box below)

Option A - Withdrawals of the annual maximum percentage of the Income Base: Withdraw the entire Maximum Annual Withdrawal Amount available each year under the feature. **Example:** If withdrawals begin on your contract anniversary and your Maximum Annual Withdrawal Percentage is 5%, by checking this option you will receive 5% of the Income Base each year. Note: If withdrawals begin more than one payment period after your contract anniversary, you will not receive the full Maximum Annual Withdrawal Amount for that contract year.

Option B - Withdrawals for less than the annual maximum percentage of the Income Base (Maximum Annual Withdrawal Amount). **Example:** If the Maximum Annual Withdrawal Amount is \$5,000, but you want to withdraw \$1,000 annually, indicate 20% below. Withdraw _____% (whole percent between 0% and 100%) of the Maximum Annual Withdrawal Amount.

Optional Automatic Increase: I elect an **Automatic Annual Increase** of _____% (whole percentage) of the amount withdrawn each contract year. Example: If the annual systematic withdrawal amount is \$1,000 and the optional Automatic Increase is 3%, the annual systematic withdrawal amount in the 2nd year would be \$1,030 assuming no step up of the Income Base. Note: The result of an Automatic Annual Increase will never exceed the Maximum Annual Withdrawal Amount and will be no less than the percentage of the Maximum Annual Withdrawal Amount that you indicated above. The Systematic Withdrawal amounts will be adjusted on your contract anniversary.

Option C - Withdrawals for a period of time: Withdraw the Maximum Annual Withdrawal Amount. (If applicable to your Living Benefit feature. See your prospectus for details.)

3 Optional Living Benefit Systematic Withdrawal *con't*

By my signature in Section 11, I certify that I have read the following **Certifications/Notifications**:

- Withdrawals taken outside of the optional Living Benefit Systematic Withdrawal Program or in excess of the maximum amount allowed under the living benefit feature will terminate the Systematic Withdrawal Program.
- Withdrawals in excess of the maximum amount allowed under the living benefit feature may have an adverse effect on the living benefit values.
- For some policyholders, a lifetime withdrawal is available, which can be forfeited under certain conditions. Please see the prospectus for important restrictions.

4 Frequency of Withdrawals *(for Optional Living Benefit or Standard Systematic withdrawal)*

Choose a frequency *(number of payments/year)*: Monthly (12) Quarterly (4) Semiannually (2) Annually (1)

Begin my payments: Immediately On _____ (Date)* On my next anniversary

**If this date has passed, we will use the closest possible business day from receipt of this form, assuming all paperwork is in good order.*

5 Standard Systematic Withdrawals *(if you have not elected a living benefit)*

- Choose one: **Option A**— Withdraw \$ _____ per withdrawal period.
- Optional Automatic Increase**: I elect an **Automatic Annual Increase** of _____% (whole percentage) of my withdrawal amount indicated above each contract year.* The Systematic Withdrawal amounts will be adjusted on your contract anniversary based on your previous contract year's systematic withdrawal amount increased by the Automatic Annual Increase Percentage that you indicated above.
- Option B**— Withdraw _____% (whole percentage) of the total purchase payments per contract year.
- Option C**— Withdraw interest only.

**Note: For option A the Automatic Annual Increase will continue until you tell us to stop this program. The total withdrawal amount could exceed the annual penalty-free amount; this could result in withdrawal charges being applied to your contract.*

- Choose one: Deduct all applicable taxes and/or withdrawal charges **from the check. (Default if you don't make a choice.)**
Example: For a \$1,000 withdrawal with total taxes/withdrawal charges of \$300, your check amount would be \$700.
- Deduct all applicable taxes and/or withdrawal charges **from the remaining contract value.** *Example: For a \$1,000 withdrawal with total taxes/withdrawal charges of \$300, your check amount would be \$1,000 and we would deduct the \$300 from your remaining contract value.*

Direct deposit: Electronic Fund Transfer (EFT)—*For Systematic Withdrawal Programs only*—direct deposit to your bank account. **NOT for one-time withdrawals or surrenders.** Complete the information below. To have funds deposited into your checking account, **include a voided check** with this form. To have funds deposited into a savings account, include a letter from your bank confirming your savings account information.

Account Holder's Last Name _____ First Name _____ MI _____

Financial Institution Name _____ Type: Checking Savings

Routing Number _____ Account Number _____

Please allow 10 business days to set up the EFT. Your first withdrawal may be a check sent to the address of record. Once EFT is set up, please allow three to five business days from each withdrawal date for the payment to be credited to your bank account.

