

**American General Life Insurance Company
The United States Life Insurance Company in the City of New York**

In this form, the "Company" refers to the insurance company whose name is shown above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Mailing Instructions: Send form(s) to: Standard Address • PO Box 818006 • Cleveland, OH 44181 • Fax: 1-844-930-0370

SECTION A - EXISTING POLICY INFORMATION

Please fill out all applicable information below.

Policy Number: _____
*Required

Insured/Annuitant Name(s): _____ SSN/ITIN or EIN: _____
*Required *Required

Owner Name: _____ SSN/ITIN or EIN: _____
*Required *Required

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

Check here if this is a permanent address change Email Address: _____

Co-Owner Name: _____ SSN/ITIN or EIN: _____
If applicable If applicable

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

Check here if this is a permanent address change Email Address: _____

Assignee, Irrevocable Beneficiary,
Other Name (if applicable): _____ SSN/ITIN or EIN: _____
If applicable If applicable

SECTION B - POLICY LOAN APPLICATION

Please indicate below the Policy Loan amount you would like to make from your policy's Accumulation Value.

I (we), the undersigned, acknowledge that by taking a Policy Loan I (we) assign the Policy to the Company as security for repayment of the Loan Balance and interest due on the Loan Balance.

- Maximum Loan Available
If your loan is participating, please indicate whether you would like to include or exclude dividends in the loan
 - Include
 - Exclude

Net Loan of \$ _____, or any amount available, if less. (Minimum cash loan is \$10.00)

Participating Loans; Also known as Choice Loans for certain products (Index Products Only).

- Maximum Available
- Specific Amount \$ _____ Gross Net

LOAN REPAYMENT

Send me repayment reminders of \$ _____ beginning _____, _____.

- (Note: Minimum notice \$10.00 per month)
- Monthly Quarterly Semi-Annually

Repayments of this loan in amounts of not less than ten dollars (\$10.00) may be made at any time while the Policy is in force.

*For Index Universal Life policy loans, see instructions and conditions on this form.

SECTION C - INCOME TAX WITHHOLDING

The Policy Owner(s) warrants that the above-referenced policy withdrawal or loan is not subject to any prior agreements, contractual obligations, legal proceedings or court/administrative orders, including but not limited to divorce or bankruptcy proceedings ("Obligations"), which restrict, limit or otherwise prohibit such withdrawals and loans as contemplated. The Policy Owner(s) acknowledges and agrees that in the event any obligations become known subsequent to the above-referenced withdrawal or loan being made, which if then-known to the Company, would have caused the Company not to disburse the withdrawal or loan on the policy (or not to disburse the withdrawal or loan without the consent of a party other than the Policy Owner(s)), the withdrawal or loan, plus interest, will become immediately due and payable to the Company by the Policy Owner(s), and the Policy Owner(s) shall indemnify and the Company harmless from any and all losses associated with the withdrawal or loan, including costs of recovery and reasonable attorney fees.

Tax Withholding Disclosures – Life Insurance Policies Only:

Generally, withdrawals and surrenders from a life insurance policy that is not a Modified Endowment Contract (MEC) are not taxable until the amount withdrawn or surrendered exceeds the total of the premiums paid, which represents the Owner's basis in the policy. Under a MEC, the withdrawal or proceeds associated with a loan are treated as coming from gain first and cost basis last. In addition, if a policy is a MEC, a 10% additional tax may be imposed for withdrawals taken prior to age 59½.

Tax Withholding Disclosures – Annuity Contracts Only:

The Internal Revenue Code Sec. 401(a)(9) mandates certain distributions from qualified annuity contracts. These are known as Required Minimum Distributions or RMDs. A nondeductible excise penalty tax may be imposed on any RMD amount required but not distributed each calendar year. Distributions from traditional IRAs, including SEP IRAs, must begin by December 31 in the year you first attain the age at which an RMD is required (*Please visit www.IRS.gov for more information about when you must begin taking RMDs*). You may defer taking your first RMD to April 1 in the year following the year in which you were required to begin RMDs, but you will be required to take another RMD by December 31 of the same year. The Company is not responsible for the satisfaction of RMDs. We recommend that you consult with your tax advisor as to your obligations with regard to the distributions from the annuity contract. Note: Roth IRAs are not subject to RMD during the lifetime of the Roth IRA owner.

Tax Withholding Disclosures and Election Options – Life Policies and Annuity Contracts:

The distribution(s) you receive from the Company may be subject to federal income tax withholding unless you are eligible to elect out of withholding and you do so by providing the Company with a completed Form W-4R or completing the withholding election below. (**Note: We must have your correct US Taxpayer Identification Number [TIN] in order for you to elect into or out of withholding.**) Withholding will only apply to the taxable portion of your distribution. **Your withholding election will remain in effect until you revoke it.** The Company may be required to withhold 20% in federal income tax from the taxable portion of the eligible rollover distribution from qualified retirement plans or 403(b) plans. For an eligible rollover distribution, if you would like to withhold more than 20%, please complete and return a Form W-4R to the Company. **If mandatory 20% withholding on eligible rollover distributions does not apply, the Company will withhold 10% of the taxable amount for non-periodic payments, unless you elect otherwise on a Form W-4R or in the withholding election options below.** Spousal beneficiaries receiving eligible rollover distributions from 403(b)s may be subject to 20% mandatory withholding. Contract owners and spousal beneficiaries receiving distributions from IRAs and nonqualified annuities are not subject to 20% mandatory withholding. **Note:** 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.

