



The Variable Annuity Life Insurance Company

**AIG Retirement Services**

P.O. Box 15648

Amarillo, TX 79105

[aig.com/RetirementServices](http://aig.com/RetirementServices)

Welcome to AIG Retirement Services,

The PGA Golf Retirement Plus Retirement Program with AIG Retirement Services is an excellent way to help accumulate money for your future. Income from this plan, when combined with other sources of retirement income, such as Social Security, pension benefits and other personal savings, can help you realize your retirement dreams.

Whether you are 25 or 55, retirement is closer than you think. That's why you should start planning, saving and investing right now.

To enroll in the Golf Retirement Plus Program and open an annuity account a PGA Professional must:

1. Be a member or apprentice of the PGA of America in good standing
2. Complete the appropriate attached Portfolio Director Annuity Enrollment form (instructions included)
3. If applicable, a member must also submit either the Facility Authorization Agreement (FAA) or the Incentive Allocation Agreement (IAA) to the PGA prior to enrollment. Forms can be accessed on the custom PGA website at [pga.valic.com](http://pga.valic.com) or by contacting 1-833-PGA-PLUS (833-742-7587). Instructions for submission are included on the form.
4. If you are planning to make electronic individual contributions to your Golf Retirement Plus account you may login to your account at [aig.com/RetirementServices](http://aig.com/RetirementServices) or complete the form entitled: "Electronic Contribution Form".
5. Mail, Fax or Email the first 3 pages of the Enrollment Form to Document Control along with any additional required forms (FAA/IAA) using the following:

**Mail**      **AIG Retirement Services**  
1800 North Military Trail  
Suite 340  
Boca Raton, FL 33431

**FAX:**      1-855-296-7239

**Email:**      [valicpgagolfretirementplus@aig.com](mailto:valicpgagolfretirementplus@aig.com)

We are committed to providing you with quality service and personal attention. Please contact an Enrollment Specialist if you have any questions or need further assistance. We are available Monday through Friday, from 8:00 a.m. to 5:00 p.m. (ET) at 1-833-PGA-PLUS (833-742-7587).

Sincerely,

AIG Retirement Services PGA GRP Enrollment Center

Note: If you live in Florida, Virginia, New Jersey or New York your forms are customized for your state. Please be sure that you are completing the following form:

General:      VL 26844-PGA  
Florida:      VL 26844-FL PGA  
New Jersey:      VL 26844-NJ PGA  
Virginia:      VL 26844-VA PGA  
New York:      VL 26844-NY PGA

AIG Retirement Services represents AIG member companies—The Variable Annuity Life Insurance Company (VALIC) and its subsidiaries VALIC Financial Advisors, Inc. (VFA) and VALIC Retirement Services Company (VRSCO). Securities offered through VFA member FINRA, SIPC and an SEC-registered investment advisor. Annuities issued by VALIC, Houston, TX. Variable annuities distributed by its affiliate, AIG Capital Services, Inc. (ACS), member FINRA. All companies are members of American International Group, Inc. (AIG).

## ENROLLMENT INSTRUCTIONS

### 1. ANNUITANT/APPLICANT INFORMATION

Please provide us with some basic information about yourself so we can establish a retirement account in your name. Though we are required to have your Residence Address, you may provide us with another address (Mailing Address) to which we will send important information such as account statements.

### 2. BENEFICIARY DESIGNATION

In this section, you designate who would receive any benefits in the event of your death. List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.

Your primary beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits. A beneficiary can be an individual, institution, entity or trust. If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed. When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion. If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945). For questions regarding non-spouse beneficiary designations and/or to obtain the VL 14945 form, please contact an Enrollment Specialist. We are available Monday through Friday, from 7:30 a.m. to 7:00 p.m. (Central Time) at 1-888-569-7055.

### 3. INVESTOR PROFILE

We are required to gather and maintain certain investor information. Please provide us your investment objectives for this retirement account. Your choices are:

- Safety of principal – For clients with a low tolerance for investment risk and/or a short time horizon. The investor generally seeks to hold securities with little or no price fluctuation.
- Long term growth – For clients with a moderate to high tolerance for investment risk and a long time horizon. The investor seeks capital appreciation and has little need for current income.
- Income – For clients seeking income and protection from inflation. Accepts less fluctuation in investment results by emphasizing more income and capital preservation and less long-term growth.

**Household income** includes all income received by you and other individuals in your household. **Net worth** (excluding primary residence) can be approximated by totaling all cash, personal assets, other property, investments and savings, less your liabilities and debt.

### 4. EMAIL ADDRESS AND DOCUMENT DELIVERY CHOICES

In this section you elect the method by which you will receive important documents relating to your investment account with VALIC. These may include transaction confirmations, account statements and certain regulatory documents such as prospectuses, supplements, proxies, annual and semi-annual financial reports, disclosures and privacy notices. If you choose paper delivery, hard copies of these documents will be sent to your mailing address. If you choose electronic delivery, your e-mail address is required and you will receive notifications by e-mail when any of these documents have been posted on our Web site. You may then review the document on line and print it, if you choose. Electronic delivery is a free service though you may pay internet service fees to access the internet or receive e-mails. You may customize your selections online at <https://pga.valic.com>.

### 5. CONTRIBUTION INFORMATION

This section is where you tell us how to invest your contribution. You may invest in one or more of the investment options offered by in the annuity program. You must also determine what percentage – in whole numbers and totaling 100% – of your total contribution will go into each investment. To select your investment options, refer to the list of investment options that appear on the back of the information page(s). The program sponsor has identified a specific investment line-up that is available; please refer to the investment line up on the back of the information pages(s) for available funds. A maximum of 20 investment options are permitted. **Please place your contribution dollar amounts under the column labeled "Employee Voluntary (1)",** the other columns referenced are not applicable to the PGA Golf Retirement Plus Program. In the section entitled "To Be Completed by FINANCIAL ADVISOR", leave blank. Once your forms are mailed or faxed to Document Control a licensed Financial Advisor will complete this section for account set up.

### 6. ANNUITANT/APPLICANT AFFIRMATIONS AND STATEMENTS

Read the Enrollment Form carefully. Complete the questions as necessary, sign, date and return the Enrollment Form to Document Control using the address or fax number provided on the cover page.

### 7. FINANCIAL ADVISOR OF RECORD

This section will be completed by the licensed Financial Advisor of record, leave blank.

**This page must be returned with the completed Enrollment Form.**

## PGA Golf Retirement Plus Program

From:

Client Name: \_\_\_\_\_

Client Social Security #: \_\_\_\_\_

Select the Account(s) you wish to establish (check all that apply):

☒ **Non-Qualified Deferred Annuity (PGA Golf Retirement Plus Program)**

**VALIC USE ONLY:** (Required enrollment processing information)

Agent #: \_\_\_\_\_

Region #: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Group #: **72212**

Enrollment Media: **Paper**

Plan #: **1**

Plan Type: **DCALT**

Contribution Source: **1**

Subgroup: **1**

Product: **UITG PDP/NQDASP4**

## 1. CLIENT INFORMATION

I hereby confirm that by applying to establish an account and to obtain a certificate under a group annuity contract issued under the Golf Retirement Plus™ program ("Program"). I am accepting the terms of the Program as they exist today and as they may be modified in the future, provided that I receive advance notice of such modification(s).

I understand and agree that those requirements include authority for the PGA and/or another sponsoring organization to direct a transfer in the future to another annuity contract approved under the Program, where permitted under the contract, and I hereby agree and consent to PGA and/or another sponsoring organization selected by PGA to having such authority with respect to my account(s) in the Program. I acknowledge that my consent provided by this paragraph allows for PGA and/or another sponsoring organization selected by PGA to execute any and all documents required to effectuate such exchange or transfer and is irrevocable and cannot be terminated for any reason.

I understand that if at any time I elect to no longer be subject to the requirements of the Program, I may do so by surrendering the contract and forfeiting the right to have or make any future contributions to, or receive further benefits from, the Program.

For as long as I remain a participant in the Program I acknowledge and agree to the following:

1. I agree to abide by all rules and regulations that Golf Retirement Plus™ might reasonably adopt.
2. I acknowledge that none of the parties involved in Golf Retirement Plus™ intends to create an employee benefit plan within the meaning of the Employee Retirement Income Security Act of 1974.
3. I understand that participation in Golf Retirement Plus™ is limited to those who satisfy membership eligibility requirements.
4. I agree that I may be charged a fee to participate in Golf Retirement Plus™, and I will pay these fees when due.
5. I understand that Golf Retirement Plus™ may be cancelled or modified at any time.
6. I agree to pay any federal, state or local income taxes that might accrue because of my participation in Golf Retirement Plus™.
7. Should I no longer be eligible to participate in Golf Retirement Plus™, I may be required to cease participation in Golf Retirement Plus™. In that event, I agree to close any annuity or other accounts within a reasonable time period, and arrange for the funds to be transferred to another account. Read the Prospectus for charges, expenses and tax consequences.
8. I understand that my failure to comply with the rules and regulations set forth above or satisfy eligibility requirements adopted by Golf Retirement Plus™ may result in suspension or termination of my participation in Golf Retirement Plus™.
9. I agree that Golf Retirement Plus™ may assign all or part of its rights or responsibilities under this agreement to another party without my consent.
10. I acknowledge that my participation in Golf Retirement Plus™ may involve the purchase of investment products, that these products may be offered by registered broker-dealers or other companies that are not affiliated with Golf Retirement Plus™ participating organizations and that these products are deposits of accounts insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental entity.
11. I acknowledge that, while participating organizations endorse the investment products available through the Golf Retirement Plus™ program, they do not recommend, advise or make any representations regarding the appropriateness of specific investments I may select, nor do they make any representations as to the future performance of such investments as the value of such investments may fluctuate over time depending on market conditions.
12. I acknowledge that this agreement and Golf Retirement Plus™ rules and regulations are separate from the contractual obligations, including fees and expenses, set forth in any investment product that may be offered as part of the Golf Retirement Plus™ program conditions beyond the control of a registered broker-dealer.

Program Participant

Name (please print): \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Program Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed forms to:**

VALIC Document Control  
1800 North Military Trail Suite 340  
Boca Raton, FL 33431

Overnight:  
VALIC Document Control  
1800 North Military Trail Suite 340  
Boca Raton, FL 33431

If you have questions, please contact a Customer Service Representative at call 1-833-PGA-PLUS (1-833-742-7587).

**Portfolio Director® Fixed and Variable  
Annuity Enrollment**

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

For use with participants in group contracts.

