

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

### 1. APPLICANT INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Not Married  
 Date of Birth (DOB): \_\_\_\_\_ SSN\* or Tax ID: \_\_\_\_\_  
☐ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien  
 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: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer Location: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
 \*Social Security Number (SSN) \*\*All Accounts will be updated with these addresses

### 2. BENEFICIARY DESIGNATION

This beneficiary designation supersedes all previous beneficiary designations for such account(s).  
 • To ensure that all beneficiaries are identified, list each by name.  
 • If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.  
 • Percentage total must equal 100%.  
 • A beneficiary may be an individual, institution, estate, 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 between 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.

### 2A. INSIDE EDGE CUSTODIAL ACCOUNT (Required – this section must be completed.)

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).  
☐ Check here if the beneficiary for the fixed annuity is the same as for the custodial account. (No designation required below.)

**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): \_\_\_\_\_ %  
☐ Check here if you have named additional beneficiaries on a separate sheet, signed, dated and attached to this form.  
 Print your name and Social Security number at the top of each separate sheet attached.

### 3. CONTRIBUTION SOURCE

TO BE COMPLETED BY AGENT		Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b) Only
<b>Plan Information</b>	Group # _____					
	Plan Type _____					
	Plan # _____					
	Product _____					
	Sub Group _____					

### 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.

## 5. INVESTMENT INSTRUCTIONS

For fund names, numbers, descriptions, see "Fund Sheet Summary". Please make check payable to VALIC.

**NOTE:** Minimum initial and subsequent investment is \$50 per fund per payroll deduction plans. Total Selections must equal 100%.

### MUTUAL FUND OPTIONS

- \_\_\_\_\_ % 8099 Aggressive Growth Lifestyle Fund (JP Morgan)
- \_\_\_\_\_ % 8043 Asset Allocation Fund (JP Morgan)
- \_\_\_\_\_ % 8100 Capital Appreciation Fund (Columbia)
- \_\_\_\_\_ % 8102 Conservative Growth Lifestyle Fund (JP Morgan)
- \_\_\_\_\_ % 8097 Core Bond Fund (PineBridge Investments)
- \_\_\_\_\_ % 8048 Dividend Value Fund (BlackRock/Clearbridge)
- \_\_\_\_\_ % 8050 Emerging Economies Fund (JP Morgan)
- \_\_\_\_\_ % 8067 Global Real Estate Fund (Duff & Phelps/MFS)
- \_\_\_\_\_ % 8052 Global Strategy Fund (Franklin/Bradywine)
- \_\_\_\_\_ % 8053 Government Securities Fund (JP Morgan)
- \_\_\_\_\_ % 8054 Growth Fund (SunAmerica/BlackRock)
- \_\_\_\_\_ % 8098 High Yield Bond Fund (Wellington)
- \_\_\_\_\_ % 8057 Inflation Protected Fund (Wellington)
- \_\_\_\_\_ % 8058 International Equities Index Fund (SunAmerica)
- \_\_\_\_\_ % 8059 International Government Bond Fund (PineBridge Investments)
- \_\_\_\_\_ % 8060 International Growth Fund (Morgan Stanley)
- \_\_\_\_\_ % 8103 International Opportunities Fund (MFS/Delaware)
- \_\_\_\_\_ % 8051 International Socially Responsible Fund (SunAmerica)
- \_\_\_\_\_ % 8049 International Value Fund (Allspring)
- \_\_\_\_\_ % 8062 Large Capital Growth Fund (MFS)
- \_\_\_\_\_ % 8063 Mid Cap Index Fund (SunAmerica)
- \_\_\_\_\_ % 8064 Mid Cap Strategic Growth Fund (Voya/Janus)
- \_\_\_\_\_ % 8104 Mid Cap Value Fund (Boston Partners/Wellington)
- \_\_\_\_\_ % 8105 Moderate Growth Lifestyle Fund (JP Morgan)
- \_\_\_\_\_ % 8066 Nasdaq 100® Index Fund (SunAmerica)
- \_\_\_\_\_ % 8068 Science & Technology Fund (BlackRock/Voya/Wellington)
- \_\_\_\_\_ % 8096 Small Cap Growth Fund (JP Morgan/T. Rowe Price)
- \_\_\_\_\_ % 8071 Small Cap Index Fund (SunAmerica)
- \_\_\_\_\_ % 8072 Small Cap Special Value Fund (Allspring)
- \_\_\_\_\_ % 8106 Small Cap Value Fund (JP Morgan)
- \_\_\_\_\_ % 8075 Stock Index Fund (SunAmerica)
- \_\_\_\_\_ % 8055 Systematic Core Fund (GSAM)
- \_\_\_\_\_ % 8044 Systematic Growth Fund (GSAM/Wellington)
- \_\_\_\_\_ % 8045 Systematic Value Fund (Wellington)
- \_\_\_\_\_ % 8107 U.S. Socially Responsible Fund (SunAmerica)
- \_\_\_\_\_ % 8108 Vanguard Federal Money Market Inv

