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

HealthSecure HRA®
Surviving Spouse Certification Form

This form should be completed and returned only if the deceased participant has a surviving spouse. If the deceased participant does not have a surviving spouse, no further action is required from you with respect to this form. Please call the Customer Care Center at 1-888-364-5027 with any questions about this form. Use this form to enroll as the surviving spouse or other eligible survivor of a deceased participant.

hra administrator, llc
A direct subsidiary of The Variable Annuity Life Insurance Company

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Mail completed form to: HealthSecure HRA, PO Box 4389, Clinton, IA 52733-4389.

1. ORIGINAL PARTICIPANT'S INFORMATION

Last Name _____ First Name _____

Account Number _____ Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

2. SURVIVING SPOUSE INFORMATION AND REQUIRED SIGNATURE

Last Name _____ First Name _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone Number _____ Email Address _____

By signing below, you:

a. Certify under penalty of perjury that you are either: (i) a surviving spouse of the deceased participant or (ii) a surviving adult child of the deceased participant, or the sole successor or legal representative of the deceased participant's estate, acting on behalf of the surviving spouse who does not have legal capacity to handle the settlement of the account.

b. Agree to indemnify and hold harmless the Plan, Plan Sponsor, and all trust service providers from any claims or other losses or damages that they incur as a result of your knowingly providing false information on this form or for gross negligence or willful misconduct on your part with respect of the handling of the deceased participant's benefits account as an agent and fiduciary of the deceased participant's account and estate.

Signature of Surviving Spouse or Representative _____ Date _____

More Information HealthSecureHRA.com | **Ask Questions** 1-888-364-5027