

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

Name: _____ SSN or Tax ID: _____

Age: Under 59 1/2 59 1/2 or older Daytime Phone: (____) _____ Date of Birth: _____

Account Number(s): _____

Employment Status with Employer Sponsoring the Plan (choose one): Currently Employed Separated from Service as of _____ (date)

If your annuity contract allows no-charge systematic withdrawals, you have the option to elect the no-charge systematic withdrawal now. If you elect this option, any changes to the withdrawal amount or discontinuation of the systematic payments will revoke the no-charge systematic withdrawal option. Any future payments within the contract year will then have withdrawal charges even if a portion of your contractual 10% fees out if still available. The payments must be established for a term of five years or greater. Once a no-charge systematic withdrawal is revoked, you may not elect a no-charge systematic withdrawal on this account again.

I elect the no-charge systematic withdrawal. If this box is not checked, applicable contractual surrender charges will apply.

- Choose a payment option and corresponding fund selection from only one column below. In addition, you must also choose a payment frequency.
 - Withdrawals will be taken proportionally from all fixed and variable options, including Multi-Year Terms, unless otherwise indicated in the Fund Selection section.
 - Fund Selection (not Fixed-Interest Only Option): If you elect to specify investment options, at the time a fund is depleted the percentage allocated for the depleted fund will be proportionally taken from the remaining selected fund(s). If you have selected only one fund, at the time the fund is depleted, the withdrawal will be taken from the highest cash value investment fund(s).
 - Fund Selection (Fixed-Interest Only Option): If funds are not specified, the distribution will be taken from all fixed funds and distributed from the fund the calculation was based on. If an investment fund selected is depleted, the withdrawal will be taken from the remaining fixed funds selected. If there is only one selected fund and that fund is depleted, the withdrawal will stop.
 - To change previously established fund selections, a new systematic withdrawal form will be required.
- In accounts/contracts containing Multi-Year Terms, distributions made prior to maturity date may be subject to a market value adjustment. If you do not want to include the Multi-Year Enhanced Option, you must indicate this in the Fund Selection Section. Please review the Information pages for more information.

Choose one payment option.

1. Specified dollar amount per payment
\$ _____ from account _____
\$ _____ from account _____
2. Specified annual percentage
_____ % from account _____
3. Payments for a specified period of years _____ from account _____ (must be a whole number)
4. Maximum IncomeLOCK Annual Withdrawal Amount, if greater than required Minimum Distribution Amount
_____ from account _____

5. Fixed-Interest only option - calculate the amount of earnings on the following fixed fund(s). Please indicate the funds from which to distribute the payments in the Fund Selection section below.
Calculate on:
 All fixed funds
 Only on selected fixed funds listed:

Fund selection option available for payment option 5 (Choose one):

- Distribute from the same funds as the calculation
 From the selected open funds indicated below (Percentage must equal 100%)

Fund	Percentage
_____	_____
_____	_____
_____	_____
_____	_____

6. Five-year payment method - Distribute entire account balance in annual payments over 5 years.

Refer to the Substantially Equal Periodic Payment Section in the Information pages before selecting an option below.

7. Substantially Equal Periodic Payments using the Required Minimum Distribution method
 Over my life expectancy OR
 The combined life expectancy of myself and my oldest designated beneficiary on file with VALIC
Beneficiary Date of Birth _____
 Spouse Non-Spouse

8. Substantially Equal Periodic Payments using the Fixed Amortization method
 Over my life expectancy OR
 The combined life expectancy of myself and my oldest designated beneficiary on file with VALIC
Beneficiary Date of Birth _____
Spouse Non-Spouse

Note: Fund selection options are not available for payment option 6, 7, and 8. Payments distributed proportionally from all open funds (including the Multi-Year Enhanced Option).

Fund selection options available for payment options 1, 2 or 3 (Choose one):

- Proportionally from all open funds (including the Multi-Year Enhanced Option)
 From the selected open funds indicated below (Percentage must equal 100%)

Fund	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Payment Frequency:

Please send my first payment beginning on the _____ day (between 5th - 24th) of _____
 monthly quarterly semi-annually annually

Discontinue systematic payments effective: _____

Note: Private Tax-Exempt Deferred Compensation Plan clients/beneficiaries may not discontinue payments.