Is there a related transaction other than a contribution associated with this application? (If so, indicate below and complete the applicable forms.)

☐ Starter Account Conversion ☐ Transfer/Rollover In (VL 14098) ☐ Internal Combination Rollover (VL 9006)

**1. ANNUITANT/APPLICANT INFORMATION**

Name: \_\_\_\_\_ SSN\* or Tax ID: \_\_\_\_\_  
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female  
☐ Married ☐ Not Married Date of Birth (DOB): \_\_\_\_\_  
Residence Address\*\*: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile ☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile  
Mailing Address\*\* (if different from residence): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*Social Security Number (SSN) \*\*All accounts will be updated with these addresses.

**2. BENEFICIARY DESIGNATION (Refer to Information page(s) for guidance.)**

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%. If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

**PRIMARY**  
Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %  
**CONTINGENT**  
Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**3. INVESTOR PROFILE**

Has the Annuitant/Applicant previously purchased mutual funds or other securities? ☐ No ☐ Yes If yes, number of years: \_\_\_\_\_  
**Investment Objective** (check one): ☐ Safety of Principal ☐ Long-Term Growth ☐ Income  
**Risk Profile:** ☐ Higher Risk ☐ Aggressive ☐ Moderately Aggressive ☐ Moderate ☐ Moderately Conservative ☐ Conservative ☐ Cautious  
**Financial Situation:**  
Annual Household Income ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Net Worth (excluding value of primary residence) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Life Insurance (face amount) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Tax Bracket: \_\_\_\_\_ % Dependents: Number: \_\_\_\_\_ Age(s): \_\_\_\_\_  
Annuitant/Applicant Occupation: \_\_\_\_\_  
Current Employer (Required): \_\_\_\_\_ Group #: \_\_\_\_\_ ☐ Retired ☐ Unemployed  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Annual Salary: \$ \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Expected Annuity Date: \_\_\_\_\_  
Is the Annuitant/Applicant employed by or registered with a FINRA\*\*\* member firm? ☐ Yes ☐ No (In the absence of an election, age 85 will be used.)  
**Identity Verification:** ☐ Driver's License ☐ Passport ☐ Alien Registration ☐ Other Government Issued I.D.  
☐ Other (Please Describe): \_\_\_\_\_ Document Number (required): \_\_\_\_\_  
Issued By (required): \_\_\_\_\_ Issue Date (if available): \_\_\_\_\_ Expiration Date (required): \_\_\_\_\_

**4. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES**

E-mail Address: \_\_\_\_\_ ☐ Business ☐ Personal  
Select document delivery choice below. If no selections are made, paper documents will be mailed.  
☐ Electronic delivery ☐ Paper delivery  
Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

**Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.**

**Alaska and Arizona Residents:** On written request, we are required to provide within a reasonable time (defined as 10 days in Alaska) reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days in replacement situations or if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.

☐ **I choose to enroll in Guided Portfolio Services®** (Additional form required). Based on this choice, I agree to have 100% of my contribution allocated to Government Money Market 006 until the investment allocations from my assigned Guided Portfolio Services portfolio are implemented. A maximum of 20 investment options is permitted. See the list of investment options on the Information page(s). If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

Investment Option: Percentages must be whole numbers totaling 100%.						
Investment Option Name:	Number	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

		Employee Voluntary (1)	Mandatory or Matched (2)	Employer Basic (3)	Supplemental or Matching (4)	403(b), 401(k) or 457(b) Gov. Only
Plan Information	Plan Type					
	Plan #					
	Product					
	Sub Group					

This enrollment is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current VALIC contract prospectus with the privacy notice was provided with this application.

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by this or any other company? ☐ Yes ☐ No

Are you as the owner of this account an active duty service member of the United States Armed Forces? ☐ No ☐ Yes (If yes, complete VL 22059.)

If new records are necessary to invest future contributions through this employer's plans and I have not completed a new enrollment form for those records, I authorize VALIC and VALIC Financial Advisors, Inc. (VFA) to establish those new records and to rely on then-current allocation instructions and personal information associated with records established pursuant to this enrollment form. If I establish more than one record via this enrollment form, I understand that, if new records are needed in the future, VALIC and VFA will rely on then-current information of records of similar money source (employee, employer). I understand I will be notified in writing of the new record(s) and will be able to immediately make changes if I desire.

**Funds allocated to any Multi-Year Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account values.**

**By signing this form, I represent that all statements, answers, and affirmations in this form are representations and not warranties. I further represent all information in this form is complete and true to the best of my knowledge and belief, and I have read and understand the information provided in the Information page(s) on the following subjects:**

- **Fraud Warnings**
- **Withdrawal Restrictions for 403(b) Plans (if applicable)**
- **Salary Reduction Agreement/Authorization (if applicable)**
- **Redemptions from Optional Retirement Programs and other Plans (if applicable)**

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, as applicable.

**Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.**

Annuitant/Applicant's Signature	Signed at City/State	Date
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Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ State License #: \_\_\_\_\_

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ No

As Agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A

By signing this form, I represent that I have truly and accurately recorded herein the information provided by the applicant.

\_\_\_\_\_  
 Licensed Agent/Registered Representative (Print Name)                      Licensed Agent/Registered Representative's Signature

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Information

**California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

### FRAUD WARNINGS

**In some states we are required to advise you of the following:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alabama Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas and Rhode Island Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California Residents Only:** Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Residents Only:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Georgia and Vermont Residents Only:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.

**Kansas Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

**Kentucky Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Maryland Residents Only:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**New Mexico Residents Only:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio Residents Only:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Residents Only:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Residents Only:** Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### EXPECTED ANNUITY DATE

Owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

### REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

#### Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.

VALIC will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

**Louisiana Optional Retirement Program Participants Only:** For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

### USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

### WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

Under federal tax laws regulating certain 403(b) plans, election contributions, interest and earnings credited to your account after 12/31/88 and elective contributions may be withdrawn only after the following:

- Severance from employment
- Death
- Hardship (contributions only)
- Attainment of age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Some employer plans have alternative investment options among which plan participants may transfer contract values.

### BENEFICIARY DESIGNATIONS

**If your account was established under your Employer's plan and such Plan requires that you obtain consent from your spouse or partner to name a beneficiary other than your spouse or partner, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits.**

Contact your Employer for spousal or partner consent requirements applicable to your plan. For Employee Retirement Income Security Act (ERISA) Covered Plans, your spouse must be your primary beneficiary unless Spousal consent to waive Pre-retirement Death Benefits is given. Your primary beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits. A beneficiary can be an individual, institution, entity or trust.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed. When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion. If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945). For assistance with beneficiary designations, contact your financial professional or a Customer Service Professional at 1-800-448-2542.

## Information (continued)

### SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(b) AND 401(k) PLANS

This section only applies if you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions specified in the Contribution Information section on this form. This form shall serve as your instruction for such contributions and agreement to your Employer's rules regarding the contributions. Upon acceptance by the Employer of these instructions, this document shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from VALIC. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on this form. This agreement shall be legally binding as to both parties while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the Employer and in accordance with the Employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement). Only amounts not currently available to the employee are eligible for salary reduction/deduction.

### INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE

For federal tax law and ERISA purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple's place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, the terms "spouse," "husband and wife," "husband," and "wife" do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.

### DOCUMENT DELIVERY CHOICES

E-delivery notices will be sent when the following items become available:

Regulatory reports, such as applicable fund prospectuses, product prospectus, disclosures, annual and semi-annual reports and information statements.

Account Statements, such as annual and quarterly statements as well as Guided Portfolio Services or Guided Portfolio Advantage® statements.

Transaction confirmations, such as confirmation of fund exchanges, transfers and certain account/administrative updates.

You may customize your selections online at [aig.com/RetirementServices](http://aig.com/RetirementServices). Certain documents and types of correspondence may continue to be delivered by U.S. mail for compliance reasons. By electing e-Delivery, you are confirming that you have ready access to a computer with Internet access, an active email account to receive this information electronically, and the ability to read and retain it. This consent will continue until revoked. E-delivery will be cancelled if emails are returned undeliverable. VALIC is not required to deliver information electronically and may discontinue e-delivery notices in whole or part at any time.

### CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (Includes either non-elective employee contributions, or elective deferrals for matching contribution purposes.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching;
- (5) - Employee Roth After Tax Contribution. (403(b), 401(k) or 457(b) Governmental plans.)

Separate account numbers must be set up for each Contribution Source.

- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

### INVESTMENT OPTIONS

001 Fixed Account Plus

002 Short-Term Fixed Account

Multi-Year Fixed Option (Not applicable in Oregon and Pennsylvania):

A minimum of \$25,000 is required.

099 10 Year Term Multi-Year Fixed Option

148 Aggressive Growth Lifestyle Fund (PineBridge Investments)

090 American Beacon Bridgeway Large Cap Growth Fund

069 Ariel Appreciation Fund

068 Ariel Fund

005 Asset Allocation Fund (PineBridge Investments)

072 Blue Chip Growth Fund (T. Rowe Price)

139 Capital Appreciation Fund (BMO Asset Management)

150 Conservative Growth Lifestyle Fund (PineBridge Investments)

158 Core Bond Fund (PineBridge Investments)

021 Dividend Value Fund (BlackRock/SunAmerica)

103 Dynamic Allocation Fund (Alliance Bernstein/SunAmerica)

087 Emerging Economies Fund (JP Morgan)

101 Global Real Estate Fund (Invesco/Goldman Sachs)

088 Global Strategy Fund (Franklin Templeton)

006 Government Money Market I Fund (SunAmerica)

008 Government Securities Fund (JP Morgan)

078 Growth Fund (American Century)

160 High Yield Bond Fund (Wellington)

077 Inflation Protected Fund (PineBridge Investments)

011 International Equities Index Fund (SunAmerica)

013 International Government Bond Fund (PineBridge Investments)

020 International Growth Fund (Morgan Stanley)

133 International Opportunities Fund (Delaware/MFS)

012 International Socially Responsible Fund (SunAmerica)

089 International Value Fund (Wells Capital Mgt.)

102 Invesco Balanced-Risk Commodity Strategy Fund

079 Large Capital Growth Fund (MFS)

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083 Mid Cap Strategic Growth Fund (Allianz Global/Janus Henderson)

138 Mid Cap Value Fund (Boston Partners/Wellington)

149 Moderate Growth Lifestyle Fund (PineBridge Investments)

046 Nasdaq-100® Index Fund (SunAmerica)

017 Science & Technology Fund (T. Rowe Price/Allianz Global/Wellington)

135 Small Cap Growth Fund (JP Morgan)

014 Small Cap Index Fund (SunAmerica)

084 Small Cap Special Values Fund (Wells Capital Mgt.)

136 Small Cap Value Fund (JP Morgan)

010 Stock Index Fund (SunAmerica)

016 Systematic Core (Goldman Sachs)

075 Systematic Value Fund (Wellington)

104 T. Rowe Price Retirement 2015

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106 T. Rowe Price Retirement 2025

107 T. Rowe Price Retirement 2030

108 T. Rowe Price Retirement 2035

109 T. Rowe Price Retirement 2040

110 T. Rowe Price Retirement 2045

111 T. Rowe Price Retirement 2050

112 T. Rowe Price Retirement 2055

113 T. Rowe Price Retirement 2060

141 U.S. Socially Responsible Fund (SunAmerica)

054 Vanguard LifeStrategy Conservative Growth Fund

052 Vanguard LifeStrategy Growth Fund

053 Vanguard LifeStrategy Moderate Growth Fund

022 Vanguard Long-Term Investment-Grade Fund

023 Vanguard Long-Term Treasury Fund

025 Vanguard Wellington Fund

024 Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit [aig.com/RetirementServices](http://aig.com/RetirementServices) or call 1-800-448-2542 for assistance or to request a prospectus.

