



CASH DISTRIBUTION FORM
For VALIC Annuity Accounts Only – All Plan Types

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

Mail Completed Forms to:

VALIC Document Control

P.O. Box 15648, Amarillo, TX 79105-5648

Call 1-800-448-2542 for assistance.

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

Daytime Phone: (____) _____ Date of Birth: _____

2. DISTRIBUTION REQUEST

Please select either **OPTION A** or **OPTION B** below. Selecting both options will delay processing your distribution request. In accounts/contracts containing Multi-Year Terms, distributions made prior to maturity date may be subject to a market value adjustment.

OPTION A → WITHDRAWAL

- Distributes funds as requested and leaves account open
- Future contributions accepted if allowed by the plan
- No impact to outstanding loans

Please indicate Account(s) you wish to withdraw from.

Account # _____ \$ _____ or _____ %	Account # _____ \$ _____ or _____ %	Account # _____ \$ _____ or _____ %
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Living Benefit Maximum Annual Withdrawal Amount Choose One:

Distribute the amount pro-rata against all available funds
 Distribute the amount or percentage from each fund as specified below:

Fund Code _____ Amount \$ _____ or _____ %	Fund Code _____ Amount \$ _____ or _____ %	Fund Code _____ Amount \$ _____ or _____ %
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OPTION B → SURRENDER

- Automatically closes the account
- Future contributions will not be accepted
- Any active outstanding loan(s) will be terminated and reported as taxable distribution(s)

Please indicate Account(s) you wish to surrender.

Account # _____ <input type="checkbox"/> DO NOT Terminate my Loan(s)	Account # _____ <input type="checkbox"/> DO NOT Terminate my Loan(s)	Account # _____ <input type="checkbox"/> DO NOT Terminate my Loan(s)
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By checking the box marked "DO NOT Terminate my Loan(s)" below, the distribution for that account will be processed as a 100% withdrawal. The account will remain open with no impact to any outstanding loan or loan security.

3. REASON FOR DISTRIBUTION

403(a)(b), 401(a)(k) or 457(b) Deferred Compensation* Plan Participants:

Separation from Service as of _____ (date) due to:
 Termination Early Retirement Normal Retirement

Did you separate from service during or after the year you attained Age 55? Yes No

In-service Withdrawal of available funds other than hardship.
 Permanent/Total Disability as of _____ (date). Termination Date: _____
Attach Doctor's Statement or Social Security Administration Documentation.

*See information pages

Other Distributions:

IRA
 Spousal Beneficiary
 Non-Spousal Beneficiary
 Nonqualified Deferred Annuity
 Alternate Payee under Qualified Domestic Relations Order (ODRO)

4. INCOME TAX WITHHOLDING INFORMATION AND INSTRUCTIONS

VALIC may be required to withhold 20% in federal income tax from your distribution. If mandatory 20% withholding does not apply, VALIC will withhold 10% of the taxable amount unless you indicate otherwise below. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. (This includes IRAs and NQDAs.) For any 457 plan except Governmental 457(b) plans, where consistent with your employer's plan, VALIC will apply wage bracket withholding based on the information you provide on your IRS Form W-4. A current IRS Form W-4 must be attached to this request. Wage bracket withholding does not apply to beneficiary accounts. 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 will not occur unless the required form is received by our office.

Federal Withholding Instructions

DO NOT withhold any federal income taxes unless mandated by law. DO withhold federal taxes in the amount of 10 % (cannot be less than any mandatory withholding)

State Withholding Instructions

DO NOT withhold any state taxes unless mandated by law. DO withhold state taxes in the amount of 2 % (cannot be less than any mandatory withholding)

Notice to Non-Resident Aliens: A payment to an address outside the United States may be subject to federal income tax withholding at a 30% rate unless the payee submits a completed IRS Form W-8BEN and the payments are eligible for reduced withholding.



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5. SPECIAL INSTRUCTIONS

6. DELIVERY INSTRUCTIONS

If Electronic Funds Transfer (EFT) instructions for one-time distributions are on file, VALIC will process your distribution in accordance with such instructions. If EFT instructions are not on file a check will be mailed to your permanent address on record unless otherwise indicated below or unless your Plan requires that the check be returned to the employer. If you wish to enroll into the EFT program, go to VALIC.com and log into your account to access the EFT link.

Street Address _____ City _____ State _____ ZIP _____

Check if the above is your new permanent address.
 Send check by overnight delivery. I understand, by providing my credit card number below, that there will be a charge billed to my credit card for this service and that a street address is required. If the credit card charge is not approved, the check will be sent by regular mail.

Card # _____ Expiration Date: _____ MasterCard Visa
 American Express

7. SPOUSAL CONSENT

ERISA-covered and certain other employer plans require the client to state his/her marital status and the spouse to consent to this distribution. Please check the appropriate box below:

REQUIRED FOR CLIENT: Client Marital Status
 Not Married Married Legally Separated: Attach Court Order of Legal Separation (petition not acceptable)
 Missing Spouse: I hereby affirm that I have made reasonable attempts to locate my spouse and have not been able to do so.

