



SIMPLE IRA Salary Reduction Agreement

The Variable Annuity Life Insurance Company (VALIC)
The United States Life Insurance Company in the City of New York (USL)

1. SALARY REDUCTION ELECTION

Subject to the requirements of the SIMPLE IRA Plan of
Name of Employer: _____,
I authorize _____ % or \$ _____ (which equals _____ % of my current rate of pay) to
be withheld from my pay each pay period and contributed to my SIMPLE IRA as a salary reduction contribution.

2. MAXIMUM SALARY REDUCTION

I understand that the total amount of my salary reduction contributions in any calendar year cannot exceed the limit established by law, which is \$16,500 in 2025. I also understand that if I am age 50 or older during the calendar year, I may be able to make additional catch-up contributions of up to \$3,500 in 2025, if permitted by the SIMPLE IRA Plan.*
*These amounts may be adjusted in future years to reflect cost-of-living increases announced by the IRS.

3. DATE SALARY REDUCTION BEGINS

I understand that my salary reduction contributions will start as soon as permitted under the SIMPLE IRA Plan and as soon as administratively feasible or, if later, _____ (Fill in the date you want the salary reduction contributions to begin. The date must be after you sign this agreement.)

4. EMPLOYEE SELECTION OF FINANCIAL INSTITUTION

I select the following financial institution to serve as the custodian, or issuer of my SIMPLE IRA:
Retirement Services Center
2929 Allen Parkway
Houston, TX 77019-2155
I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under the SIMPLE IRA Plan. If the information regarding my SIMPLE IRA is incomplete when I first submit my salary reduction agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE IRA Plan. If I fail to update my agreement to provide this information by that date, I understand that my employer may select a financial institution for my SIMPLE IRA.

5. DURATION OF ELECTION

This salary reduction agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE IRA Plan or until I provide my employer with a request to end my salary reduction contributions or provide a new salary reduction agreement as permitted under the SIMPLE IRA Plan.

Employee Name (please print) _____ SSN or Tax ID _____
Employee Signature _____ Date _____

*If I terminated salary reduction contributions during this calendar year, the Simple IRA plan may preclude me from resuming salary reduction contributions until the beginning of the next calendar year.