

American General

Life Companies

Annuitization Request

American General Life Insurance Company

Administrative Center • P.O. Box 871 • Amarillo, TX 79105

Home Office • 2727-A Allen Parkway • Houston, TX 77019

Contract No./Certificate No.	Owner's Day Time Telephone
Owner	Annuitant/Participant (if different than owner)
Street or Box Number	Street or Box Number
City State Zip	City State Zip
Social Security No.	Social Security No.

Please Complete Each Section

I. ANNUITY SELECTION

Please complete items A and C.

Once you select one of the following options, IT IS IRREVOCABLE AND CANNOT BE CHANGED.

- A.** Years certain (Please consult your policy for number of years available.)
 Life only (No death benefit.)*
 Life annuity with installment refund*
 Life annuity with years certain*
 Joint life annuity with survivor to receive 100% 75% 66% 50%*

Joint Annuitant's Name and Date of Birth

*For life options, the annuitant will furnish the Company with proof of age, such as a copy of driver's license or birth certificate, as may be required by the Company before annuity payments begin. Such proof of age must be furnished for both annuitant and joint annuitant if the annuity form selected is life annuity with joint and survivor. The Company also requires a copy of the social security card for both the annuitant and joint annuitant. Please be advised the monies paid will be reported to the IRS in the year distributed.

B. Payments will begin 30 days after receipt of the completed Annuitization Request Form.

C. I would like my payment to be made monthly quarterly semi-annually annually.
(Minimum payment is \$50.00.)

II. POLICY

Please return the face page of your policy along with this form. If you are unable to locate your policy, please complete the lost policy information below.

I/We hereby certify that the policy indicated above has been lost, destroyed or misplaced. Please accept this statement as evidence of such loss. Should the policy be found or recovered, it will be returned to the Company.

Initial if policy lost _____

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

III. WITHHOLDING ELECTION

Please read the Notice of Federal Withholding Election on the bottom of this page prior to completing this section.

Check Option A if you do not want any Federal income tax withheld from your annuity. Check Option B to revoke an election not to have withholding apply.

If you do not check Option A, we will withhold taxes from your payment in accordance with the federal withholding laws.

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your annuity. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

_____ Option A - I **DO NOT** want to have Federal income tax withheld from my annuity.

_____ Option B - I **DO** want to have Federal income tax withheld from my annuity.*

*Note: If you elect federal withholding, state income tax withholding is mandatory in the following states: CA, GA, IA, ME, MA, NC, OK, OR, VT, and VA. Unless these states' laws require otherwise, or you request a different withholding amount by providing American General Life Insurance Company the applicable state form, we will withhold state income tax based on federal guidelines. In all other states with a state income tax, state income tax withholding is voluntary. However, you may be liable for payment of state income tax on the taxable portion of your distribution. State withholding forms are available through us by calling 1-800-901-7269, or by contacting your local state tax office.

IV. TAXPAYER IDENTIFICATION NUMBER

This section must be completed and signed by the Owner of the annuity identified on Page 1 of this form. Failure to do so may delay your request.

Please enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see IRS Publication 505.

Social Security Number

Employer Identification Number

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OR

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By signing this form, I certify that I understand that the selected payment method is irrevocable.

Signature of Owner

Date

Signature of Joint Owner (if any)

Signature of Spouse of Owner, if Community Property State

Signature of Irrevocable Beneficiary

Signature of Spouse of Joint Owner, if any,
if Community Property State

NOTICE OF FEDERAL WITHHOLDING ELECTION

The annuity payments you receive from American General Life Insurance Company will be subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your annuity payment that is already includable in your income subject to Federal income tax and will be similar to wage withholding. Thus, there will be no withholding on the return of your own nondeductible contributions to the contract.

You may elect not to have withholding apply to your annuity payments by returning a signed and dated election form to American General Life Insurance Company, P.O. Box 871, Amarillo, TX 79105-0871. You may revoke your election at any time by returning a signed and dated revocation to American General Life Insurance Company, P.O. Box 871, Amarillo, TX 79105-0871. Any election or revocation will be effective no later than January 1, May 1, July 1, or October 1, after it is received, so long as it is received at least 30 days before that date. You may make and revoke elections not to have withholding apply as often as you wish. Additional election forms may be obtained from American General Life Insurance Company, P.O. Box 871, Amarillo, TX 79105-0871.

If you do not complete the Withholding Election section on Page 2 of this form, Federal income tax will be withheld from the taxable portion of your payments as if you were a married individual claiming three withholding allowances. As a result, no Federal income tax will be withheld if the taxable portion of your annual annuity payment is less than the amount stipulated by the IRS on Form W-4P for the current tax year.

If you elect not to have withholding apply to your annuity payments, or if you do not have enough Federal income tax withheld from your annuity payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.