

Bank Deposit Agreement

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

VALIC is hereby authorized and directed to transfer funds as they become due to me, to the order of the bank (institution) listed below.

I hereby authorize and direct the Bank to correct erroneous credits to my account received for due dates after my death or due to erroneous duplicate transfers at any time by refunding the amount(s) to VALIC as being payments made under mistake of fact. I agree that VALIC shall not be liable for loss of funds during the process of transfer to the bank (or for delay in any such transfer) except where due to negligence of VALIC.

I reserve the right to revoke or cancel this order which must be made in writing to VALIC.

Bank Name

Name on Bank Account

Address

VALIC Account #(s)

City, State, ZIP

Annuitant SSN

(_____) _____
Bank Phone #

Signature of Annuitant

Date

Account Type:

- Checking **(A voided check MUST be attached to this form for electronic funds transfer to the bank.)**
- Savings

ABA Routing # (obtain from Bank)

Bank Account #