

Income Annuity Claimant's Statement

American General Life Insurance Company

Mailing Address: Annuity Service Center • P.O. Box 2708 • Amarillo, TX 79105-2708 • 800-242-4079

(For use with immediate annuities and supplementary contracts. Before completing this form please read instructions.)

1. Claimant Information

Note: If the Annuitant dies while payments are being made under an immediate annuity or supplementary contract, those payments will end unless the immediate annuity or supplementary contract option chosen calls for payments to continue after the Annuitant's death. These payments will be made at least as rapidly as they were being made at the time of death. All disbursements will be made payable for the benefit of the beneficiary. Third party payments are not allowed.

Contract Number: _____

Deceased Owner's Full Name: _____

Date of Death: _____ An original certified death certificate must be attached. A copy will be accepted if the combined death benefit for all accounts is less than \$50,000.

Claimant's Name: _____ Claimant's SSN/Tax ID (Estate/Trust): _____

Claimant's DOB: _____

Claimant's Address: _____

Phone Number: _____ Relationship to Deceased Owner: _____

Claimant's Beneficiary (ies) Name (for immediate annuities only): _____

SSN/Tax ID: _____

DOB: _____

Address: _____

Phone Number: _____

2. Tax Withholding

Notice of Withholding: Annuity distributions may be subject to Federal and State income tax withholding. If you elect not to have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. You may revoke your withholding election at any time by completing a new W-4P and returning it to the Company. If a W-4P is not included or withholding is not indicated below, the Company will apply Federal and State (if applicable) withholding to the taxable portion of the distribution.

Federal Tax Withholding:

Do Not withhold Federal Income Tax

Do withhold Federal Income Tax based on this information: Allowances _____ Marital Status _____ OR \$ _____

State Tax Withholding (if applicable):

Do Not withhold State Income Tax

Do withhold State Income Tax: \$ _____ OR _____ %

3. Electronic Funds Transfer (available for immediate annuities and income plan payouts only)

****Note:** Funds cannot be directly deposited into Money Market Accounts

Checking (attach voided check) Savings (attach deposit slip)

Name on Account: _____ Account Number: _____

Name of Institution: _____ ABA Routing No.: _____

I authorize the Company to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account indicated above. (Claimant's Initials) _____

RETURN COMPLETED FORM TO ADDRESS ABOVE

4. Acknowledgement

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

5. Signature

I, the undersigned, hereby make claim to the death benefit payable under provisions of the policy and agree that all documents called for by the Insurer shall be a part of this statement. I have read and I understand the important disclosure information located on page 3 of this form.

I further certify that the information contained in this form is true and correct to the best of my knowledge.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Claimant: _____ Date: _____

GENERAL INSTRUCTIONS

1. **Claimant's Statement.** This statement must be completed by the claimant. If there is more than one claimant, each must complete a separate statement, which should also be signed and dated.
2. **Death Certificate.** A certified copy of the death certificate is to be furnished with this form.

LUMP SUM PAYMENT OPTIONS

Held-at-Interest

Note: If the payout option elected by the Owner was held-at-interest and the Annuitant died before all proceeds in the held-at-interest supplementary contract were distributed, then the beneficiary may elect to receive payment in the form of a single lump sum or an income plan option.

Cash Refund

Note: If the Owner elected the Life with Cash Refund option and the Annuitant died before the sum of payments made equaled the single premium purchase amount, then the difference between the single premium purchase amount and the sum of payments made under the contract will be paid in lump sum to the beneficiary (ies). If the Annuitant died after the sum of payments made equaled the single premium purchase amount, then all payments cease on the contract and no payment is due the beneficiary.

BENEFICIARY DESIGNATION

Estate Beneficiary. This statement must be completed by the Executor or Administrator, and a certified copy of appointment must be furnished.

Minor Beneficiary. This statement must be completed by the legally appointed guardian of the Estate of the minor and an official certificate of the guardian's appointment and order directing payment must be furnished.

Predeceased Beneficiary. When a beneficiary has predeceased the owner and/or annuitant, a certified copy of the death certificate must be furnished.

Assignee. The annuity claimant's statement is to be completed by the assignee. If the assignment is no longer in effect, a release of assignment from the assignee should be submitted. If collaterally assigned, the statement should be completed by both the beneficiary and assignee and the amount claimed by the assignee indicated on the statement.

Notarized Signature Required: A notarized signature of the Beneficiary will be required on this form if: 1) the address of record has changed within the last 30 days, or 2) the funds are being sent to an alternate address other than to a bank or financial institution for the benefit of the payee.

Signature Guarantee Required: signature guarantee will be required if the policy value at the annuitization or policy issue exceeded \$500,000. A signature guarantee may be obtained at a bank or brokerage firm.

Attach seal here

X

SIGNATURE OF GUARANTOR

DATE

RETURN COMPLETED FORM TO ADDRESS ABOVE

>>> Please detach & keep page <<<

FRAUD WARNING DISCLOSURE

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of material fact, may be guilty of insurance fraud.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, Texas, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana, Oklahoma: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Maine, Tennessee, Virginia, Washington: WARNING: It is a crime to knowingly provide false or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances be present, it may be reduced to a minimum of two (2) years.