



UNFORESEEABLE EMERGENCY WITHDRAWAL FORM

For VALIC Annuity Accounts Only

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

Plan Types 457 Deferred Compensation and LOSAP (NJ)

Mail Completed Forms to:

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 request that we process a distribution to include taxes you reasonably expect to be payable on your unforeseeable withdrawal. **This amount may not exceed 40% above your unforeseeable amount.** Please tell us what percentage above your unforeseeable amount you would like _____%

Optional: You may request we distribute the amount pro-rata against all funds or specify an amount or percentage to be taken from each fund for the account(s) listed below. If neither option is specified, the funds will be withdrawn in the following order: Fixed Account (FB001/FB004/FB009), Short Term Fixed (FP002), Largest Variable Investment Option, Second Largest Variable Investment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 # _____
\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %
<input type="checkbox"/> Living-Benefit Maximum Annual Withdrawal Amount	<input type="checkbox"/> Living-Benefit Maximum Annual Withdrawal Amount	<input type="checkbox"/> Living-Benefit Maximum Annual Withdrawal Amount
Choose One:	Choose One:	Choose One:
<input type="checkbox"/> Distribute the amount pro-rata against all available funds	<input type="checkbox"/> Distribute the amount pro-rata against all available funds	<input type="checkbox"/> Distribute the amount pro-rata against all available funds
<input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:	<input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:	<input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:
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 contributions 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 INFORMATION AND 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. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. Should your state of domicile require a specific state withholding form, your state income tax withholding will not occur unless the required form is received by our office.

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 any 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. DELIVERY INSTRUCTIONS (Choose one option only)

- Electronic Funds Transfer (EFT)** instructions for one-time distributions are on file, VALIC will process your distribution in accordance with such instructions.
- If you wish to enroll into the EFT program, go to VALIC.com and log into your account to access the EFT link. Or you may complete your bank information below and send a voided check along with this form. **Electronic Funds Transfer (EFT) is not an option when surrendering an account.**

Bank Account Number: _____ Routing Number: _____

- 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: _____ MasterCard Visa American Express

Street Address **Check if the above is your new permanent address.** City _____ State _____ ZIP _____

If you have changed your address of record within the past 15 business days or if your check is to be mailed to a third party's address, please provide a Signature Guarantee from a financial institution.

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.
- For LOSAP only: I confirm that the participant is 100% vested for purposes of this distribution.

Plan Administrator (Print Name) _____ Plan Administrator _____ 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 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 section of this form, including Living-Benefit 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.

Note: If you borrow, surrender, or withdraw any funds from your contract, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing contract may be affected.

If additional information is required, please contact me by e-mail.

My e-mail address is: _____

Client's Signature: _____

Date: _____

Signature Guarantee (if applicable)

8. 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.

LIVING BENEFIT OPTION

If you have chosen a living benefit option, withdrawals from the contract will reduce the account value and may reduce or cancel benefits of the living-benefit option. Withdrawals exceeding the Maximum Annual Withdrawal Amount may reduce future Maximum Annual Withdrawal Amounts and reduce or eliminate any eligible income credit. Minimum distribution amounts calculated for each year will include the value of the living 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 and reduce or eliminate any eligible income credit. See your contract endorsement.