### FIXED-INTEREST OPTION

\_\_\_\_\_ % FB009 Fixed Annuity - Long-Term Fixed Option. (This is an annuity contract option separate from the mutual fund account.)

A withdrawal charge may apply to in-service withdrawals or transfer amounts greater than 20% per contract year. Transfers to the fixed annuity within 90 days of a transfer from the fixed annuity may receive a different rate of interest than new purchase payments.

## 6. AFFIRMATIONS AND STATEMENTS

By signing this form:

- I represent that all statements, answers and affirmations are complete and true to the best of my knowledge and belief.
  - I have read and understand the information provided in the Information section.
  - I certify and agree that I have received and hereby adopt the VALIC 403(b)(7) Employee Custodial Account Agreement VL 21679 appointing VALIC as Custodian of my 403(b)(7) account and agree to be bound by all of the terms and conditions of that Agreement.
  - I hereby consent to a quarterly custodial/administrative fee of \$7.50 and a recordkeeping fee, which will be deducted from my account on a quarterly basis.
  - I understand that if I have not made an investment election, investments will be placed in the Money Market fund or such other funds my employer has designated.
  - I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the U.S. Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.
  - I understand that transfers from the Fixed-Interest Option may be restricted. I understand that mutual fund investment return and principal value will fluctuate so that when redeemed any shares in my Plan account may be worth more or less than their original cost. I affirm that the information on this form is accurate and complete, to the best of my knowledge.
  - I understand that I am establishing a custodial account and by separate application, a fixed annuity.
  - I understand that if I invest in this program through a broker-dealer that the broker-dealer may charge an advisory fee. A portion of this fee may be paid to VALIC or an affiliate for recordkeeping fees.
- ☐ Check if you own or participate in another VALIC product.

Applicant's Signature \_\_\_\_\_

Signed at City/State \_\_\_\_\_

Date \_\_\_\_\_

## 7. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent: \_\_\_\_\_ VALIC Agent #/Location: \_\_\_\_\_  
(Print Name)

Licensed Agent Phone: (\_\_\_\_\_) \_\_\_\_\_ State License #: \_\_\_\_\_ Region#: \_\_\_\_\_

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 certify that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent/Registered Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

Broker-Dealer: \_\_\_\_\_  
(Print Name)

Branch Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Licensed Principal of Broker-Dealer's Signature \_\_\_\_\_

Date \_\_\_\_\_

## INFORMATION

### WITHDRAWAL RESTRICTIONS FOR 403(b)(7) PARTICIPANTS

Under federal tax laws regulating certain 403(b)(7) 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.

### INVESTMENT OBJECTIVE DEFINITIONS

**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 fluctuations in investment results by emphasizing more income and capital preservation and less long-term growth.

Questions about this form may be directed to **1-800-448-2542**, Monday through Friday, 7 a.m. to 8 p.m. Central Time.

### Please send completed forms to:

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

Overnight Delivery

VALIC Document Control  
1050 N. Western St.  
Amarillo, TX 79106-7011