**Please send completed forms to:** Overnight Delivery:  
Document Control  
P.O. Box 15648  
Amarillo, TX 79105-5648  
1050 N. Western St.  
Amarillo, TX 79106-7011

\*\*\*Financial Industry Regulatory Authority (FINRA)



**Portfolio Director® Fixed and Variable  
Annuity Enrollment**

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

For use with participants in group contracts.

**FLORIDA**

Is there a related transaction other than a contribution associated with this application? (If so, indicate below and complete the applicable forms.)

☐ Starter Account Conversion    ☐ Transfer/Rollover In (VL 14098)    ☐ Internal Combination Rollover (VL 9006)

**1. ANNUITANT/APPLICANT INFORMATION**

Name: \_\_\_\_\_ SSN\* or Tax ID: \_\_\_\_\_  
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.    Gender: ☐ Male ☐ Female  
☐ Married ☐ Not Married    Date of Birth (DOB): \_\_\_\_\_  
Residence Address\*\*: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile    ☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile  
Mailing Address\*\* (if different from residence): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*Social Security Number (SSN)    \*\*All accounts will be updated with these addresses.

**2. BENEFICIARY DESIGNATION (Refer to Information page(s) for guidance.)**

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%. If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

**PRIMARY**  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**CONTINGENT**  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**3. INVESTOR PROFILE**

Has the Annuitant/Applicant previously purchased mutual funds or other securities? ☐ No ☐ Yes If yes, number of years: \_\_\_\_\_  
**Investment Objective** (check one): ☐ Safety of Principal ☐ Long-Term Growth ☐ Income  
**Risk Profile:** ☐ Higher Risk ☐ Aggressive ☐ Moderately Aggressive ☐ Moderate ☐ Moderately Conservative ☐ Conservative ☐ Cautious  
**Financial Situation:**  
Annual Household Income ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Net Worth (excluding value of primary residence) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Life Insurance (face amount) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Tax Bracket: \_\_\_\_\_ % Dependents: Number: \_\_\_\_\_ Age(s): \_\_\_\_\_  
Annuitant/Applicant Occupation: \_\_\_\_\_  
Current Employer (Required): \_\_\_\_\_ Group #: \_\_\_\_\_ ☐ Retired ☐ Unemployed  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Annual Salary: \$ \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Expected Annuity Date: \_\_\_\_\_  
Is the Annuitant/Applicant employed by or registered with a FINRA\*\*\* member firm? ☐ Yes ☐ No (In the absence of an election, age 85 will be used.)  
**Identity Verification:** ☐ Driver's License ☐ Passport ☐ Alien Registration ☐ Other Government Issued I.D.  
☐ Other (Please Describe): \_\_\_\_\_ Document Number (required): \_\_\_\_\_  
Issued By (required): \_\_\_\_\_ Issue Date (if available): \_\_\_\_\_ Expiration Date (required): \_\_\_\_\_

**4. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES**

E-mail Address: \_\_\_\_\_ ☐ Business ☐ Personal  
Select document delivery choice below. If no selections are made, paper documents will be mailed.  
☐ Electronic delivery ☐ Paper delivery  
Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

**Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.**

**Fraud Warning:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

☐ **I choose to enroll in Guided Portfolio Services®** (Additional form required). Based on this choice, I agree to have 100% of my contribution allocated to Government Money Market 006 until the investment allocations from my assigned Guided Portfolio Services portfolio are implemented. A maximum of 20 investment options is permitted. See the list of investment options on the Information page(s). If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

Investment Option Name:	Number	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

		Employee Voluntary (1)	Mandatory or Matched (2)	Employer Basic (3)	Supplemental or Matching (4)	403(b), 401(k) or 457(b) Gov. Only
<b>Plan Information</b>	Plan Type					
	Plan #					
	Product					
	Sub Group					

This enrollment is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current VALIC contract prospectus with the privacy notice was provided with this application.

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by this or any other company? ☐ Yes ☐ No

Are you as the owner of this account an active duty service member of the United States Armed Forces? ☐ No ☐ Yes (If yes, complete VL 22059.)

If new records are necessary to invest future contributions through this employer's plans and I have not completed a new enrollment form for those records, I authorize VALIC and VALIC Financial Advisors, Inc. (VFA) to establish those new records and to rely on then-current allocation instructions and personal information associated with records established pursuant to this enrollment form. If I establish more than one record via this enrollment form, I understand that, if new records are needed in the future, VALIC and VFA will rely on then-current information of records of similar money source (employee, employer). I understand I will be notified in writing of the new record(s) and will be able to immediately make changes if I desire.

**Funds allocated to any Multi-Year Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account values.**

**By signing this form, I represent that all statements, answers, and affirmations in this form are representations and not warranties. I further represent all information in this form is complete and true to the best of my knowledge and belief, and I have read and understand the information provided in the Information page(s) on the following subjects:**

- **Fraud Warning**
- **Withdrawal Restrictions for 403(b) Plans (if applicable)**
- **Salary Reduction Agreement/Authorization (if applicable)**
- **Redemptions from Optional Retirement Programs and other Plans (if applicable)**

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, as applicable.

Annuitant/Applicant's Signature	Signed at City/State	Date
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Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ State License #: \_\_\_\_\_

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ No

As Agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A

By signing this form, I represent that I have truly and accurately recorded herein the information provided by the applicant.

\_\_\_\_\_  
 Licensed Agent/Registered Representative (Print Name)                      Licensed Agent/Registered Representative's Signature

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Information

## FRAUD WARNING

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## EXPECTED ANNUITY DATE

Owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

## REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

## USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

## WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

Under federal tax laws regulating certain 403(b) plans, election contributions, interest and earnings credited to your account after 12/31/88 and elective contributions may be withdrawn only after the following:

- Severance from employment
- Death
- Hardship (contributions only)
- Attainment of age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Some employer plans have alternative investment options among which plan participants may transfer contract values.

## BENEFICIARY DESIGNATIONS

**If your account was established under your Employer's plan and such Plan requires that you obtain consent from your spouse or partner to name a beneficiary other than your spouse or partner, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits.**

Contact your Employer for spousal or partner consent requirements applicable to your plan. For Employee Retirement Income Security Act (ERISA) Covered Plans, your spouse must be your primary beneficiary unless Spousal consent to waive Pre-retirement Death Benefits is given.

Your primary beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trust.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial professional or a Customer Service Professional at 1-800-448-2542.

## SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(b) AND 401(k) PLANS

This section only applies if you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions specified in the Contribution Information section on this form. This form shall serve as your instruction for such contributions and agreement to your Employer's rules regarding the contributions. Upon acceptance by the Employer of these instructions, this document shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from VALIC. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on this form. This agreement shall be legally binding as to both parties while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the Employer and in accordance with the Employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement). Only amounts not currently available to the employee are eligible for salary reduction/deduction.

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You may customize your selections online at [aig.com/RetirementServices](http://aig.com/RetirementServices).

Certain documents and types of correspondence may continue to be delivered by U.S. mail for compliance reasons. By electing e-Delivery, you are confirming that you have ready access to a computer with Internet access, an active email account to receive this information electronically, and the ability to read and retain it. This consent will continue until revoked. E-delivery will be cancelled if emails are returned undeliverable. VALIC is not required to deliver information electronically and may discontinue e-delivery notices in whole or part at any time.

# Information (continued)

## CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
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- (5) - Employee Roth After Tax Contribution. (403(b), 401(k) or 457(b) Governmental plans.)

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- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

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002 Short-Term Fixed Account

Multi-Year Fixed Option: A minimum of \$25,000 is required.

099 10 Year Term Multi-Year Fixed Option

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For more complete information about any of the investment options listed above, including fees, charges and expenses, visit [aig.com/RetirementServices](http://aig.com/RetirementServices) or call **1-800-448-2542** for assistance or to request a prospectus.

**Please send completed forms to:** Overnight Delivery:  
Document Control Document Control  
P.O. Box 15648 1050 N. Western St.  
Amarillo, TX 79105-5648 Amarillo, TX 79106-7011

\*\*\*Financial Industry Regulatory Authority (FINRA)



**Portfolio Director® Fixed and Variable  
Annuity Enrollment**

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

For use with participants in group contracts.

**NEW JERSEY**

Is there a related transaction other than a contribution associated with this application? (If so, indicate below and complete the applicable forms.)

☐ Starter Account Conversion ☐ Transfer/Rollover In (VL 14098) ☐ Internal Combination Rollover (VL 9006)

**1. ANNUITANT/APPLICANT INFORMATION**

Name: \_\_\_\_\_ SSN\* or Tax ID: \_\_\_\_\_  
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female  
☐ Married ☐ Not Married ☐ Civil Union/Domestic Partner (See Information page(s).) Date of Birth (DOB): \_\_\_\_\_  
Residence Address\*\*: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile ☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile  
Mailing Address\*\* (if different from residence): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*Social Security Number (SSN) \*\*All accounts will be updated with these addresses.