6 Partial Withdrawal

Select only one of the following *(if all boxes are checked, your withdrawal could be delayed for clarification)*:

- Maximum penalty-free amount only (any applicable taxes will be deducted from the check).

Or

- Other specified dollar amount \$ _____.

Choose one: Please deduct any penalties from the account. **(Default if you don't make a choice.)**

Please deduct any penalties from the check.

Choose one: Deduct all applicable taxes **from the check. (Default if you don't make a choice.)** *Example: For a \$1,000 withdrawal with total taxes/withdrawal charges of \$300, your check amount would be \$700.*

Deduct all applicable taxes **from the remaining contract value.** *Example: For a \$1,000 withdrawal with total taxes/withdrawal charges of \$300, your check amount would be \$1,000 and we would deduct the \$300 from your remaining contract value.*

Or

- One-time withdrawal of my Maximum Annual Withdrawal Amount under the Income Benefit Base of my Living Benefit.

(Note: This will terminate any Systematic Withdrawal Program for your Living Benefit.)

6 Partial Withdrawal *con't*

Please process:

- Immediately
 When the Contract is no longer subject to withdrawal charges
 As of closing prices on _____ (If this date has passed, we will use the next possible business day from receipt of this form, assuming all paperwork is in good order.)

7 Source of Funds

- I would like funds to be withdrawn proportionately from any variable portfolios and any fixed account option(s) in which I am currently invested.
- I would like to make a portfolio-specific withdrawal (if you have elected an Income Plus or Income Builder feature, you cannot request a portfolio-specific withdrawal from the Secure Value Account). Please indicate below the percentage amount to be withdrawn from each variable portfolio and/or fixed account options indicated. (If there are not enough funds in any of the selected portfolios at the time of the withdrawal, the program will be processed pro-rata on the next business day.)

Percentage	Portfolio Name	Portfolio Manager
_____ %	_____	_____
_____ %	_____	_____
_____ %	_____	_____
_____ %	Fixed Account (please indicate the guarantee period of the fixed account)	

Total _____% (whole percentages—must equal 100%). If additional lines are needed, please attach withdrawal instructions on a separate piece of paper.

8 Full Surrender

Please select the appropriate boxes below if you elect to close your account:

- As owner(s) of this account, I/we elect to surrender said Contract for its full cash value less any applicable withdrawal charges and annual administrative fees
- AND**
- Contract is attached
- OR**
- I/we certify the Contract has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession

Please process:

- Immediately
 When the Contract is no longer subject to withdrawal charges
 As of closing prices on _____ (If this date has passed, we will use the next possible business day from receipt of this form, assuming all paperwork is in good order.)

9 Tax Withholding

If this section is not completed, we will withhold federal income tax of 10% and you may be subject to mandatory state withholding. If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you are liable for the payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. **Please note:** When federal withholding is selected, the appropriate mandatory state withholding will apply. If a distribution is taken prior to age 59½, you may be subject to an IRS premature distribution penalty of 10% of the taxable amount.

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 when requesting state withholding from your distribution, your state income tax withholding election will not occur until your state withholding election is received by our Annuity Service Center on the required state form. If you are a resident of CA or VT and your distribution is subject to mandatory federal withholding or you have elected state withholding, the state withholding will be a percentage of the federal withholding.

Select the appropriate box(es):

- Do not withhold federal income tax.
 Do not withhold state income tax.
- Withhold a specific percentage for federal income tax of _____% (max 50%) and state income tax of _____% (max 50%).
- Withhold a specific dollar amount for federal income tax of \$ _____ and state income tax \$ of _____.

If this is a rollover/transfer, please check the box below:

- This is a rollover/transfer. (NOTE: For a rollover/transfer to be complete, we must have rollover/transfer paperwork from the receiving company along with their signed Letter of Acceptance and we will not withhold taxes. If not included at this time, your withdrawal or surrender will be considered to be a taxable event.)**

10 Delivery Options

- Mail to address of record (default).
- (For partial withdrawals and full surrenders only) **Mail to an alternate address.**

Payee _____

Mail to _____ City _____ State _____ Zip _____

Account Number _____ Phone _____
(if applicable)

11 Signature(s)

Owner / Annuitant Signature _____ Date _____
(custodian signature and title, if required)

Joint Owner / Annuitant Signature _____ Date _____
(if applicable)

12 Signature Guarantee *(obtain from bank or brokerage firm, if required)*

If the withdrawal request exceeds \$500,000, or if an alternate payee other than a financial institution for the benefit of the Owner is requested, a signature guarantee will be required for the signatures in Section 11. Faxed withdrawal requests are accepted if the check amount is \$50,000 or less and being mailed to the address of record.

Attach seal here

Guarantor Signature _____ Date _____