

American General

Life Companies

Systematic Withdrawal Request

American General Life Insurance Company

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

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

POLICY / CERTIFICATE NUMBER _____ ANNUITANT / PARTICIPANT _____

DATE _____ OWNER'S DAYTIME PHONE # () _____ OWNER _____

I/We request a systematic withdrawal be established under the provisions of the subject contract. Benefits applicable to the amount withdrawn are waived. I/We understand the contract provisions regarding early withdrawal charges.

PLEASE READ Your annuity interest rate is credited on a daily basis to provide an annual yield. If you choose to withdraw your accumulate interest on a systematic basis, the effect of compounding will be lost.

- I. Amount:** \$ _____ (Minimum payment \$50.00)
 Accumulated interest payable (Minimum payment \$50.00)
- II. Frequency:** Monthly Quarterly Semi-annual Annual
- III. Processing Date:** 1st 10th 25th

Your policy must be in force for a full month before your payments begin; therefore, the amount of your first payment could be for more than one month.

IV. Method:

IMPORTANT!!! Direct Deposit means your money **will be in your account** on the 1st, 10th, or 25th. If the banks are closed on those dates, the money will be in your account the first working day following. Paper check means your check **will be mailed** from Amarillo, TX on the 1st, 10th, 25th (or the first business day following if one of those dates is on a weekend or holiday). PLEASE ALLOW SUFFICIENT MAILING TIME FOR RECEIPT OF YOUR FUNDS.

Direct Deposit (EFT) You must attach a **Voided Check** for routing number verification.

Name of Financial Institution	Address of Financial Institution
Account #	Transit / Routing Number

Paper check

If check should be mailed to an address other than the owner(s) address on your contract, please provide that address below.

Street address _____

City _____ State _____ Zip _____

V. Withholding Election:

Please read the Notice of Federal Withholding Election on Page 2 of this form prior to completing this section.

Unless you check Box "A" below, "I **DO NOT** want to have Federal income tax withheld from my withdrawals", we are required to withhold at least 10% of the taxable amount.

- A. I **DO NOT** want to have Federal income tax withheld from my withdrawals
- B. I **DO** want to have _____ % Federal income tax withheld (10% minimum).*

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 withdrawal. 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.

* 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.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year.

A withdrawal of any type, before age 59 1/2, may subject you to an IRS penalty tax.

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

VI. 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

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OR

Employer Identification Number

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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 Community Property State

OWNER(S) SIGNATURE MUST BE EITHER NOTARIZED OR SIGNATURE GUARANTEED, OR THE SIGNATURE AND ADDRESS OF TWO ADULT WITNESSES MUST BE PROVIDED.

Signature of Notary or Witness

Address of Witness

Signature of Witness

Address of Witness

NOTICE OF FEDERAL WITHHOLDING ELECTION

The withdrawals you receive from American General Life Insurance Company are subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your withdrawal that is included in your income subject to Federal income tax. Thus, for example, 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 withdrawal payments by checking Box A under the Withholding Election section on Page 1 of this form. If you do not check Box A, Federal income tax will be withheld from the taxable portion of your withdrawals. If you elect not to have withholding apply to your withdrawal payments, or if you do not have enough Federal income tax withheld from your withdrawals, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your

CHANGES

PAYEE CHANGE

NAME

PROCESSING DATE _____ 1ST _____ 10TH _____ 25TH

ADDRESS

NEW PAYMENT AMOUNT _____

CITY, STATE AND ZIP

DIRECT DEPOSIT CHANGE (ATTACH VOIDED CHECK) Checking Account _____ Savings Account _____

NAME OF NEW BANK

NEW ACCOUNT NUMBER

ADDRESS OF NEW BANK

NEW TRANSIT/ROUTING NUMBER

DATE

OWNER(S) SIGNATURE