Living-Benefit Option Cancellation Form

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

1. ANNUITANT/APPLICANT INFORMATION		
Owner:	SSN* or Tax ID:	
Account Number(s):		
•	on on the account(s) listed above. I understand that the benefit and applicable fees will continue to apply until the be on or after the 5th benefit anniversary as indicated in the information below.	
IncomeLOCK Cancellation: IncomeLOCK may be cancelled on the This notice of cancellation must be received by the Company prior have been met, IncomeLOCK will be cancelled, and you will no long the Maximum Anniversary Value (MAV) Evaluation Period and you	to the benefit anniversary in order for the cancellation ger be charged a fee and the guarantees under the b	n to be effective. Once cancellation terms penefit are terminated. You may not extend
IncomeLOCK Plus Cancellation: IncomeLOCK Plus may be cance will be effective on the Benefit Quarter Anniversary following receip including the cancellation effective date. Once cancellation terms has guarantees under the benefit are terminated. You may not re-elect	t by the Company of a cancellation request and the fave been met, the benefit will be cancelled, and you	ee will continue to be deducted up to and will no longer be charged a fee and the
The Company will continue to rebalance your account in accordance we incomeLOCK is cancelled. Once the incomeLOCK or incomeLOCK Pluthe rebalance is not cancelled when the rider is cancelled.	·	
2. ANNUITANT/APPLICANT SIGNATURES		
The undersigned owner(s) acknowledges that he/she has read and under Plus rider on the account number(s) listed above.	derstands the above information and is requesting ca	ncellation of the IncomeLOCK/IncomeLOCK
Owner/Applicant Name (Print Name)	Owner/Applicant Signature	Date
Please send completed forms to:		
VALIC Document Control P.O. Box 15648 Amarillo, TX 79105-5648		
Overnight Deliveries VALIC Document Control 1050 N. Western St. Amarillo, TX 79106-7011		
Call 1-800-448-2542 for assistance		

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