



Trusted Contact Authorization Form

The Variable Annuity Life Insurance Company (VALIC)
The United States Life Insurance Company in the City of New York (USL)
VALIC Retirement Services Company (VRSCO)
VALIC Financial Advisors, Inc. (VFA)

Owner SSN or Tax ID: _____

This Trusted Contact is for Account #: _____
OR ☐ ALL VALIC/USL/VRSCO ACCOUNTS ☐ ALL VFA ACCOUNTS

Account Type: ☐ VALIC ☐ VFA

1. AUTHORIZATION

I hereby authorize VALIC Financial Advisors, Inc. (VFA) and its affiliates to contact the below listed Trusted Contact Person(s) in the event VFA has a reasonable belief that I am (1) the victim of financial exploitation or other abuse or (2) experiencing health issues that may impair my ability to make financial decisions on the above referenced accounts. VFA may disclose information about my account(s) to the Trusted Contact Person(s) in order to confirm my contact information, health status and the identity of any legal guardian, executor, trustee or holder of a power of attorney, and as otherwise permitted by FINRA Rule 2165.

This form does not authorize the designated Trusted Contact Person(s) to act on my behalf regarding the above referenced account(s).

2. DESIGNATED TRUSTED CONTACT PERSON(S) Trusted Contact Person(s) must be age 18 or older. When choosing a trusted contact person, you may want to consider an unrelated party such as an attorney or certified public accountant. Your financial advisor cannot be named as a trusted contact. We suggest that you inform your trusted contact(s) of their role.

☐ Check here if this Trusted Contact Authorization Form supersedes a previous Trusted Contact Authorization Form

1. Name of Trusted Contact Person: _____

Relationship: _____ Daytime Phone: _____ Evening Phone: _____

Email: _____

Street Address: _____

City : _____ State: _____ Zip: _____

2. Name of Trusted Contact Person: _____

Relationship: _____ Daytime Phone: _____ Evening Phone: _____

Email: _____

Street Address: _____

City : _____ State: _____ Zip: _____

3. SIGNATURE/REPRESENTATIONS

I understand that VFA is not required to contact any designated Trusted Contact Person(s) (but may do so in its sole discretion), and agree to hold VFA harmless if for any reason it does or does not reach out to a Trusted Contact Person(s) regarding my account(s).

This Authorization is optional and may be withdrawn at any time by notifying VFA in writing.

Owner's Signature

Printed Name

Date

Joint Owner's Signature

Printed Name

Date

Please fax this form to 877-202-0187 or mail to the address below for processing:
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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