

1. CLIENT AUTHORIZATION

In order to make contributions to my annuity contract account at the intervals I have specified below, I hereby authorize Company* to direct the transfer of funds in the contribution amount that I specify from my financial institution account to my annuity account. This authorization will remain in effect until I revoke it in writing or by calling Client Care Center at 1-800-448-2542 to give my recorded oral cancellation; I understand that Company must receive my notification at least three business days prior to a scheduled transfer date. I understand it is my responsibility to notify Company of a change in bank or account number. You agree that Company will be fully protected in honoring your electronic fund transfers. You further agree that Company will have no liability for any electronic transfer that is not honored.

Client Name: _____

SSN: _____ Account #: _____

Signature of Client: _____ Date: _____

*The issuing company, either VALIC or USL, of the annuity contract and/or account will be party to this Electronic Contribution Agreement Form ("Company").

2. FINANCIAL INSTITUTION INFORMATION

Type of Account (check one): ☐ Checking Account ☐ Savings Account

Name of Financial Institution: _____

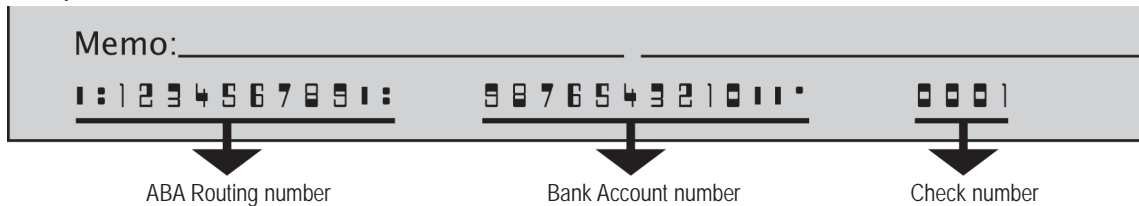
Financial Institution Address: _____

City: _____ State: _____ ZIP: _____

ABA Routing #: _____ Bank Account #: _____

(see sample check below or obtain from your financial institution)

Sample check:



3. CONTRIBUTION INFORMATION

Nature of Request (check one): ☐ Start ☐ Stop ☐ Change

Frequency of Contribution (check one):

☐ Weekly ☐ Bi-Weekly ☐ One-time

☐ Semi-Monthly Provide which two days you want the draft to occur each month: _____ and _____.

☐ Monthly Provide which day you want the draft to occur each month: _____.

☐ Quarterly Provide which day you want the draft to occur each quarter: _____.

Preferred start/stop/change date*: _____ Contribution Amount: \$ _____.

*Please allow up to three weeks for the initial activation of your electronic contribution agreement.

- In the event your draft day falls on a weekend or holiday, your contribution will be processed on the first business day following the requested date.
- Electronic contributions received are posted with the current date and tax year; therefore, they are not eligible to be reported or deducted for prior year taxes. If you would like to make a contribution for the prior tax year, please call 1-800-448-2542.
- If you wish to change the amount of the preauthorized electronic fund transfer or change the date on which the transfer is to occur, or cancel the draft, visit corebridgefinancial.com/retire or you may authorize changes by calling Client Care Center at 1-800-448-2542 to give your recorded oral consent. Company will send a written confirmation of such change.

Client Care Center is normally open Monday through Friday from 7:00 A.M. to 8:00 P.M. (Central Time)

If you are not completing and signing this form electronically, please mail your completed contribution agreement form and voided check or deposit slip (if applicable) to:

Retirement Services Center
P.O. Box 15648
Amarillo, TX 79105-5648

Overnight Delivery:

Retirement Services Center
1050 N. Western St.
Amarillo, TX 79106-7011

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