**2. BENEFICIARY DESIGNATION (Refer to Information page(s) for guidance.)**

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%. If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

**PRIMARY**  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**CONTINGENT**  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**3. INVESTOR PROFILE**

Has the Annuitant/Applicant previously purchased mutual funds or other securities? ☐ No ☐ Yes If yes, number of years: \_\_\_\_\_  
**Investment Objective** (check one): ☐ Safety of Principal ☐ Long-Term Growth ☐ Income  
**Risk Profile:** ☐ Higher Risk ☐ Aggressive ☐ Moderately Aggressive ☐ Moderate ☐ Moderately Conservative ☐ Conservative ☐ Cautious  
**Financial Situation:**  
Annual Household Income ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Net Worth (excluding value of primary residence) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Life Insurance (face amount) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Tax Bracket: \_\_\_\_\_ % Dependents: Number: \_\_\_\_\_ Age(s): \_\_\_\_\_  
Annuitant/Applicant Occupation: \_\_\_\_\_  
Current Employer (Required): \_\_\_\_\_ Group #: \_\_\_\_\_ ☐ Retired ☐ Unemployed  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Annual Salary: \$ \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Expected Annuity Date: \_\_\_\_\_  
Is the Annuitant/Applicant employed by or registered with a FINRA\*\*\* member firm? ☐ Yes ☐ No (In the absence of an election, age 85 will be used.)  
**Identity Verification:** ☐ Driver's License ☐ Passport ☐ Alien Registration ☐ Other Government Issued I.D.  
☐ Other (Please Describe): \_\_\_\_\_ Document Number (required): \_\_\_\_\_  
Issued By (required): \_\_\_\_\_ Issue Date (if available): \_\_\_\_\_ Expiration Date (required): \_\_\_\_\_

**4. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES**

E-mail Address: \_\_\_\_\_ ☐ Business ☐ Personal  
Select document delivery choice below. If no selections are made, paper documents will be mailed.  
☐ Electronic delivery ☐ Paper delivery  
Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

☐ **I choose to enroll in Guided Portfolio Services®** (Additional form required). Based on this choice, I agree to have 100% of my contribution allocated to Government Money Market 006 until the investment allocations from my assigned Guided Portfolio Services portfolio are implemented. A maximum of 20 investment options is permitted. See the list of investment options on the Information page(s). If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

To Be Completed by FINANCIAL REPRESENTATIVE		Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
Plan Information	Plan Type					
	Plan #					
	Product					
	Sub Group					

This enrollment is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current VALIC contract prospectus with the privacy notice was provided with this application.

page 2

# Information

## FRAUD WARNING

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## EXPECTED ANNUITY DATE

Owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

## REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

## USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

## WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

Under federal tax laws regulating certain 403(b) plans, election contributions, interest and earnings credited to your account after 12/31/88 and elective contributions may be withdrawn only after the following:

- Severance from employment
- Death
- Hardship (contributions only)
- Attainment of age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Some employer plans have alternative investment options among which plan participants may transfer contract values.

## BENEFICIARY DESIGNATIONS

**If your account was established under your Employer's plan and such Plan requires that you obtain consent from your spouse or partner to name a beneficiary other than your spouse or partner, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits.**

Contact your Employer for spousal or partner consent requirements applicable to your plan. For Employee Retirement Income Security Act (ERISA) Covered Plans, your spouse must be your primary beneficiary unless Spousal consent to waive Pre-retirement Death Benefits is given.

Your primary beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trust.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial professional or a Customer Service Professional at 1-800-448-2542.

## SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(b) AND 401(k) PLANS

This section only applies if you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions specified in the Contribution Information section on this form. This form shall serve as your instruction for such contributions and agreement to your Employer's rules regarding the contributions. Upon acceptance by the Employer of these instructions, this document shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from VALIC. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on this form. This agreement shall be legally binding as to both parties while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the Employer and in accordance with the Employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement). Only amounts not currently available to the employee are eligible for salary reduction/deduction.

## INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE

For federal tax law and ERISA purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple's place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, the terms "spouse," "husband and wife," "husband," and "wife" do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.

## DOCUMENT DELIVERY CHOICES

E-delivery notices will be sent when the following items become available:

Regulatory reports, such as applicable fund prospectuses, product prospectus, disclosures, annual and semi-annual reports and information statements.

Account Statements, such as annual and quarterly statements as well as Guided Portfolio Services or Guided Portfolio Advantage® statements.

Transaction confirmations, such as confirmation of fund exchanges, transfers and certain account/administrative updates.

You may customize your selections online at [aig.com/RetirementServices](http://aig.com/RetirementServices).

Certain documents and types of correspondence may continue to be delivered by U.S. mail for compliance reasons. By electing e-Delivery, you are confirming that you have ready access to a computer with Internet access, an active email account to receive this information electronically, and the ability to read and retain it. This consent will continue until revoked. E-delivery will be cancelled if emails are returned undeliverable. VALIC is not required to deliver information electronically and may discontinue e-delivery notices in whole or part at any time.

# Information (continued)

## CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (Includes either non-elective employee contributions, or elective deferrals for matching contribution purposes.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching;
- (5) - Employee Roth After Tax Contribution. (403(b), 401(k) or 457(b) Governmental plans.)

Separate account numbers must be set up for each Contribution Source.

- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

## INVESTMENT OPTIONS

001 Fixed Account Plus

002 Short-Term Fixed Account

Multi-Year Enhanced Option: A minimum of \$25,000 is required.

099 10 Year Term Multi-Year Enhanced Option

148 Aggressive Growth Lifestyle Fund (PineBridge Investments)

090 American Beacon Bridgeway Large Cap Growth Fund

069 Ariel Appreciation Fund

068 Ariel Fund

005 Asset Allocation Fund (PineBridge Investments)

072 Blue Chip Growth Fund (T. Rowe Price)

139 Capital Appreciation Fund (BMO Asset Management)

150 Conservative Growth Lifestyle Fund (PineBridge Investments)

158 Core Bond Fund (PineBridge Investments)

021 Dividend Value Fund (BlackRock/SunAmerica)

103 Dynamic Allocation Fund (Alliance Bernstein/SunAmerica)

087 Emerging Economies Fund (JP Morgan)

101 Global Real Estate Fund (Invesco/Goldman Sachs)

012 Global Social Awareness Fund (SunAmerica)

088 Global Strategy Fund (Franklin Templeton)

006 Government Money Market I Fund (SunAmerica)

008 Government Securities Fund (JP Morgan)

078 Growth Fund (American Century)

160 High Yield Bond Fund (Wellington)

077 Inflation Protected Fund (PineBridge Investments)

011 International Equities Index Fund (SunAmerica)

013 International Government Bond Fund (PineBridge Investments)

020 International Growth Fund (Morgan Stanley)

133 International Opportunities Fund (Delaware/MFS)

012 International Socially Responsible Fund (SunAmerica)

089 International Value Fund (Wells Capital Mgt.)

102 Invesco Balanced-Risk Commodity Strategy Fund

079 Large Capital Growth Fund (MFS)

004 Mid Cap Index Fund (SunAmerica)

083 Mid Cap Strategic Growth Fund (Allianz Global/Janus Henderson)

138 Mid Cap Value Fund (Boston Partners/Wellington)

149 Moderate Growth Lifestyle Fund (PineBridge Investments)

046 Nasdaq-100® Index Fund (SunAmerica)

017 Science & Technology Fund (T. Rowe Price/Allianz Global/Wellington)

135 Small Cap Growth Fund (JP Morgan)

014 Small Cap Index Fund (SunAmerica)

084 Small Cap Special Values Fund (Wells Capital Mgt.)

136 Small Cap Value Fund (JP Morgan)

010 Stock Index Fund (SunAmerica)

016 Systematic Core (Goldman Sachs)

075 Systematic Value Fund (Wellington)

104 T. Rowe Price Retirement 2015

105 T. Rowe Price Retirement 2020

106 T. Rowe Price Retirement 2025

107 T. Rowe Price Retirement 2030

108 T. Rowe Price Retirement 2035

109 T. Rowe Price Retirement 2040

110 T. Rowe Price Retirement 2045

111 T. Rowe Price Retirement 2050

112 T. Rowe Price Retirement 2055

113 T. Rowe Price Retirement 2060

141 U.S. Socially Responsible Fund (SunAmerica)

054 Vanguard LifeStrategy Conservative Growth Fund

052 Vanguard LifeStrategy Growth Fund

053 Vanguard LifeStrategy Moderate Growth Fund

022 Vanguard Long-Term Investment-Grade Fund

023 Vanguard Long-Term Treasury Fund

025 Vanguard Wellington Fund

024 Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit **[aig.com/RetirementServices](http://aig.com/RetirementServices)** or call **1-800-448-2542** for assistance or to request a prospectus.

**Please send completed forms to:** Overnight Delivery:  
Document Control Document Control  
P.O. Box 15648 1050 N. Western St.  
Amarillo, TX 79105-5648 Amarillo, TX 79106-7011

\*\*\*Financial Industry Regulatory Authority (FINRA)



**Portfolio Director® Fixed and Variable  
Annuity Enrollment**

**VALIC – THE VARIABLE ANNUITY LIFE INSURANCE COMPANY**  
**Houston, Texas**

For use with participants in group contracts.

**NEW YORK**

Is there a related transaction other than a contribution associated with this application? (If so, indicate below and complete the applicable forms.)

☐ Starter Account Conversion ☐ Transfer/Rollover In (VL 14098) ☐ Internal Combination Rollover (VL 9006)

**1. ANNUITANT/APPLICANT INFORMATION**

Name: \_\_\_\_\_ SSN\* or Tax ID: \_\_\_\_\_  
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female  
☐ Married ☐ Not Married Date of Birth (DOB): \_\_\_\_\_  
Residence Address\*\*: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile ☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile  
Mailing Address\*\* (if different from residence): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*Social Security Number (SSN) \*\*All accounts will be updated with these addresses.