REQUIRED FOR SPOUSE: Spousal Consent
Under federal law for ERISA plans and the terms of some employer plans, as the spouse of the contract owner, you have the right to receive a survivor benefit of at least 50% of the amount in this contract if your spouse dies before you. As a result, your spouse must have written consent before making withdrawals from this contract. If you consent to the withdrawal, you will not receive a survivor benefit payment from VALIC for the amount withdrawn. If you agree to the withdrawal, please read and sign the statement below and have your signature witnessed.
• I have read and understand the Information pages and I agree to the payment of funds from the contract(s) listed in Section 2.
• I understand and agree that I am giving up my right to receive a survivor benefit payment from VALIC for the amount being paid and I release VALIC from all liability for making this payment.

Spouse (Print Name): _____ Spouse's Signature: _____ Date: _____

SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC

This section is only to be used for a Notary Public's witnessing of the Spousal Consent *in absence of the Plan Administrator's Witness.*

State of _____ County of _____ On this _____ day of _____, year of _____
Before me personally appeared _____ (name of spouse) known to me to be the person who executed the SPOUSAL CONSENT and he/she acknowledged to me that he/she executed the same.

Notary Public: _____

8. VESTING DETERMINATION FOR EMPLOYER CONTRIBUTION SOURCES

Complete if VALIC does not provide full plan administration services to the Plan

Employer Basic	Vested _____ 100 %
Employer Matching	Vested _____ 100 %
Employer Other	Vested _____ 100 %
Employer Other means:	_____

Complete if VALIC does provide full plan administration services to the Plan. Indicate hours worked if "hours of service" method is used to calculate vesting. Indicate months worked if "elapsed time" method is used to calculate vesting. Any month in which an employee was compensated for one hour must be counted as a month worked.

Hours of Service _____ Hours Worked: _____
Elapsed Time _____ Months Worked: _____

Complete if VALIC does not provide full plan administration services
Standard Service Account Only: \$ _____



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9. PLAN ADMINISTRATOR APPROVAL

To be completed where required as indicated in Section 2 above or under your employer's plan.

- I approve this distribution in accordance with the current plan provisions and all applicable laws and regulations.
- I verify that the information provided on this form for purposes of this distribution is correct to the best of my knowledge.

Spousal Consent - Please check the appropriate box below.

- I affirm that the client's Spouse's signature under the SPOUSAL CONSENT section of the form has been witnessed either by me or by a Notary Public.
- I affirm that the client has established to my satisfaction that spousal consent is not required under the SPOUSAL CONSENT section of the form.
- I affirm that spousal consent is not required under the terms of the Plan.

Plan Administrator (Print Name) _____

Plan Administrator _____

Date _____

10. CLIENT APPROVAL

- I authorize the above distribution and certify that all statements, including marital statements, are complete and accurate to the best of my knowledge and belief.
- I have read and understand the information provided in the Information pages of this form, including Living Benefit Options if applicable, and acknowledge that distributions may be subject to surrender charges as provided in the contract and that this distribution may result in taxable income and penalties.
- I have read and understood the "Joint and Survivor Annuity and Qualified Annuity Benefit" section of the Information pages. By signing below I am agreeing to waive any benefit or right described in that section that would have been provided with respect to the amount that I am withdrawing. I also understand that I have the right to revoke any waiver if a distribution has not already been made.
- I understand that I will be responsible for providing evidence to the IRS, if required, to verify distribution reason.
- If this distribution will result in a total surrender of my account(s), I have attached my Contract/Certificate to this form, or alternatively, I certify that my Contract/Certificate has been lost or destroyed. If my Contract/Certificate is not attached, I agree to indemnify VALIC against any claims that may be asserted on the basis of the Contract/Certificate being found and presented for payment.
Note: If you borrow, surrender, or withdraw any funds from your contract, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing contract may be affected.
- I understand that if my contract is a Nonqualified Account and was exchanged as a Partial 1035 Exchange pursuant to Internal Revenue Code section 1035 or regulations thereunder, the following applies: VALIC is processing this transaction at your specific request. VALIC makes no representations or warranties and has no responsibility or liability for the validity of this transaction or its tax treatment under the Internal Revenue Code, including Code section 1035. This transaction is subject to applicable tax rules and requirements, including but not limited to IRA Revenue Procedure 2011-38. That guidance includes specific rules intended to prevent the use of partial exchanges to avoid tax obligations, and provides that any distribution from either the surrendering or receiving contract involved in a partial exchange within 180 days from the date of the exchange may result in the partial exchange being treated as a taxable withdrawal from the original contract rather than a tax-free exchange. VALIC does not provide tax or legal advice and recommends that you seek the advice of your tax or legal advisor before entering into this transaction

If additional information is required, please contact me by e-mail. My e-mail address is: _____

Client's Signature: _____

Date: _____