

VALIC – THE VARIABLE ANNUITY LIFE INSURANCE COMPANY
Houston, Texas

1. ANNUITANT/APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____ Suffix: _____
 Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Married Not Married
 Date of Birth (DOB): _____ SSN* or Tax ID: _____
 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. CONTRIBUTION INFORMATION (Refer to Information page(s) for guidance.)

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
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
	Total	100%	100%	100%	100%	100%

TO BE COMPLETED BY AGENT

VALIC Group Name: _____
 VALIC Group Number: _____

Plan Information	Plan Type	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 #	_____	_____	_____	_____	_____	_____
Product	_____	_____	_____	_____	_____	_____
Sub Group	_____	_____	_____	_____	_____	_____

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.

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.

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.

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 The Variable Annuity Life Insurance Company. 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.

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 corebridgefinancial.com/retire.

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 (These can include either non-elective employee contributions, or elective deferrals that you must make in order to receive a matching contribution.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching;
- (5) - Employee Roth After Tax Contribution. (These include salary deduction contributions to a Roth 403(b), 401(k) or 457(b) Governmental plan.)

Note: 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
- 148 Aggressive Growth Lifestyle Fund
- 090 American Beacon Bridgeway Large Cap Growth Fund
- 069 Ariel Appreciation Fund
- 068 Ariel Fund
- 005 Asset Allocation Fund
- 139 Capital Appreciation Fund
- 150 Conservative Growth Lifestyle Fund
- 158 Core Bond Fund
- 021 Dividend Value Fund
- 103 Dynamic Allocation Fund
- 087 Emerging Economies Fund
- 101 Global Real Estate Fund
- 088 Global Strategy Fund
- 161 Goldman Sachs VIT Government Money Market Fund
- 008 Government Securities Fund
- 078 Growth Fund
- 160 High Yield Bond Fund
- 077 Inflation Protected Fund
- 011 International Equities Index Fund
- 013 International Government Bond Fund
- 020 International Growth Fund
- 133 International Opportunities Fund
- 012 International Socially Responsible Fund
- 089 International Value Fund
- 102 Invesco Balanced-Risk Commodity Strategy Fund
- 079 Large Capital Growth Fund
- 004 Mid Cap Index Fund
- 083 Mid Cap Strategic Growth Fund
- 138 Mid Cap Value Fund
- 149 Moderate Growth Lifestyle Fund
- 046 Nasdaq-100® Index Fund

- 017 Science & Technology Fund
- 135 Small Cap Growth Fund
- 014 Small Cap Index Fund
- 084 Small Cap Special Values Fund
- 136 Small Cap Value Fund
- 010 Stock Index Fund
- 016 Systematic Core Fund
- 072 Systematic Growth Fund
- 075 Systematic Value Fund
- 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
- 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 corebridgefinancial.com/retire or call 1-800-448-2542 for assistance or to request a prospectus.

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

Agent Access Authorization Form

VALIC Financial Advisors, Inc. (VFA)

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Mail or Fax Completed Forms to:

VALIC Document Control

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

Fax: 1-800-858-2542

1. CLIENT INFORMATION

Name: _____ Daytime Phone: (_____) _____

SSN: _____

2. AUTHORIZATION INFORMATION

I hereby grant my agent, the Broker/Dealer of record and their administrative staff the authority to obtain information and complete the following transactions within my account(s), on which the agent is identified as the agent of record:

- Transfers of value between investment options
- Asset allocation changes
- Rebalance of existing funds
- Contribution changes
- Account transaction status inquiries

This authorization does not allow my agent, Broker/Dealer or their administrative staff to take loans or withdrawals from my account(s).

If you would like an additional agent appointed with VALIC to also conduct the transactions listed above, designate that agent in the blanks below. The agent noted below will have the same authorization as the agent of record.

Dual Agent Name: _____

Dual Agent Code (assigned by VALIC): _____

Note: A Change of Broker/Dealer form is needed to change or update the agent of record.

3. CLIENT APPROVAL

- I understand that this authorization applies to all VALIC accounts associated with my Social Security number where the agent is identified as the agent of record.
- I understand that VALIC will follow the appropriate verification procedures when giving account information or performing transactions via the telephone. I further understand that the company is not responsible for any claim, loss or expense from any error resulting from instructions received over the phone or in writing from my agent(s), the Broker/Dealer of record and their administrative staff or myself.

Client's Signature: _____ Date: _____

VALIC represents The Variable Annuity Life Insurance Company and its subsidiary VALIC Retirement Services Company.

Record of Contribution

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

For Independent Channel Use Only

1. CLIENT INFORMATION			
First Name: _____	MI: _____	Last Name: _____	Suffix: _____
Date of Birth: _____		Primary Phone: (____) _____	SSN or Tax ID: _____
Address: _____			
City: _____		State: _____	ZIP: _____
Check #: _____		Check Date: _____	Check Amount: \$ _____
Contingent Owner Name (Nonqualified only): _____		SSN or Tax ID: _____	