**2. BENEFICIARY DESIGNATION (Refer to Information page(s) for guidance.)**

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.  
If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

**PRIMARY**  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Trust Date: \_\_\_\_\_ DOB or SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**CONTINGENT**  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Trust Date: \_\_\_\_\_ DOB or SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**3. INVESTOR PROFILE**

Has the Annuitant/Applicant previously purchased mutual funds or other securities? ☐ No ☐ Yes If yes, number of years: \_\_\_\_\_  
**Investment Objective** (check one): ☐ Safety of Principal ☐ Long-Term Growth ☐ Income  
**Risk Profile:** ☐ Higher Risk ☐ Aggressive ☐ Moderately Aggressive ☐ Moderate ☐ Moderately Conservative ☐ Conservative ☐ Cautious  
**Financial Situation:**  
Annual Household Income ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Net Worth (excluding value of primary residence) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Life Insurance (face amount) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Tax Bracket: \_\_\_\_\_ % Dependents: Number: \_\_\_\_\_ Age(s): \_\_\_\_\_  
Annuitant/Applicant Occupation: \_\_\_\_\_  
Current Employer (Required): \_\_\_\_\_ Group #: \_\_\_\_\_ ☐ Retired ☐ Unemployed  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Annual Salary: \$ \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Expected Annuity Date: \_\_\_\_\_  
Is the Annuitant/Applicant employed by or registered with a FINRA\*\*\* member firm? ☐ Yes ☐ No (In the absence of an election, age 85 will be used.)  
**Identity Verification:** ☐ Driver's License ☐ Passport ☐ Alien Registration ☐ Other Government Issued I.D.  
☐ Other (Please Describe): \_\_\_\_\_ Document Number (required): \_\_\_\_\_  
Issued By (required): \_\_\_\_\_ Issue Date (if available): \_\_\_\_\_ Expiration Date (required): \_\_\_\_\_

**4. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES**

E-mail Address: \_\_\_\_\_ ☐ Business ☐ Personal  
Select document delivery choice below. If no selections are made, paper documents will be mailed.  
☐ Electronic delivery ☐ Paper delivery  
Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

☐ **I choose to enroll in Guided Portfolio Services®** (Additional form required). Based on this choice, I agree to have 100% of my contribution allocated to Government Money Market 006 until the investment allocations from my assigned Guided Portfolio Services portfolio are implemented. A maximum of 20 investment options is permitted. See the list of investment options on the Information page(s). If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

Investment Option Name:	Number	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

		Employee Voluntary (1)	Mandatory or Matched (2)	Employer Basic (3)	Supplemental or Matching (4)	403(b), 401(k) or 457(b) Gov. Only
<b>Plan Information</b>	Plan Type					
	Plan #					
	Product					
	Sub Group					

This enrollment is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current VALIC contract prospectus with the privacy notice was provided with this application.

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by this or any other company? ☐ Yes ☐ No

Are you as the owner of this account an active duty service member of the United States Armed Forces? ☐ No ☐ Yes (If yes, complete VL 22059.)

If new records are necessary to invest future contributions through this employer's plans and I have not completed a new enrollment form for those records, I authorize VALIC and VALIC Financial Advisors, Inc. (VFA) to establish those new records and to rely on then-current allocation instructions and personal information associated with records established pursuant to this enrollment form. If I establish more than one record via this enrollment form, I understand that, if new records are needed in the future, VALIC and VFA will rely on then-current information of records of similar money source (employee, employer). I understand I will be notified in writing of the new record(s) and will be able to immediately make changes if I desire.

By signing this form, I represent that all statements, answers, and affirmations in this form are representations and not warranties. I further represent all information in this form is complete and true to the best of my knowledge and belief, and I have read and understand the information provided in the Information page(s) on the following subjects:

- **Withdrawal Restrictions for 403(b) Plans (if applicable)**
- **Redemptions from Optional Retirement Programs and other Plans (if applicable)**
- **Salary Reduction Agreement/Authorization (if applicable)**

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, as applicable.

Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.

Annuitant/Applicant's Signature	Signed at City/State	Date
---------------------------------	----------------------	------

Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ State License #: \_\_\_\_\_

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ No

As Agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A

By signing this form, I represent that I have truly and accurately recorded herein the information provided by the applicant.

\_\_\_\_\_  
 Licensed Agent/Registered Representative (Print Name)      Licensed Agent/Registered Representative's Signature

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Information

## EXPECTED ANNUITY DATE

Owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

## REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

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# Information (continued)

## CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (Includes either non-elective employee contributions, or elective deferrals for matching contribution purposes.);
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- (4) - Employer Supplemental or Matching;
- (5) - Employee Roth After Tax Contribution. (403(b), 401(k) or 457(b) Governmental plans.)

Separate account numbers must be set up for each Contribution Source.

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- 002 Short-Term Fixed Account
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- 068 Ariel Fund
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- 072 Blue Chip Growth Fund (T. Rowe Price)
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- 008 Government Securities Fund (JP Morgan)
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- 084 Small Cap Special Values Fund (Wells Capital Mgt.)
- 136 Small Cap Value Fund (JP Morgan)
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- 016 Systematic Core (Goldman Sachs)
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- 104 T. Rowe Price Retirement 2015
- 105 T. Rowe Price Retirement 2020
- 106 T. Rowe Price Retirement 2025
- 107 T. Rowe Price Retirement 2030
- 108 T. Rowe Price Retirement 2035
- 109 T. Rowe Price Retirement 2040
- 110 T. Rowe Price Retirement 2045
- 111 T. Rowe Price Retirement 2050
- 112 T. Rowe Price Retirement 2055
- 113 T. Rowe Price Retirement 2060
- 141 U.S. Socially Responsible Fund (SunAmerica)
- 054 Vanguard LifeStrategy Conservative Growth Fund
- 052 Vanguard LifeStrategy Growth Fund
- 053 Vanguard LifeStrategy Moderate Growth Fund
- 022 Vanguard Long-Term Investment-Grade Fund
- 023 Vanguard Long-Term Treasury Fund
- 025 Vanguard Wellington Fund
- 024 Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit **[aig.com/RetirementServices](http://aig.com/RetirementServices)** or call **1-800-448-2542** for assistance or to request a prospectus.

**Please send completed forms to:** Overnight Delivery:  
Document Control  
P.O. Box 15648  
Amarillo, TX 79105-5648  
Document Control  
1050 N. Western St.  
Amarillo, TX 79106-7011

\*\*\*Financial Industry Regulatory Authority (FINRA)



**Portfolio Director® Fixed and Variable  
Annuity Enrollment**

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

For use with participants in group contracts.

**VIRGINIA**

Is there a related transaction other than a contribution associated with this application? (If so, indicate below and complete the applicable forms.)

☐ Starter Account Conversion ☐ Transfer/Rollover In (VL 14098) ☐ Internal Combination Rollover (VL 9006)

**1. ANNUITANT/APPLICANT INFORMATION**

Name: \_\_\_\_\_ SSN\* or Tax ID: \_\_\_\_\_  
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female  
☐ Married ☐ Not Married Date of Birth (DOB): \_\_\_\_\_  
Residence Address\*\*: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile ☐ Business ☐ Personal ☐ Business Mobile ☐ Personal Mobile  
Mailing Address\*\* (if different from residence): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*Social Security Number (SSN) \*\*All accounts will be updated with these addresses.

**2. BENEFICIARY DESIGNATION (Refer to Information page(s) for guidance.)**

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.  
If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

**PRIMARY**  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**CONTINGENT**  
Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**3. INVESTOR PROFILE**

Has the Annuitant/Applicant previously purchased mutual funds or other securities? ☐ No ☐ Yes If yes, number of years: \_\_\_\_\_  
**Investment Objective** (check one): ☐ Safety of Principal ☐ Long-Term Growth ☐ Income  
**Risk Profile:** ☐ Higher Risk ☐ Aggressive ☐ Moderately Aggressive ☐ Moderate ☐ Moderately Conservative ☐ Conservative ☐ Cautious  
**Financial Situation:**  
Annual Household Income ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Net Worth (excluding value of primary residence) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Life Insurance (face amount) ☐ Under \$50,000 ☐ \$50,000 – \$100,000 ☐ Over \$100,000 list amount: \$ \_\_\_\_\_  
Tax Bracket: \_\_\_\_\_ % Dependents: Number: \_\_\_\_\_ Age(s): \_\_\_\_\_  
Annuitant/Applicant Occupation: \_\_\_\_\_  
Current Employer (Required): \_\_\_\_\_ Group #: \_\_\_\_\_ ☐ Retired ☐ Unemployed  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Annual Salary: \$ \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Expected Annuity Date: \_\_\_\_\_  
Is the Annuitant/Applicant employed by or registered with a FINRA\*\*\* member firm? ☐ Yes ☐ No (In the absence of an election, age 85 will be used.)  
**Identity Verification:** ☐ Driver's License ☐ Passport ☐ Alien Registration ☐ Other Government Issued I.D.  
☐ Other (Please Describe): \_\_\_\_\_ Document Number (required): \_\_\_\_\_  
Issued By (required): \_\_\_\_\_ Issue Date (if available): \_\_\_\_\_ Expiration Date (required): \_\_\_\_\_

**4. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES**

E-mail Address: \_\_\_\_\_ ☐ Business ☐ Personal  
Select document delivery choice below. If no selections are made, paper documents will be mailed.  
☐ Electronic delivery ☐ Paper delivery  
Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

☐ **I choose to enroll in Guided Portfolio Services®** (Additional form required). Based on this choice, I agree to have 100% of my contribution allocated to Government Money Market 006 until the investment allocations from my assigned Guided Portfolio Services portfolio are implemented. A maximum of 20 investment options is permitted. See the list of investment options on the Information page(s). If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

Investment Option: Percentages must be whole numbers totaling 100%.						
Investment Option Name:	Number	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		%	%	%	%	%
		<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

		Employee Voluntary (1)	Mandatory or Matched (2)	Employer Basic (3)	Supplemental or Matching (4)	403(b), 401(k) or 457(b) Gov. Only
<b>Plan Information</b>	Plan Type					
	Plan #					
	Product					
	Sub Group					

This enrollment is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current VALIC contract prospectus with the privacy notice was provided with this application.

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by this or any other company? ☐ Yes ☐ No

If yes, to either question above, please fill out the required state replacement form.

Are you as the owner of this account an active duty service member of the United States Armed Forces? ☐ No ☐ Yes (If yes, complete VL 22059.)

If new records are necessary to invest future contributions through this employer's plans and I have not completed a new enrollment form for those records, I authorize VALIC and VALIC Financial Advisors, Inc. (VFA) to establish those new records and to rely on then-current allocation instructions and personal information associated with records established pursuant to this enrollment form. If I establish more than one record via this enrollment form, I understand that, if new records are needed in the future, VALIC and VFA will rely on then-current information of records of similar money source (employee, employer). I understand I will be notified in writing of the new record(s) and will be able to immediately make changes if I desire.

Funds allocated to any Multi-Year Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account values.

By signing this form, I represent that all statements, answers, and affirmations in this form are representations and not warranties. I further represent all information in this form is complete and true to the best of my knowledge and belief, and I have read and understand the information provided in the Information page(s) on the following subjects:

- Withdrawal Restrictions for 403(b) Plans (if applicable)
- Salary Reduction Agreement/Authorization (if applicable)
- Redemptions from Optional Retirement Programs and other Plans (if applicable)

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, as applicable.

**Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.**

Annuitant/Applicant's Signature

Signed at City/State

Date \_\_\_\_\_

Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ State License #: \_\_\_\_\_

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ No

As Agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A

By signing this form, I represent that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent/Registered Representative (Print Name)

Licensed Agent/Registered Representative's Signature

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Information

## EXPECTED ANNUITY DATE

Owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

## REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

## USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

## WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

Under federal tax laws regulating certain 403(b) plans, election contributions, interest and earnings credited to your account after 12/31/88 and elective contributions may be withdrawn only after the following:

- Severance from employment
- Death
- Hardship (contributions only)
- Attainment of age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Some employer plans have alternative investment options among which plan participants may transfer contract values.

## BENEFICIARY DESIGNATIONS

**If your account was established under your Employer's plan and such Plan requires that you obtain consent from your spouse to name a beneficiary other than your spouse, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits.**

Contact your Employer for spousal consent requirements applicable to your plan. For Employee Retirement Income Security Act (ERISA) Covered Plans, your spouse must be your primary beneficiary unless Spousal consent to waive Pre-retirement Death Benefits is given.

Your primary beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trust.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial professional or a Customer Service Professional at 1-800-448-2542.

## SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(b) AND 401(k) PLANS

This section only applies if you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions specified in the Contribution Information section on this form. This form shall serve as your instruction for such contributions and agreement to your Employer's rules regarding the contributions. Upon acceptance by the Employer of these instructions, this document shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from VALIC. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on this form. This agreement shall be legally binding as to both parties while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the Employer and in accordance with the Employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement). Only amounts not currently available to the employee are eligible for salary reduction/deduction.

## INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE

For federal tax law and Employee Retirement Income Security Act (ERISA) purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple's place of domicile; and (2) the terms "spouse," "husband and wife," "husband," and "wife" do not include individuals who have entered into a formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.

## DOCUMENT DELIVERY CHOICES

E-delivery notices will be sent when the following items become available: Regulatory reports, such as applicable fund prospectuses, product prospectus, disclosures, annual and semi-annual reports and information statements.

Account Statements, such as annual and quarterly statements as well as Guided Portfolio Services or Guided Portfolio Advantage® statements.

Transaction confirmations, such as confirmation of fund exchanges, transfers and certain account/administrative updates.

You may customize your selections online at [aig.com/RetirementServices](http://aig.com/RetirementServices).

Certain documents and types of correspondence may continue to be delivered by U.S. mail for compliance reasons. By electing e-Delivery, you are confirming that you have ready access to a computer with Internet access, an active email account to receive this information electronically, and the ability to read and retain it. This consent will continue until revoked. E-delivery will be cancelled if emails are returned undeliverable. VALIC is not required to deliver information electronically and may discontinue e-delivery notices in whole or part at any time.

# Information (continued)

## CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (Includes either non-elective employee contributions, or elective deferrals for matching contribution purposes.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching;
- (5) - Employee Roth After Tax Contribution. (403(b), 401(k) or 457(b) Governmental plans.)

Separate account numbers must be set up for each Contribution Source.

- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

## INVESTMENT OPTIONS

- 001 Fixed Account Plus  
002 Short-Term Fixed Account  
Multi-Year Fixed Option: A minimum of \$25,000 is required.  
099 10 Year Term Multi-Year Fixed Option  
148 Aggressive Growth Lifestyle Fund (PineBridge Investments)  
090 American Beacon Bridgeway Large Cap Growth Fund  
069 Ariel Appreciation Fund  
068 Ariel Fund  
005 Asset Allocation Fund (PineBridge Investments)  
072 Blue Chip Growth Fund (T. Rowe Price)  
139 Capital Appreciation Fund (BMO Asset Management)  
150 Conservative Growth Lifestyle Fund (PineBridge Investments)  
158 Core Bond Fund (PineBridge Investments)  
021 Dividend Value Fund (BlackRock/SunAmerica)  
103 Dynamic Allocation Fund (Alliance Bernstein/SunAmerica)  
087 Emerging Economies Fund (JP Morgan)  
101 Global Real Estate Fund (Invesco/Goldman Sachs)  
088 Global Strategy Fund (Franklin Templeton)  
006 Government Money Market I Fund (SunAmerica)  
008 Government Securities Fund (JP Morgan)  
078 Growth Fund (American Century)  
160 High Yield Bond Fund (Wellington)  
077 Inflation Protected Fund (PineBridge Investments)  
011 International Equities Index Fund (SunAmerica)  
013 International Government Bond Fund (PineBridge Investments)  
020 International Growth Fund (Morgan Stanley)  
133 International Opportunities Fund (Delaware/MFS)  
012 International Socially Responsible Fund (SunAmerica)  
089 International Value Fund (Wells Capital Mgt.)  
102 Invesco Balanced-Risk Commodity Strategy Fund  
079 Large Capital Growth Fund (MFS)  
004 Mid Cap Index Fund (SunAmerica)  
083 Mid Cap Strategic Growth Fund (Allianz Global/Janus Henderson)  
138 Mid Cap Value Fund (Boston Partners/Wellington)  
149 Moderate Growth Lifestyle Fund (PineBridge Investments)  
046 Nasdaq-100® Index Fund (SunAmerica)  
017 Science & Technology Fund (T. Rowe Price/Allianz Global/Wellington)  
135 Small Cap Growth Fund (JP Morgan)

- 014 Small Cap Index Fund (SunAmerica)  
084 Small Cap Special Values Fund (Wells Capital Mgt.)  
136 Small Cap Value Fund (JP Morgan)  
010 Stock Index Fund (SunAmerica)  
016 Systematic Core (Goldman Sachs)  
075 Systematic Value Fund (Wellington)  
104 T. Rowe Price Retirement 2015  
105 T. Rowe Price Retirement 2020  
106 T. Rowe Price Retirement 2025  
107 T. Rowe Price Retirement 2030  
108 T. Rowe Price Retirement 2035  
109 T. Rowe Price Retirement 2040  
110 T. Rowe Price Retirement 2045  
111 T. Rowe Price Retirement 2050  
112 T. Rowe Price Retirement 2055  
113 T. Rowe Price Retirement 2060  
141 U.S. Socially Responsible Fund (SunAmerica)  
054 Vanguard LifeStrategy Conservative Growth Fund  
052 Vanguard LifeStrategy Growth Fund  
053 Vanguard LifeStrategy Moderate Growth Fund  
022 Vanguard Long-Term Investment-Grade Fund  
023 Vanguard Long-Term Treasury Fund  
025 Vanguard Wellington Fund  
024 Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit **[aig.com/RetirementServices](http://aig.com/RetirementServices)** or call **1-800-448-2542** for assistance or to request a prospectus.

**Please send completed forms to:** Overnight Delivery:  
Document Control Document Control  
P.O. Box 15648 1050 N. Western St.  
Amarillo, TX 79105-5648 Amarillo, TX 79106-7011

\*\*\*Financial Industry Regulatory Authority (FINRA)



# 2023 Golf Retirement Plus™ Incentive Allocation Agreement

Golf Retirement Plus Partner Program incentives can be allocated to other PGA Professionals who are enrolled in Golf Retirement Plus and employed at your facility. You can change who receives allocations at your facility and the percentage allocated per person at any time by submitting a new agreement. When incentives are paid, they will be allocated according to the allocation instructions on file. It is your responsibility to complete a new Incentive Allocation Agreement each year or when there is a staff change at your facility.

In order to process your Incentive Allocation Agreement, all PGA Professionals involved in the allocation must:

- Have a Golf Retirement Plus Program account.
- Have a current year Facility Authorization Agreement on file with the PGA of America.
- Be members in good standing with the PGA of America. To review your membership status, contact PGA Membership Services at 800.4PGA.PRO.
- Be employed at the same facility, as defined by the PGA of America. To review your employment status, contact PGA Membership Services at 800.4PGA.PRO.
- Exception: Allocations may be made to PGA Professionals employed at a management company. To review this exception, contact your Golf Retirement Plus Specialist at 833.PGA.PLUS.

## Important Notes:

- This is an annual agreement. A new Incentive Allocation Agreement must be submitted at the beginning of each calendar year.
- If you are employed at more than one facility, any member that you allocate to will receive a percentage of all the contributions you receive from all of your facilities, not just the facility where the allocation recipient is employed.
- For questions about Golf Retirement Plus or this Agreement, contact your Golf Retirement Plus Specialist 833.PGA.PLUS (742.7587).
- For questions about your membership or employment status, contact PGA Membership Services 800.4PGA.PRO (474.2776).

[pga.corebridgefinancial.com](https://pga.corebridgefinancial.com) 1.833.PGA.PLUS (833.742.7587)

This material is general in nature, was developed for educational use only, and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Applicable laws and regulations are complex and subject to change. Please consult with your financial professional regarding your situation. For legal, accounting or tax advice consult the appropriate professional.

Annuities are issued by **The Variable Annuity Life Insurance Company**, Houston, TX. Variable annuities are distributed by AIG Capital Services, Inc., member FINRA.

Securities and investment advisory services offered through VALIC Financial Advisors, Inc., member FINRA, SIPC and an SEC-registered investment adviser.

VALIC Retirement Services Company provides retirement plan recordkeeping and related services and is the transfer agent for certain affiliated variable investment options.

All companies above are wholly owned subsidiaries of Corebridge Financial, Inc.

Corebridge Retirement Services, Corebridge Financial and Corebridge are marketing names used by these companies.



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VC 30756 (07/2023) J1197805 EE

# 2023 Golf Retirement Plus Incentive Allocation Agreement

Use this form to share the incentives earned through Golf Retirement Plus Partner Programs with other PGA Professionals employed at your facility.

This agreement must be updated at the beginning of each calendar year.

