

Portfolio Director[®] Fixed and Variable Annuity Enrollment Form

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

New Jersey Alternate Benefit Program (ABP)
New Jersey Additional Contributions Tax-Sheltered Program (ACTS)

VALIC is an approved provider for the New Jersey Alternate Benefit Program (ABP) and the New Jersey Additional Contributions Tax-Sheltered Program (ACTS).

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 (Attach an additional sheet if necessary)

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

Have you 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
Client 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): _____

4. DELIVERY OPTION ELECTION

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.

5. CONTRIBUTION ELECTION (Check as many as applicable.)

This is my initial enrollment. I am vested

ABP Retirement Plan Contributions:
 5% Employee Mandatory and 8% Employer Matched (Members of Alternate Benefit Program ONLY) Effective Date: ____/____/____
Employee Contribution Account #: _____ **Employer Contribution** Account #: _____
 $5\% \times \$ \frac{\text{Annual Salary}}{\text{Annualized}} = \$ \frac{\text{Annualized}}{\text{Number of Pays}} = \$ \text{Periodic}$ $8\% \times \$ \frac{\text{Annual Salary}}{\text{Annualized}} = \$ \frac{\text{Annualized}}{\text{Number of Pays}} = \$ \text{Periodic}$

403(b) Voluntary Contribution, Salary Reduction:
 (Select one): ABP Contribution ACTS Contribution Account #: _____ Effective Date: ____/____/____
 Contribution: \$ _____ Per Pay x Pay Periods or _____ % of Salary $\frac{\text{Employee Contribution}}{\text{Annual Salary}} \times \$ \frac{\text{Annualized}}{\text{Number of Pays}} = \$ \text{Periodic}$

6. ALLOCATION INFORMATION (Use whole percentages equal to 100%)

Investment Name and Number	Employee ABP 403(b) Voluntary	Employee ACTS 403(b) Voluntary	Employee ABP 5% Retirement Plan	Employer ABP 8% Retirement Plan
Aggressive Growth Lifestyle (148)	_____%	_____%	_____%	_____%
Amer Beacon Brdwy Lrg Cp Grw I (90)	_____%	_____%	_____%	_____%
Ariel Appreciation Fund (69)	_____%	_____%	_____%	_____%
Ariel Fund (68)	_____%	_____%	_____%	_____%
Asset Allocation Fund (5)	_____%	_____%	_____%	_____%
Capital Appreciation Fund (139)	_____%	_____%	_____%	_____%
Conservative Growth Lifestyle (150)	_____%	_____%	_____%	_____%
Core Bond Fund (158)	_____%	_____%	_____%	_____%
Dividend Value (21)	_____%	_____%	_____%	_____%
Dynamic Allocation Fund (103)	_____%	_____%	_____%	_____%
Emerging Economies (87)	_____%	_____%	_____%	_____%
Fixed Account Plus (1)	_____%	_____%	_____%	_____%
Global Real Estate Fund (101)	_____%	_____%	_____%	_____%
Global Strategy Fund (Franklin Templeton) (88)	_____%	_____%	_____%	_____%
Goldman Sachs VIT Government Money Market Fund (161)	_____%	_____%	_____%	_____%
Government Securities Fund (8)	_____%	_____%	_____%	_____%
Growth Fund (78)	_____%	_____%	_____%	_____%
High Yield Bond Fund (160)	_____%	_____%	_____%	_____%
Inflation Protected Fund (77)	_____%	_____%	_____%	_____%
International Equities Index Fund (11)	_____%	_____%	_____%	_____%
International Government Bond (13)	_____%	_____%	_____%	_____%
International Growth Fund (20)	_____%	_____%	_____%	_____%
International Value Fund (89)	_____%	_____%	_____%	_____%
Intl Opportunities (133)	_____%	_____%	_____%	_____%
Intl Socially Responsible Fund (12)	_____%	_____%	_____%	_____%
Invesco Bal Risk Commod Str R5 (102)	_____%	_____%	_____%	_____%
Large Capital Growth (79)	_____%	_____%	_____%	_____%
Mid Cap Index Fund (4)	_____%	_____%	_____%	_____%
Mid Cap Strategic Growth (83)	_____%	_____%	_____%	_____%
Mid Cap Value Fund (138)	_____%	_____%	_____%	_____%
Moderate Growth Lifestyle (149)	_____%	_____%	_____%	_____%
NASDAQ-100(R) Index Fund (46)	_____%	_____%	_____%	_____%
Science & Technology Fund (17)	_____%	_____%	_____%	_____%
Short-Term Fixed Account (2)	_____%	_____%	_____%	_____%
Small Cap Growth Fund (135)	_____%	_____%	_____%	_____%
Small Cap Index Fund (14)	_____%	_____%	_____%	_____%
Small Cap Special Value Fund (84)	_____%	_____%	_____%	_____%
Small Cap Value Fund (136)	_____%	_____%	_____%	_____%
Stock Index Fund (10)	_____%	_____%	_____%	_____%
Strategic Growth (83)	_____%	_____%	_____%	_____%
Systematic Core Fund (16)	_____%	_____%	_____%	_____%
Systematic Growth Fund (72)	_____%	_____%	_____%	_____%
Systematic Value Fund (75)	_____%	_____%	_____%	_____%
US Socially Responsible Fund (141)	_____%	_____%	_____%	_____%
Vanguard Lifestrategy Conser (54)	_____%	_____%	_____%	_____%
Vanguard Lifestrategy Growth (52)	_____%	_____%	_____%	_____%
Vanguard Lifestrategy Modera (53)	_____%	_____%	_____%	_____%
Vanguard Long-Term Treasury (23)	_____%	_____%	_____%	_____%
Vanguard Lt I Nv-Grade Fund (22)	_____%	_____%	_____%	_____%
Vanguard Wellington Fund Inc (25)	_____%	_____%	_____%	_____%
Vanguard Windsor II Fund (24)	_____%	_____%	_____%	_____%
Percents must be whole numbers totaling 100%	100%	100%	100%	100%

TO BE COMPLETED BY FINANCIAL PROFESSIONAL

Group #: _____ Plan #: _____ Sub Group #: _____ Agent #: _____

7. ANNUITANT/APPLICANT AUTHORIZATION

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

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.)

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 in this or any other company? Yes No

I hereby adopt VALIC as my retirement program carrier. The beneficiary information provided herein shall apply to all of my VALIC ABP or ACTS accounts.

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.

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 are complete and true to the best of my knowledge and belief, and that 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)

If I give verbal instructions to my financial advisor to perform client-directed transfer of value transactions, I hereby authorize my financial advisor to perform those transactions on my behalf.

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, if applicable.

Annuitant/Applicant's Signature

Signed at City/State

Date

8. REPRESENTATIVE OF RECORD

Agent #: _____ Region Code: _____ Issue State: _____ 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

If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? Yes N/A

By signing this form, I certify 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 includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

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.

BENEFICIARY DESIGNATIONS (Primary and/or Contingent)

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 trustee.

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 Client Service Professional at 1-800-448-2542.

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 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.

Please send completed forms to:

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

Call 1-800-448-2542 for assistance.

Overnight Delivery:

VALIC Document Control
2271 S.E. 27th Avenue
Amarillo, TX 79103