- I authorize the above distribution and certify that all statements are complete and accurate to the best of my knowledge and belief.
- I have read and understand the information provided in the information pages of this form, including information on the Income LOCK Option if applicable, and acknowledge that distributions may be subject to surrender as provided in the contract and this distribution may result in taxable income and penalties.
- I understand that I will be responsible for providing evidence to the IRS, if required, to verify distribution reason.
- I have read and understand the EFT terms and conditions and agree to the terms as listed.
- **For Rollover/Transfer Transactions:** I understand that if this transaction involved a rollover or transfer to a 403(b) plan outside the current retirement plan, that the receiving provider must be either an approved provider under the receiving plan or must have entered into an information-sharing agreement with the employer sponsoring the plan. I understand that it is my responsibility to verify with the employer sponsoring the receiving plan that the provider meets the foregoing criteria and I release VALIC from all liability for making this payment.
- **For Section 1035 Exchanges:** VALIC is participating in this transaction at your specific request and as an accommodation to you and makes no representations or warranties and has no responsibility or liability for the validity of this transaction or its tax treatment under Section 1035 (a) of the Internal Revenue Code or otherwise. If this is a partial exchange, it is subject to applicable tax rules and requirements, including but not limited to IRS Revenue Procedure 2008-24 which requires that the cost basis of the original contract be reduced pro rata by the amount of the exchange to the new contract. That guidance includes specific rules intended to prevent the use of partial exchanges to avoid tax obligations and provides that any distribution from either the surrendering or receiving contract involved in a partial exchange within 12 months from the date of the exchange may result in the partial exchange being treated as a taxable withdrawal from the original contract rather than a tax-free exchange. VALIC does not provide tax or legal advice and recommends that you seek the advice of your tax or legal advisor before entering into this transaction.

Client Signature _____

Date _____

ERISA-covered and certain other employer plans require the client to state his/her marital status and the spouse to consent to this distribution. Please check the appropriate box below:

REQUIRED FOR CLIENT: Client Marital Status

- Not Married Married Legally Separated: Attach Court Order of Legal Separation (petition not acceptable)
 Missing Spouse: I hereby affirm that I have made reasonable attempts to locate my spouse and have not been able to do so.
 Requires Plan Administrator's approval.

REQUIRED FOR SPOUSE: Spousal Consent

Under federal law for ERISA plans and the terms of some employer plans, as the spouse of the contract owner, you have the right to receive a survivor benefit of at least 50% of the amount in this contract if your spouse dies before you. As a result, your spouse must have written consent before making withdrawals from this contract. If you consent to the withdrawal, you will not receive a survivor benefit payment from VALIC for the amount withdrawn. If you agree to the withdrawal, please read and sign the statement below and have your signature witnessed.

- I have read and understand the information pages and I agree to the payment of funds from the contract(s) listed in Section 2.
- I understand and agree that I am giving up my right to receive a survivor benefit payment from VALIC for the amount being paid and I release VALIC from all liability for making this payment.

Spouse's Signature _____ Date _____

SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC

This section is only to be used for a Notary Public's witnessing of the Spousal Consent *in absence of the Plan Administrator's Witness.*

State of _____ County of _____ On this _____ day of _____, year of _____

Before me personally appeared _____ (name of spouse) known to me to be the person who executed the SPOUSAL CONSENT and he/she acknowledged to me that he/she executed the same.

Notary Public: _____

To be completed by the employer sponsoring the plan. Not required for IRA or Non-Qualified Deferred Annuity or 457(b) deferred compensation plans.

Employee Service (Complete if VALIC IS providing full pension services.)

Service is based on (check one): Last plan year end Last employment anniversary Calendar year

Vesting Information (Complete if VALIC IS NOT providing full pension services.)

Employer Basic % Employer Supplemental / Matching% Employer Other Specify: _____
 Non Vested _____ % Vested _____ % Non Vested _____ % Vested _____ % Non Vested _____ % Vested _____ %

All Employers: Indicate hours worked if hours of service are used by your plan to calculate benefits. Indicate months worked if elapsed time is used by your plan to calculate benefits. Any month in which an employee was compensated for one hour must be counted as a month worked.

Hours worked _____ Months Worked _____

To be completed where required as indicated in Section 2 above or under your employer's plan.

- I approve this transaction in accordance with the current plan provisions and all applicable laws and regulations.
- I verify that the information provided on this form for purposes of this transaction is correct to the best of my knowledge.
- If applicable, the client has established to my satisfaction that spousal consent is not required.
- I affirm that any signature of a client's spouse in Section 10 of this form has been witnessed either by me or by a Notary Public.
- I affirm that in the event of a transfer that the Payee noted in Section 8 is either an approved provider under the Plan or has entered into an information-sharing agreement with the employer.

Plan Administrator's Name _____

Plan Administrator's Signature _____

Date _____