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Highest Ranked PGA Professional	PGA Member Number	Facility Name	
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Signature	Date	% to YOURSELF	PGA Classification

## Select the Facility Related Partner Programs to Allocate Incentives From

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> ALL PARTNERS    | <input type="checkbox"/> FootJoy                    | <input type="checkbox"/> Ouray Sportswear           | <input type="checkbox"/> Titleist       |
| <input type="checkbox"/> Adidas Golf     | <input type="checkbox"/> Gatorade                   | <input type="checkbox"/> Past Contributors          | <input type="checkbox"/> U.S. Kids Golf |
| <input type="checkbox"/> Ahead           | <input type="checkbox"/> GN Collection              | <input type="checkbox"/> PepsiCo                    |   |
| <input type="checkbox"/> AM&E            | <input type="checkbox"/> Heritage Creations         | <input type="checkbox"/> Pukka Headwear             |   |
| <input type="checkbox"/> Antigua         | <input type="checkbox"/> Imperial Headwear          | <input type="checkbox"/> Srixon/Cleveland Golf/XXIO |   |
| <input type="checkbox"/> Callaway Golf   | <input type="checkbox"/> Kirk & Matz                | <input type="checkbox"/> St. Andrews Products       |   |
| <input type="checkbox"/> Cobra Puma Golf | <input type="checkbox"/> Lorente Golf               | <input type="checkbox"/> Scheyden Eyewear           |   |
| <input type="checkbox"/> Dunning Golf    | <input type="checkbox"/> Mizuno                     | <input type="checkbox"/> Sterling Cut Glass         |   |
| <input type="checkbox"/> ECCO            | <input type="checkbox"/> Office Depot               | <input type="checkbox"/> Sun Mountain               |   |
| <input type="checkbox"/> EyePromise      | <input type="checkbox"/> OpenRounds - Facility Host | <input type="checkbox"/> TaylorMade Golf            |   |

## I wish to allocate my incentives to the PGA professionals at my facility listed below

\*\*Allocations must be in whole percentages only. No fractions. Allocations to yourself and all PGA Professionals must equal 100%.

1	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Your Name (Please Print)	PGA Member ID Number	Allocation	Employed at Management Co.
	<input type="text"/>			<input type="text"/>
	Signature (I agree to share contributions received directly from partners to the PGA Professionals included in this allocation.)			PGA Classification
2	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Your Name (Please Print)	PGA Member ID Number	Allocation	Employed at Management Co.
	<input type="text"/>			<input type="text"/>
	Signature (I agree to share contributions received directly from partners to the PGA Professionals included in this allocation.)			PGA Classification
3	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Your Name (Please Print)	PGA Member ID Number	Allocation	Employed at Management Co.
	<input type="text"/>			<input type="text"/>
	Signature (I agree to share contributions received directly from partners to the PGA Professionals included in this allocation.)			PGA Classification
4	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Your Name (Please Print)	PGA Member ID Number	Allocation	Employed at Management Co.
	<input type="text"/>			<input type="text"/>
	Signature (I agree to share contributions received directly from partners to the PGA Professionals included in this allocation.)			PGA Classification

Mail Form To: Corebridge Financial - Golf Retirement Plus  
1800 North Military Trail - Suite 340 - Boca Raton, FL 33431

Fax Form To:  
1.855.296.7239

Email Form To:  
GRP@corebridgefinancial.com

For Assistance Call:  
1.833.PGA.PLUS (742.7587)

# 2023 Golf Retirement Plus™

## Annual Facility Authorization Agreement



### Partner Enrollment Forms:

Completing a Facility Authorization Form does not automatically enroll you in the Golf Retirement Plus (GRP) Partner Programs. To enroll, please let your sales representatives know that you participate in Golf Retirement Plus and would like to earn incentives.

In addition to this Facility Authorization Agreement, the following partners require either an additional annual enrollment form or a one-time registration or enrollment form:

Annual Enrollment	One-Time Enrollment		
Adidas Golf	Ahead	GN Collection	PepsiCo
Callaway Golf	AM&E	Heritage Creations	Pukka Headwear
Cobra Puma Golf	Antigua	Imperial Headwear	St. Andrews Products
Mizuno	Dunning Golf	Kirk & Matz	Scheyden Eyewear
Srixon/Cleveland Golf/XXIO	ECCO	Lorente Golf	Sterling Cut Glass
TaylorMade Golf	EyePromise	Office Depot	Sun Mountain
	FootJoy	OpenRounds	Titleist
	Gatorade	Ouray Sportswear	U.S. Kids Golf

PGA Professionals can access more detail on each GRP Partner Program by visiting [www.PGA.org](http://www.PGA.org) or contacting a GRP Representative at 1.833.PGA.PLUS (742.7587).

### Partner Program Options:

There are nearly 30 Golf Retirement Plus Partner Programs available to PGA Professionals. The majority of them offer incentives that are truly incremental to other financial benefits or discounts available to the facility. However, the programs listed below allow the facility to choose whether to apply discounts to invoices or authorize the contribution of incentives to their PGA Professionals' GRP accounts. Detailed descriptions about these programs can be found on [www.PGA.org](http://www.PGA.org).

- Adidas Golf
- Callaway Golf
- Cobra Puma Golf
- FootJoy
- Srixon/Cleveland Golf/XXIO
- TaylorMade Golf
- Titleist
- U.S. Kids Golf

[pga.corebridgefinancial.com](http://pga.corebridgefinancial.com) 1.833.PGA.PLUS (833.742.7587)

This material is general in nature, was developed for educational use only, and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Applicable laws and regulations are complex and subject to change. Please consult with your financial professional regarding your situation. For legal, accounting or tax advice consult the appropriate professional.

Annuities are issued by **The Variable Annuity Life Insurance Company**, Houston, TX. Variable annuities are distributed by **AIG Capital Services, Inc.**, member FINRA..

Securities and investment advisory services offered through **VALIC Financial Advisors, Inc.**, member FINRA, SIPC and an SEC-registered investment adviser.

VALIC Retirement Services Company provides retirement plan recordkeeping and related services and is the transfer agent for certain affiliated variable investment options.

All companies above are wholly owned subsidiaries of Corebridge Financial, Inc.

Corebridge Retirement Services, Corebridge Financial and Corebridge are marketing names used by these companies.



## 2023 Golf Retirement Plus Annual Facility Authorization Agreement

Completing this form does not automatically enroll you in the Golf Retirement Plus Partner Programs. To enroll, please let your sales representatives know that you participate in Golf Retirement Plus and would like to earn incentives. For details on any of the Partner Programs listed below, please visit the Member Benefits section on [www.PGA.org](http://www.PGA.org).

### Step 1

Select the Partner Programs you are authorized to receive incentives from (REQUIRED)

\*Sponsor company enrollment forms are available on [PGA.org](http://PGA.org). For all other companies, contact your sales representative to complete their enrollment requirements.

#### Facility Related Programs

<input type="checkbox"/> ALL FACILITY PARTNERS	<input type="checkbox"/> FootJoy*	<input type="checkbox"/> Ouray Sportswear	<input type="checkbox"/> Titleist	
<input type="checkbox"/> Adidas Golf	<input type="checkbox"/> Gatorade	<input type="checkbox"/> Past Contributors	<input type="checkbox"/> U.S. Kids Golf*	
<input type="checkbox"/> Ahead	<input type="checkbox"/> GN Collection*	<input type="checkbox"/> PepsiCo	<b>Personal Use Programs</b>	
<input type="checkbox"/> AM&E*	<input type="checkbox"/> Heritage Creations*	<input type="checkbox"/> Pukka Headwear*		<input type="checkbox"/> ALL PERSONAL USE PARTNERS
<input type="checkbox"/> Antigua	<input type="checkbox"/> Imperial Headwear*	<input type="checkbox"/> Srixon/Cleveland Golf/XXIO*		<input type="checkbox"/> Office Depot
<input type="checkbox"/> Callaway Golf*	<input type="checkbox"/> Kirk & Matz*	<input type="checkbox"/> St. Andrews Products		<input type="checkbox"/> OpenRounds - Away Play
<input type="checkbox"/> Cobra Puma Golf	<input type="checkbox"/> Lorente Golf*	<input type="checkbox"/> Scheyden Eyewear*		<input type="checkbox"/> Premier Golf
<input type="checkbox"/> Dunning Golf*	<input type="checkbox"/> Mizuno*	<input type="checkbox"/> Sterling Cut Glass*		
<input type="checkbox"/> ECCO*	<input type="checkbox"/> Office Depot	<input type="checkbox"/> Sun Mountain*		
<input type="checkbox"/> EyePromise	<input type="checkbox"/> OpenRounds - Facility Host	<input type="checkbox"/> TaylorMade Golf		

### Step 2

Select One Option (REQUIRED)

- ☐ **Option 1** I own the golf shop concession at my facility and do not require employer/facility owner/club permission to receive incentives from the Golf Retirement Plus Partner Programs above and have printed and signed my name below.
- ☐ **Option 2** I do not own the golf shop concession at my facility but can receive incentives from the Golf Retirement Plus Partner Programs. I have reviewed all Partner Programs, which are selected above, with my employer/facility owner/club and I am authorized to receive Golf Retirement Plus incentives. I agree, subject to eligibility requirements, that PGA Golf Enterprises, Inc., will send any and all incentives earned from my participation in these Partner Programs to the annuity provider for investment in my retirement account. My employer and I both signed our names and completed all items below.
- ☐ **Option 3** I wish to receive incentives ONLY from the Personal Use Partners. My participation will be limited to Premier Golf, OpenRounds - Away Play, and Office Depot Store Purchase Card (SPC) and is based on my personal purchases. I am not receiving contributions from partner programs based on purchases for the retail business at my place of employment. I understand I must complete and sign Step 3 below, and no additional employer information or signatures are required.

### Step 3

To receive incentives, you must have a copy of this agreement on file with PGA Golf Enterprises, Inc. d/b/a Golf Retirement Plus and your membership status with the PGA of America must not be terminated. The form must be completed and signed by you and your employer (if applicable) on an annual basis. PGA Golf Enterprises, Inc. reserves the right to verify the signature and/or the authorization of employers at PGA Golf Enterprises, Inc.'s sole discretion, which may include, but not necessarily be limited to, submitting copies of this form to your employer for verification.

PGA Professionals have eight calendar quarters from the date Golf Retirement Plus royalties are received at the PGA of America to open a Golf Retirement Plus account and complete the Annual Facility Authorization Agreement. If, at the end of eight quarters, the PGA Professional has not opened an account nor has completed the Annual Facility Authorization Agreement, the PGA will retain the amount as royalty revenue.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Name (Please Print)	PGA Member ID Number	PGA Professional's Signature
<input type="text"/>		
Name of PGA Professional Staffed Facility		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Employer's Name	Your Employer's Title	Your Employer's Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Employer's Signature (required for Option 2)	Date	Your Employer's Email Address

Mail Form To: Corebridge - Golf Retirement Plus  
1800 North Military Trail - Suite 340 - Boca Raton, FL 33431

Fax Form To:  
1.855.296.7239

Email Form To:  
[GRP@corebridgefinancial.com](mailto:GRP@corebridgefinancial.com)

For Assistance Call:  
1.833.PGA.PLUS (742.7587)





Completing this form does not automatically enroll you in the Golf Retirement Plus Partner Programs. To enroll, please let your sales representatives know that you participate in Golf Retirement Plus and would like to earn incentives. For details on any of the Partner Programs listed below, please visit the Member Benefits section on [www.PGA.org](http://www.PGA.org).

