



Partial Withdrawal Application

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

A member of American International Group, Inc. (AIG)

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.

Mailing Instructions: Send form(s) to:

- Standard Address • PO Box 305355 • Nashville, TN 37230-5355 • Fax: 615-749-2941
- Variable Life Service Center • PO Box 305600 • Nashville, TN 37230-5600 • Fax: 713-620-6653

SECTION A - POLICY INFORMATION

Please fill out all applicable information below.

Policy Number(s): _____ *Required Company Code (Financial Network Use Only) _____

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

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

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

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

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

Assignee, Irrevocable Beneficiary,

Other Name (if applicable): _____ *Required SSN/ITIN or EIN: _____ *Required

SECTION B - PARTIAL WITHDRAWAL

Please elect one of the disbursement options below. For partial and dividend withdrawals please select maximum available or specify a dollar amount, also elect gross or net. **Gross** refers to the actual dollar amount requested and does not take into consideration applicable charges/fees. **Net** refers to the requested check amount after all deductions are made. The **net** amount will be processed if the gross/net election is not made.

Partial Withdrawal: [Please elect maximum or specific amount and indicate gross or net below.]

(Universal Life and Variable Universal Life policies only)

- Maximum Available
- Specific Amount \$ _____ Gross Net
- Pay off loan balance and loan interest on above referenced policy

SECTION C - INCOME TAX WITHHOLDING

If no election is made, or if withholding is required by law notwithstanding your election(s), applicable taxes will be withheld in accordance with federal and state law.

Federal Election – If your payments of estimated tax are inadequate and sufficient amount of tax is not withheld from any distribution, penalties may be imposed under the estimated tax payment rules.

- If eligible, I elect **not** to have federal income tax withheld from the taxable portion of my distribution check.
- I elect to have federal income tax withheld from the taxable portion of my distribution check, reducing the indicated amount by the amount withheld.
- Amount to be deducted _____ or Percentage to be deducted _____.

State Election – State laws may require additional documentation in order to opt out of state income tax withholding or to designate an amount to be withheld. Contact your appropriate state taxing authority for more information.

- If eligible, I elect **not** to have federal income tax withheld from the taxable portion of my distribution check.
- I elect to have federal income tax withheld from the taxable portion of my distribution check, reducing the indicated amount by the amount withheld.
- Amount to be deducted _____ or Percentage to be deducted _____.



SECTION D - SIGNATURE AND DATE

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.

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.

IRS Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding (enter exempt payee code*, if applicable: _____), OR (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person*, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (enter exemption from FATCA reporting code, if applicable: _____).

**Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct ITIN. *See General Instructions provided on the IRS Form W-9 available from IRS.gov. ** If you can complete a Form W-9 and you are a U.S. citizen or U.S. resident alien, FATCA reporting may not apply to you. Please consult your own tax advisors.

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

Owner Signature

X

Owner signed on (date) _____

Joint Owner Signature (if required)

X

Joint Owner signed on (date) _____

Assignee, Irrevocable Beneficiary, Other Signature (if required)

X

Other signed on (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

Signed on (date) _____

SECTION E - AIGFN USE ONLY

Local Office _____ Agency _____ Local Office Approval _____

Verification
Verified Yes No _____

Local Office Stamp



INSTRUCTIONS AND CONDITIONS

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

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 - PARTIAL WITHDRAWAL

Select maximum available or specify a dollar amount.

Partial - A partial withdrawal of net cash value reduces the policy values, including the cash surrender value and the death benefit. The impact of a partial withdrawal on policy values varies by type of insurance policy. Please review your policy to determine how partial surrenders will affect the policy values. Your insurance agent can also help you.

SECTION C - INCOME TAX WITHHOLDING

Select desired Income Tax Withholding.

Internal Revenue Service regulations require that 10% withholding will occur unless you elect not to have withholding apply. A mandatory 20% withholding applies to a distribution from a qualified pension, profit sharing plan, or tax sheltered annuity, unless you make a direct rollover or transfer of the amount withdrawn. If the distribution is not eligible for rollover, the withholding is 10% on the gain and you may elect out of withholding. A mandatory 30% withholding from any gross distribution will apply to any FATCA withholdable amount unless you provide the appropriate US Tax 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.

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 names. 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.