States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount, regardless of what you elect. For states that allow for voluntary withholding but do not provide a default rate, if you elect state income tax withholding but don't fill in a specific amount or percentage, we will withhold 5% of the taxable portion of your distribution for state income tax purposes. For states that provide a default rate, we will withhold the default rate unless otherwise instructed by you on the Company administrative form. **Should your state of domicile require a specific state withholding form, your state income tax withholding election on this form will not be taken into account (and we will withhold based on the applicable state mandatory withholding rate or our default state income tax withholding rate) until the required state specific form is received at our Customer Service Center.** For information regarding your resident state's specific withholding requirements and mandatory withholding percentages (*if applicable*), please consult with your tax advisor.

Withholding Election – If you are eligible to elect out of federal or state income tax withholding, please be advised that you may be liable to pay the federal or state income tax on your distribution as deemed appropriate by the Internal Revenue Service or state taxing authority, regardless of your election. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate. If at any point in time after submitting this form you would like to change your tax withholding election, please send our Customer Service Center an updated Form W-4R to change your federal election. For changes to your state withholding election, you may provide updated elections on a new copy of this form, **unless your state requires a specific state withholding form**, in which case you must provide that specific form. Please consult your tax advisor for further information.

The taxable portion of the distribution(s) will be subject to a default 10% federal tax withholding (or 20% if an eligible rollover distribution) unless you complete and submit a Form W-4R with this administrative form or elect out of withholding below.

Federal Withholding Election

(Select only one option below)

- I elect to withhold federal income taxes as indicated on the accompanying Form W-4R. The current Form W-4R is available on the IRS website at www.IRS.gov.
- I elect to withhold the federal income tax default rate of 10% (or 20% if taking an eligible rollover distribution) from the taxable portion of my distribution and will not be providing a Form W-4R.
- I elect not to withhold any federal income taxes unless mandated by law.

Note – If you check the box above to elect the federal income tax default withholding rate or elect out of withholding and provide the Company with a completed Form W-4R, the Company will utilize the election instructions provided on the Form W-4R.

State Withholding Election

(Select only one option below)

- I elect not to withhold any state income taxes unless mandated by law.
- I elect to withhold state income taxes in the amount of \$_____ or _____% (*cannot be less than any applicable mandatory withholding rate*).

The following states do not allow withholding: Alaska, Arizona, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Virgin Islands, Washington, Wyoming.

Notice to non-resident aliens – A payment to a non-U.S. person/entity may be subject to federal income tax withholding at a rate of 30% of the taxable portion of the distribution, unless the payee submits a completed IRS Form W-8BEN (*or if applicable, a Form W-8BEN-E*) and the payment is eligible for reduced federal income tax withholding. If the payee is an entity, it will be considered a foreign entity and subject to a mandatory 30% federal tax withholding of the gross payment until a completed Form W-9 showing that it is a U.S. entity or a Form W-8 (*of some variety*) is provided.

Notice for payments made outside the U.S. – A payment to a U.S. person/entity and delivered to an address outside the United States and its possessions is subject to federal income tax withholding at a rate of 10% (*or 20% if an eligible rollover distribution*) and cannot be reduced.

The Company will provide you and the Internal Revenue Service with an informational tax form; generally, the form will be provided after the close of the calendar year.

SECTION D - SIGNATURE AND DATE

Tax Certification

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 above 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.**

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

Current/Existing Owner's Signature (required)

X

Date _____

Current/Existing Owner's Signature (required)

X

Date _____

Assignee, Irrevocable Beneficiary, Other Signature (if required)

X

Date _____

If you were a minor when this policy was issued, please submit a copy of your Driver's License with the application.

Complete this section if this Policy is owned by a trust or business.

- Trust Owned: (Complete the Certification of Trust)
- Business Owned: (Complete the Business Certification)

Owner Signature

Print full name of Company: _____

Print full name and title of authorized signer: _____

Authorized Signature (required)

X

Date _____

INSTRUCTIONS AND CONDITIONS

This page is for informational purposes only and does not need to be returned with the form.

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

SECTION A - POLICY INFORMATION

Complete all policy information in this section. You may use this form for multiple policies that have the same policyowner and require the same signatures.

SECTION B - POLICY LOAN APPLICATION

Complete this section for a loan on a specified policy.

If any portion of a Standard Loan is taken from an Index Account prior to the end of its Account Period, an Allocation Restriction Period of 1 year from the date of the loan, 3 years from the date of the loan, or no Restriction at all, depending on the particular product you purchased, may apply. If your Policy has an Allocation Restriction Period, it will be shown in the Policy Schedule at the beginning of your policy.

SECTION D - SIGNATURE AND DATE

Please elect ownership type and fill out all applicable information. All required signatures must be written in ink, using full legal name. The request must be signed by: the person or persons who have the rights of ownership under the terms of the Policy, by an assignee, or by any other party who may have an interest in the Policy by legal proceedings or statutes.

- If the owner is a trust, complete the Certification of Trust.
- If the owner is a business, complete the Business Certification.

ADDITIONAL REQUIREMENTS

Guardianship/Conservatorship - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. The signature must be dated within one year of the request.

Power of Attorney - Request must be signed by the attorney-in-fact. A copy of the applicable Power of Attorney document is required. A completed, signed, dated, and notarized Power of Attorney Affidavit and Indemnity Agreement is required when the disbursement will be \$100,000 or over and/or the face amount of the policy is \$1,000,000 or over.