**Step 1**

**Select the Partner Programs you are authorized to receive incentives from (REQUIRED)**

\*Requires an additional company enrollment form. Contact your sales representative to enroll with this company.

**Facility Related Programs**

<input type="checkbox"/> <u>ALL FACILITY PARTNERS</u>	<input type="checkbox"/> FootJoy*	<input type="checkbox"/> Nike Golf*	<input type="checkbox"/> TaylorMade Golf*	
<input type="checkbox"/> adidas Golf*	<input type="checkbox"/> Gatorade*	<input type="checkbox"/> Office Depot	<input type="checkbox"/> Titleist*	
<input type="checkbox"/> Ahead	<input type="checkbox"/> Golf Design*	<input type="checkbox"/> Ouray Sportswear	<input type="checkbox"/> U.S. Kids Golf	
<input type="checkbox"/> AM&E*	<input type="checkbox"/> Greg Norman Collection*	<input type="checkbox"/> Past Contributors	<b>Personal Use Programs</b>	
<input type="checkbox"/> Antigua*	<input type="checkbox"/> Heritage Creations*	<input type="checkbox"/> PepsiCo*		<input type="checkbox"/> <u>ALL PERSONAL USE PARTNERS</u>
<input type="checkbox"/> Callaway Golf*	<input type="checkbox"/> Imperial Headwear*	<input type="checkbox"/> Pukka Headwear*		<input type="checkbox"/> Office Depot
<input type="checkbox"/> COBRA PUMA GOLF*	<input type="checkbox"/> Kirk & Matz*	<input type="checkbox"/> Srixon/Cleveland Golf/XXIO*		<input type="checkbox"/> Past Contributors
<input type="checkbox"/> ECCO*	<input type="checkbox"/> Lorente Golf*	<input type="checkbox"/> St. Andrews Products		<input type="checkbox"/> Premier Golf
<input type="checkbox"/> ESA	<input type="checkbox"/> Mizuno*	<input type="checkbox"/> Sterling Cut Glass*		
	<input type="checkbox"/> Morell Studios	<input type="checkbox"/> Sun Mountain*		

**Step 2**

To receive incentives, you must have a copy of this agreement on file with PGA Golf Enterprises, Inc. d/b/a Golf Retirement Plus and your membership status with the PGA of America must be in good standing. The form must be completed and signed by you and the current President and Vice President of your PGA Section on an annual basis, with the President and Vice President executing under authority granted by your PGA Section's Board of Directors. PGA Golf Enterprises, Inc. reserves the right to verify the signature and/or the authorization of your PGA Section Officers at PGA Golf Enterprises, Inc.'s sole discretion, which may include, but not necessarily be limited to, submitting copies of this form to your PGA Section Officers for verification.

PGA Section Executive Directors, who are PGA Members and wishing to participate in Golf Retirement Plus are entering an agreement solely between the respective Section, its Officers, its Board of Directors and the selected program partners. By submitting this form, it is understood by the Executive Director and Section Officers that Golf Retirement Plus partners may contribute dollars into a personal retirement annuity for the Executive Director as a result of purchases made specific to Section business purposes or personal use programs referenced above. It is implied that participation in Golf Retirement Plus partner programs should be made with consideration of the PGA Section's best business interests and agreed upon by the PGA Section Office, its Officers and Board of Directors prior to enrollment and receiving subsequent incentives. PGA Golf Enterprises, Inc. is not to be held responsible for any issue emanating from participation in Golf Retirement Plus, including but not limited to, termination of employment.

PGA Members have eight calendar quarters from the date Golf Retirement Plus royalties are received at the PGA of America to open a Golf Retirement Plus account and complete the Annual PGA Section Authorization Agreement. If, at the end of eight quarters the PGA Professional has not opened an account and has not completed the Annual PGA Section Authorization Agreement, the PGA will retain the amount as royalty revenue.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Name (Please Print)	PGA Member ID Number	PGA Professional's Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
PGA Section President Name	Name of PGA Section Office	PGA Section President's Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
PGA Section President Signature (required)	Date	PGA Section President's Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
PGA Section Vice President Name	Name of PGA Section Office	PGA Section Vice President's Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
PGA Section Vice President Signature (required)	Date	PGA Section Vice President's Email Address

**Mail Form To:** AIG Retirement Services - Golf Retirement Plus  
1800 North Military Trail - Suite 340 - Boca Raton, FL 33431

**Fax Form To:**  
1-855-296-7239

**Email Form To:**  
[VALICPGAGolfRetirementPlus@aig.com](mailto:VALICPGAGolfRetirementPlus@aig.com)

**For Assistance Call:**  
1-833-PGA-PLUS (742-7587)



# 2020 Golf Retirement Plus™

## Annual PGA Section Authorization Agreement

Completing a Facility Authorization Form does not automatically enroll you in the Golf Retirement Plus (GRP) Partner Programs. To enroll, please let your sales representatives know that you participate in Golf Retirement Plus and would like to earn incentives.

In addition to this Facility Authorization Agreement, the following partners require either an additional annual enrollment form or a one-time registration or enrollment form:

Annual Enrollment	One-Time Enrollment
adidas Golf	AM&E
Callaway Golf	Antigua
COBRA PUMA GOLF	ECCO
Mizuno	FootJoy
Nike Golf	Gatorade
TaylorMade Golf	Golf Design
Srixon/Cleveland Golf/XXIO	Greg Norman Collection
	Heritage Creations
	Imperial Headwear
	Kirk & Matz
	Lorente Golf
	Morell Studios
	Office Depot
	PepsiCo
	Pukka Headwear
	Sterling Cut Glass
	Sun Mountain
	Titleist
	U.S. Kids Golf

### Partner Program Options:

In total, there are more than 30 Golf Retirement Plus™ Partner Programs available to PGA Professionals. The majority of them offer incentives that are truly incremental to other financial benefits or discounts available to the facility. Those partners include:

- Ahead
- AM&E
- Antigua
- ECCO
- Golf Design
- Greg Norman Collection
- Heritage Creations
- Imperial
- Kirk & Matz
- Lorente Golf
- Mizuno
- Morell Studios
- Ouray Sportswear
- PepsiCo & Gatorade
- Premier Golf
- Pukka Headwear
- Sterling Cut Glass
- St. Andrew's Products
- Sun Mountain
- U.S. Kids Golf

The programs listed below allow the facility to choose whether to apply discounts to invoices or authorize the contribution of incentives to their PGA Professionals' GRP accounts. Detailed descriptions about each program can be found on [www.PGA.org](http://www.PGA.org).

- adidas Golf
- Callaway Golf
- Cobra Puma Golf
- FootJoy
- Nike Golf
- Srixon/Cleveland Golf/XXIO
- TaylorMade Golf
- Titleist

The following partners offer programs that can help financially support PGA Sections:

- Employment Screening Associates
- PepsiCo & Gatorade
- Office Depot

Securities and investment advisory services offered through VALIC Financial Advisors, Inc. (VFA), member FINRA, SIPC and an SEC-registered investment adviser.  
 Annuities are issued by The Variable Annuity Life Insurance Company (VALIC), Houston, TX. Variable annuities are distributed by its affiliate, AIG Capital Services, Inc. (ACS), member FINRA.  
 AIG Retirement Services represents AIG member companies—The Variable Annuity Life Insurance Company (VALIC) and its subsidiaries, VALIC Financial Advisors, Inc. (VFA) and VALIC Retirement Services Company (VRSCO). All are members of American International Group, Inc. (AIG).

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

THE ATTACHED NOTICE MUST BE COMPLETED FOR ALL APPLICATIONS AT THE POINT OF SALE FOR THE FOLLOWING:

STATE	APPLICABILITY
Alabama	All Individual and Group Annuity Contracts
Alaska	All Individual and Group Annuity Contracts
Arizona	All Individual and Group Annuity Contracts
Arkansas	All Individual and Group Annuity Contracts
Colorado	All Individual and Group Annuity Contracts
Connecticut	All Individual and Group Annuity Contracts
Hawaii	All Individual and Group Annuity Contracts
Iowa	All Individual and Group Annuity Contracts
Kentucky	All Individual and Group Annuity Contracts
Louisiana	All Individual and Group Annuity Contracts
Maine	All Individual and Group Annuity Contracts
Maryland	All Individual and Group Annuity Contracts
Mississippi	All Individual and Group Annuity Contracts
Missouri	All Individual and Group Annuity Contracts
Montana	All Individual and Group Annuity Contracts
Nebraska	All Individual and Group Annuity Contracts
New Hampshire	All Individual and Group Annuity Contracts
New Jersey	All Individual and Group Annuity Contracts
New Mexico	All Individual and Group Annuity Contracts
North Carolina	All Individual and Group Annuity Contracts
Ohio	All Individual and Group Annuity Contracts
Oregon	All Individual and Group Annuity Contracts
Rhode Island	All Individual and Group Annuity Contracts
South Carolina	All Individual and Group Annuity Contracts
South Dakota	All Individual and Group Annuity Contracts
Texas	All Individual and Group Annuity Contracts
Utah	All Individual and Group Annuity Contracts
Vermont	All Individual and Group Annuity Contracts
West Virginia	All Individual and Group Annuity Contracts
Wisconsin	All Individual and Group Annuity Contracts

1. After completing the notice, have the applicant sign and date.
2. Leave the applicant a copy of the notice and copies of all sales literature used at the point of sale with the applicant.
3. Attach the original notice to the application and forward to:

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

# IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

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

**This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.**

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy or contract involves the use of funds obtained by the withdrawal, or surrender of, or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs, and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy or contract and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  
\_\_\_ YES \_\_\_ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  
\_\_\_ YES \_\_\_ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY NUMBER	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_.

You have the right to return the policy or contract within thirty (30) days of the delivery of the contract and receive an unconditional full refund of all premiums or considerations paid on it including any policy fees or charges or, in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations imposed under such policy or contract.

**Notice to applicant: It is important to retain the sales literature provided in this transaction in your personal records.**

I certify that the responses herein are, to the best of my knowledge, accurate. With my signature, I acknowledge that I have read and understood all of the disclosures above. My signature also acknowledges that at the time I completed my application for the proposed annuity contract, I was given a hard copy of this form to maintain for my personal records.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Applicant's Signature, if applicable \_\_\_\_\_ Date \_\_\_\_\_

Applicant's SSN \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_ Joint Applicant's Printed Name, if applicable \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate. I also certify that I only used company-approved sales material and that a copy of all sales material was left with the applicant.

Producer's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)



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

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A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### PREMIUMS:

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

### POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

### INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

### IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

### IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

### OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?