

**American General Life Insurance Company (AGL)
The United States Life Insurance Company in the City of New York (USL)
The Variable Annuity Life Insurance Company (VALIC)**

Address mail to: **Regular Mail** **Overnight Mail**
Annuity Service Center PO Box 15570 1050 N Western St
Amarillo TX 79105-5570 Amarillo TX 79106-7011

Phone: 800-445-7862
Fax: 818-615-1543
Website: corebridgefinancial.com
Email: annuityservice@corebridgefinancial.com

Request for Transfer of Assets

• 1035 Exchange • Transfer • Rollover • Transfer of Assets

Instructions and Important Information

1. Please complete sections 1-3.
2. Surrendering Company Account number is **required** in section 1.
3. Owner and Agent signatures are **required** in section 3.
4. A Replacement Form must be completed if required by your state.
5. Return this form to the Annuity Service Center at the email, mailing address, or fax number listed above.
6. Original (*wet signature, notary and/or medallion signature guarantee*) may be required by the Surrendering Company.

For Qualified Contracts only – If you are subject to a Required Minimum Distribution (RMD), please ensure your current year RMD is taken prior to initiating a direct transfer or rollover.

1 Surrendering Company Information (Current Contract information)

Surrendering Company Account Number (Required) _____

Surrendering Company Name (Required) _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Contract Owner(s) Name/Current Registration (Required) _____ SSN/ TIN _____

Joint Owner Name _____ SSN _____

Annuitant/Insured Name (if different from owner) _____

Please attach a copy of your current contract/account statement.

The contract is:

Enclosed

Lost or Destroyed – I certify that the contract is lost or destroyed.
In addition, I certify that the contract has not been assigned or pledged as collateral.

This contract is being transferred to:

A new AGL, USL or VALIC contract

An existing AGL, USL or VALIC contract:

Contract Number _____

Notes/Special Instructions (Indicate any special instructions below)

2 Transfer Details

Transfer Timing Check one:

Transfer Immediately Transfer upon maturity/anniversary date of _____ (not to exceed 60 days)
Date

If requesting to transfer on a specific date Check one:

Surrender charges will be incurred: before after the date listed above N/A

Transfer Amount Check one:

FULL: Transfer/Rollover/1035 Exchange/Surrender/Liquidate all assets, approximately \$ _____

PARTIAL: Transfer/Rollover/1035 Exchange/Liquidate assets in the amount of \$ _____

Note: Partial 1035 Exchanges from life insurance policies are not accepted.

2 Transfer Details *(continued)*

Transfer Type Please select one of the following options:

1. Nonqualified 1035 Exchange: from an annuity or life insurance policy(ies)

I hereby make a complete and absolute assignment (*endorsement for contracts that are not assignable*) and transfer all rights, title, interest, of every nature and character, in and to the above policy, to the insurance company indicated above in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. I represent that the above policy is not subject to any pledge, assignment, levy, or legal proceeding. Upon receipt, the insurance company is directed to surrender the policy, and apply the value to an annuity contract for which I have submitted an application. I understand that by executing this assignment, I irrevocably waive all rights, claims, and demands under the above policy. I am aware of all penalties which may apply.

If this is a Partial 1035 Exchange, I understand that it is subject to Revenue Ruling 2003-76, which requires that the cost basis of the original contract be reduced pro rata by the amount of the transfer to the new contract. It is also subject to all current and future IRS guidance and regulations. I also understand that there may be tax and tax reporting consequences for any withdrawals, owner changes or annuitizations for less than a term of 10 years or life, taken after a partial exchange pursuant to Revenue Procedure 2011-38.

I understand American General Life Insurance Company, The United States Life Insurance Company in the City of New York or The Variable Annuity Life Insurance Company (*the "Company"*) is participating in this transaction at my specific request and as an accommodation to me 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 of the Internal Revenue Code or otherwise. I understand the Company does not provide tax or legal advice and recommends that I seek the advice of my tax or legal advisor before entering into this transaction.

I authorize the Company to rely upon the cost basis information provided by the surrendering company, but agree that the Company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred.

2. Direct/Indirect Rollover of Qualified Account(s):

As participant of the plan indicated below, I am requesting a Qualified Rollover of all assets to the Company. The Company will not separately account for rollover amounts. Additionally, amounts rolled over between plans become subject to the new plan's provisions. **Please select one "From" and one "To" from the following options:**

Note not all combinations of "From" and "To" are allowed. Confirm allowance prior to your selection. Transfer request for Simple IRA opened for less than 2 years will be denied.

From:

- 401(a)
 401(k)
 Governmental 457(b) (*Please see your tax advisor for qualifications*)
 IRA
 SEP
 Simple IRA
 TSA
 Other _____ (*specify line of business and confirm availability with the Company*)

To:

- Roth IRA issue date _____
 SEP
 Traditional IRA
 Other _____
(specify line of business and confirm availability with the Company)

For distributions occurring after January 1, 2015, under federal tax rules individuals cannot make more than one non-taxable 60-day IRA rollover within any one-year period, even if the rollovers involve different IRAs. The one-rollover-per year limitation does not apply to a rollover to or from a qualified plan nor does it apply to IRA trustee-to-trustee transfers. IRA owners requesting a distribution for a rollover should be advised that they have the option to request a trustee-to-trustee transfer from one IRA to another IRA.

3. Transfers of Qualified Account(s) Please select one of the following options:

- IRA to IRA** **Roth IRA to Roth IRA** Original Roth issue date _____
(Not available for all Fixed Annuities. Please check with your back office for availability.)
 SEP to SEP

4. Other Non-Qualified Transfers (non-insurance/non-1035) Select one:

- Bank or Credit Union Account Mutual Fund Other _____

3 Signatures (required)

By executing this form, I certify and attest to the following:

- I understand that if funds are received by the Company after any eligibility period or condition(s) have expired, the Company will not be obligated to issue the contract as applied for. I further understand that the Company is not responsible for investment performance of the assets under this form while such assets are being transferred to the Company.
- I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I understand that fees and charges may apply if the transfer is processed before the maturity/anniversary date of my existing contract or account.
- I have completed a new Application with the Company selected in section 1 for the issuance of an annuity contract in exchange for these assets.
- All statements I have made on this request for transfer of assets form are true to the best of my knowledge.

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 that does not apply to you. For 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.

OWNER
MUST SIGN HERE _____ Date _____

Owner Trustee Plan administrator Custodian Power of attorney Other _____

JOINT OWNER OR
ADDITIONAL REQUIRED
TRUSTEE/SIGNER
MUST SIGN HERE _____ Date _____

Owner Trustee Plan administrator Custodian Power of attorney Other _____

Agent/Registered Representative Signature _____ Date _____

Signature Guarantee Box