

American General Life

1050 N Western
Amarillo, TX 79106

*Policy Number:

*Payee Name:

Social Security Number:

or Employer Identification Number:

**NOTE: Only enter the Social Security Number OR the Employer Identification Number.
If both are entered, the Social Security Number will be used.**

The payment(s) you receive may be subject to federal income tax withholding unless you are eligible to elect out of withholding and elect not to have withholding apply. (However, we must have your correct US Taxpayer Identification Number [TIN] in order for you to elect into or out of withholding.) Your withholding election will remain in effect until you revoke it. **The Company will withhold 24% of your payment(s) as a default, unless this form is fully completed and returned to the Company. Even if you return this form, the proceeds will be subject to the 24% withholding if the IRS has notified the Company that you are subject to Backup Withholding.**

If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election below. **Should your state of domicile require a specific state withholding form, your state income tax withholding election will not be taken into account (and we will withhold based on the state mandatory withholding rate) until the required form is received at our Service Center.**

Withholding Election – If you are eligible to elect out of and elect not to have federal or state income tax withheld, please be advised that you may be liable to pay the federal or state income tax on your payment(s) as deemed appropriate by the IRS 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 an updated Form.

Federal Withholding Election (Select only <u>one</u> option below)	State Withholding Election (Select only <u>one</u> option below)
DO NOT withhold any federal income taxes unless mandated by law	DO NOT withhold any state income taxes unless mandated by law
DO withhold federal income taxes in the amount of _____ % (10% minimum)	DO withhold state income taxes in the amount of _____ % (Must be at least one-tenth (1/10) of Federal Income Tax, i.e. If Federal Income Tax withheld is 20%, State Income Tax withheld must be at least 2%. The percentage cannot be less than any mandatory state withholding.)

Notice to non-resident aliens and for payments made outside the U.S.: A payment to a non-resident of the U.S. or made to an address outside the United States may be subject to federal income tax withholding at a rate of 30% of the taxable portion of the distribution. The payee may submit a completed IRS Form W-8BEN (or if applicable, a Form W-8BEN-E) and elect reduced withholding if the payment is eligible for reduced withholding. If the payee is an entity, it will be considered a foreign entity and subject to a mandatory 30% withholding of the gross payment until a completed Form W-9 showing that it is a US entity or a Form W-8 (of some variety) is provided.

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

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

Please Sign Here:

*Signature

*Date

P.O. Box 15367 • Amarillo, TX 79105-5367 •
P (800) 288-4088 • F 806.349.5802 •
ssrequest@corebridgefinancial.com •

* Required Fields

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