2. FUNDS TO BE APPLIED TO ACCOUNTS			
Check one. Enter the information below and indicate the amount, if not equal to the check amount. (Can enter "NEW" as account #.)			
<input type="checkbox"/> IRA – Account #: _____	Product or Group #: _____	Amount: \$ _____	
<input type="checkbox"/> Nonqualified – Account #: _____	Product or Group #: _____	Amount: \$ _____	
<input type="checkbox"/> 401(a)/(k)/403(a) – Account #: _____	Product or Group #: _____	Amount: \$ _____	
<input type="checkbox"/> Roth: IRA/401(k)/403(b)/457(b) – Account #: _____	Product or Group #: _____	Amount: \$ _____	
<input type="checkbox"/> TSA 403(b) – Account #: _____	Product or Group #: _____	Amount: \$ _____	
Checks should be mailed to the appropriate Lockbox Bank for the product sold. See section 4.			
Variable Products: Funds will be applied to allocations established for future deposits. Allocations for future deposits may differ from how funds are currently invested. Allocations can be verified through VALIC Online for existing accounts.			
Model Replacement Form VL 14131 – Required for all applications sold in: AL-AR-AK-AZ-CO-CT-HI-IA-KY-LA-MD-ME-MS-MT-NC-NE-NH-NJ-NM-OH-OR-RI-SC-SD-TX-UT-VA-VT-WI-WV.			
New contracts or arrangements with VALIC will not go into effect until VALIC receives an application and applicable forms in good order.			

3. SOURCE OF QUALIFIED FUNDS	
SEP / IRA / Roth IRA Contribution for: _____ [Tax Year]	Consult your tax advisor regarding annual contribution requirements and deadlines.
Direct or Indirect (60-day) Rollover of Tax Qualified Funds – Name of Transferring Carrier: _____	
Source of funds: <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> IRA/SEP <input type="checkbox"/> Roth IRA/Roth 401(k)/Roth 403(b)/Roth 457(b) <input type="checkbox"/> 401(a)/(k)/403(a) <input type="checkbox"/> OTHER: _____	

4. LOCKBOX ADDRESSES			
Assured Choice		All Other Products	
Standard Mail:	Overnight:	Standard Mail:	Overnight:
THE VARIABLE ANNUITY LIFE INS CO Dept VAL PO Box 650545 Dallas, TX 75265-0545	JP MORGAN CHASE (TX1-0029) Attn: American General Life Ins Co & 650545 Dept Val 14800 Frye Rd, 2nd Floor Fort Worth, TX 76155	VALIC C/O JP MORGAN CHASE PO BOX 301700 Dallas, TX 75303-1700	JP MORGAN CHASE (TX1-0029) VALIC Lockbox number 301700 14800 Frye Rd Fort Worth, TX 76155

5. SIGNATURES	
<ul style="list-style-type: none"> • Client understands that an indirect rollover must be completed within 60 days from the date of client's receipt of a distribution from a qualified plan or IRA. The undersigned further agrees, in the event his/her transaction is not complete, to permit VALIC to retain his/her funds while VALIC immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated. • The undersigned agrees, in the event his/her transaction is not complete, to permit VALIC to retain his/her funds while VALIC immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated. 	
Client Signature _____	Date _____
Licensed Agent (Print Name): _____	Phone: (____) _____
VALIC Agent #/Location: _____	State License #: _____
Licensed Agent's Signature _____	Date _____
Broker-Dealer (Print Name): _____	
Branch Office Address: _____ City: _____ State: _____ ZIP: _____	
Licensed Principal of Broker-Dealer Signature _____	Date _____
Make all checks payable to: The Variable Annuity Life Insurance Company (VALIC)	

Disclosure Statement for Guaranteed Lifetime Withdrawal Benefit Riders

Supported by a Fund Employing Volatility Management Strategies

As an owner of a variable annuity contract that contains a guaranteed lifetime withdrawal benefit rider (“Living Benefit”), we wanted to call your attention to an investment strategy that is utilized by the volatility control fund listed below (the “Fund”), which is available under your contract. For owners who have elected the Living Benefit, this investment strategy may not be aligned with your goals and expectations under the Living Benefit rider and you should carefully evaluate with your financial advisor whether to invest in a fund with this strategy, taking into consideration the potential impact, discussed below, that this strategy may have on your Living Benefit. The following Fund employs these strategies:

- VALIC Company I Dynamic Allocation Fund

What is a volatility management strategy?

This strategy is used as a risk mitigation tool. The Fund, which is advised by our affiliates, employs risk management strategies that are intended to control the Fund’s overall volatility and to reduce the downside exposure of the underlying funds during significant market downturns. For example, when anticipated market volatility is expected to be higher, the investment manager of the Fund may reduce equity exposure. When anticipated volatility is expected to be lower, the investment manager of the Fund may increase equity exposure. In general, the strategy seeks to minimize the effects of adverse equity market conditions, mitigate both extreme losses and outsized gains, and improve returns through lower volatility. While designed to smooth out the performance of the Fund, there is no guarantee that the Fund’s strategy will be successful in managing portfolio volatility. Efforts to manage the Fund’s volatility could limit the Fund’s gains in rising markets, may expose the Fund to costs to which it would otherwise not have been exposed, and if unsuccessful may result in losses.

How will the volatility management strategy affect my guaranteed living benefits?

Your Living Benefit provides minimum guarantees in the form of withdrawals if you meet certain conditions. You pay an additional charge for your benefit, which in part pays to protect your guaranteed withdrawals from decreasing as a result of market downturns. Since the Benefit Base, which is a component of the Living Benefit used to determine the maximum amount that may be withdrawn each year, cannot decrease as a result of declines in the market, a volatility management strategy may, under certain market conditions, provide little or no additional benefit to you under the benefit. The risk management strategies used by the Fund could limit the upside participation of the Fund in strong, increasing markets resulting in your contract value rising less than would have been the case without this strategy. This may result in lower guaranteed lifetime withdrawal benefits. Any negative impact to the Fund as a result of the risk management strategies may limit contract values, which in turn may limit your ability to achieve higher Anniversary Values under your Living Benefit.