



UNFORESEEABLE EMERGENCY WITHDRAWAL FORM

For VALIC Annuity Accounts Only – 457 Deferred Compensation Plans

The Variable Annuity Life Insurance Company

Mail Completed Forms to:

AIG VALIC – Document Control

P.O. Box 15648, Amarillo, TX 79105-5648

Call 1-800-448-2542 for assistance.

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

Daytime Phone: _____ Date of Birth: _____

2. DISTRIBUTION REQUEST Distributions from a Multi-Year Enhanced Fixed Term may be subject to a market value adjustment.

\$ _____ AMOUNT requested on account of your severe financial hardship. You may, at your option, request a distribution amount that includes taxes you reasonably expect to be payable on the distribution you are requesting in an amount not to exceed 40% of your hardship need.

Optional: You may specify an amount or percentage to be taken from each fund for the account(s) listed below. If fund codes are not specified, the funds will be withdrawn in the following order: Fixed Account Plus (FB001), Short-Term Fixed Account (FP002), Largest Variable Investment Option, Second Largest Variable Investment Option, etc., Fixed Account Plus Enhanced (FB003) and lastly the Multi-Year Term(s).

Please Indicate Account(s) you wish to withdraw from.

Account #: _____ Account #: _____ Account #: _____

IncomeLOCK Maximum Annual Withdrawal Amount IncomeLOCK Maximum Annual Withdrawal Amount IncomeLOCK Maximum Annual Withdrawal Amount

\$ _____ or _____ % \$ _____ or _____ % \$ _____ or _____ %

Fund Code	Amount	Fund Code	Amount	Fund Code	Amount
_____	\$ _____ or _____ %	_____	\$ _____ or _____ %	_____	\$ _____ or _____ %
_____	\$ _____ or _____ %	_____	\$ _____ or _____ %	_____	\$ _____ or _____ %
_____	\$ _____ or _____ %	_____	\$ _____ or _____ %	_____	\$ _____ or _____ %

3. REASON FOR DISTRIBUTION

Use the following list to describe the nature of your severe financial hardship. Your plan may require suspension of future withdrawals as a condition of receiving an unforeseeable emergency withdrawal. Check the appropriate box(es).

- Medical expenses for you, your spouse, or your dependent due to sudden and unexpected illness or accident.
- Uninsured or underinsured casualty to or emergency major repair of your home or property due to theft, fire, flood or other natural disaster, where subject of loss is necessary for home habitability.
- Emergency major repair or replacement of your or your spouse's automobile needed for transportation to and from work due to accident, theft, fire, flood, or other natural disaster.
- Replacement of wages for you or your spouse where loss of wages is due to involuntary absence from work without pay due to sudden and unexpected illness or accident or extraordinary and unforeseeable circumstances arising as a result of events beyond your control (e.g., termination without cause) and where the absence is for at least 4 weeks.
- Funeral expenses of a spouse or dependent, or travel expense to attend funeral of a spouse or dependent.
- Child support for your child(ren) where owed by a third party (e.g., ex-spouse) but not received and where the child support payment is at least 1 month overdue.
- Back taxes, including any tax-related interest or penalties, where owed as the result of the negligence of a professional tax preparer.
- Attorneys fees, court costs, or travel expenses to attend court proceedings for a legal matter for you, your spouse or your dependent, as the result of extraordinary and unforeseeable circumstances arising from events outside of your control.
- The Plan Administrator of my employer's plan has reviewed and approved my hardship request, and has signed this form accordingly.

4. INCOME TAX WITHHOLDING

Federal Withholding Instructions

VALIC will withhold 10% unless you indicate otherwise below. For any 457 plan except Governmental 457(b) plans, where consistent with your employer's plan, VALIC will apply wage bracket withholding based on the information you provide on your IRS Form W-4. A current IRS Form W-4 must be attached to this request. Wage bracket withholding does not apply to beneficiary accounts.

Federal Withholding Instructions

DO NOT withhold any federal income taxes unless mandated by law. **DO** withhold federal taxes in the amount of _____ % (cannot be less than any mandatory withholding).

State Withholding Instructions

DO NOT withhold any state taxes unless mandated by law. **DO** withhold state taxes in the amount of _____ % (cannot be less than mandatory withholding).

Notice to Non-Resident Aliens: A payment to an address outside the United States may be subject to federal income tax withholding at a 30% rate unless the payee submits a completed IRS Form W-8BEN and the payments are eligible for reduced withholding.



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5. MAILING INSTRUCTIONS

The distribution will be mailed to your permanent address on record unless otherwise indicated below, or your Plan requires that the check be returned to the employer.

Street Address _____ City _____ State _____ ZIP _____

Check if the above is your new permanent address.

Send check by overnight delivery. I understand, by providing my credit card number below, that there will be a charge billed to my credit card for this service and that a street address is required. If the credit card charge is not approved, the check will be sent by regular mail.

Card #: _____ Expiration Date: _____ Master Card Visa
 American Express

6. PLAN ADMINISTRATOR APPROVAL

To be completed where required under your employer's plan

- I approve this distribution in accordance with current plan provisions and all applicable laws and regulations.
- I verify that the information provided on this form for purposes of this distribution is correct to the best of my knowledge.

Plan Administrator's Signature

Date

7. CLIENT APPROVAL

Your employer may be required to indicate their approval of this distribution by signing this form and may additionally require you to provide documentation of your hardship. Please consult the AIG VALIC Client Care Center at 1-800-448-2542, your financial advisor or your Plan Administrator for additional information.

- 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 IncomeLOCK Option if applicable, and acknowledge that distributions may be subject to surrender charges as provided in the contract and that this distribution may result in taxable income and penalties.
- I am unable to obtain the amount needed from other reasonably available resources and have already reduced the amount of my hardship by other resources that are reasonably available to me, including, but not limited to (a) reimbursement or compensation by insurance or otherwise; (b) liquidation of my assets as long as liquidation of such assets would not itself cause hardship; (c) cessation of plan deferrals; (d) other reasonably available financial resources.
- I understand that I will be responsible for providing evidence to the IRS, if required, to verify my distribution reason. I agree to maintain supporting documentation for this hardship request and make such documentation available to the IRS, my employer, or VALIC as may be necessary to verify the qualification of the distribution requested.

Client's Signature

Date

INFORMATION

For more information regarding the completion of this form, you may call our Client Care Center at 1-800-448-2542 or your financial advisor.

You must first attempt to relieve the hardship through one of the following:

- Reimbursement or compensation by insurance or otherwise;
- Liquidation of your assets as long as liquidation of such assets would not itself cause severe financial hardship;
- Cessation of plan deferrals; or
- Other reasonable available severe financial hardship resources.

Your plan may require suspension of future withdrawals as a condition of receiving an unforeseeable emergency withdrawal. The amount of the distribution must only be that which is needed to satisfy the emergency need. However, this amount may be increased to include taxes you reasonably expect to be payable in an amount not to exceed 40% of the hardship.

INCOMELOCK OPTION

If you have chosen the IncomeLOCK living-benefit option, withdrawals from the contract will reduce the account value and all benefits of the IncomeLOCK living-benefit option. Withdrawals exceeding the Maximum Annual Withdrawal Amount may reduce future Maximum Annual Withdrawal Amounts. Minimum distribution amounts calculated for each year will include the value of the IncomeLOCK benefit. One year's required minimum distribution based solely on the value of each individual account will not be treated as an excess withdrawal, but may reduce the Maximum Withdrawal Period. See your contract endorsement.

VALIC MAILING ADDRESS

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