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

Portfolio Director® Choice Group Master Application
INDEPENDENT CHANNEL
VIRGINIA

1. APPLICANT INFORMATION

☐ Employer *OR* ☐ Other: ____________________

Name: ____________________ Tax ID: ____________

Address: ____________________ City: ____________ State: ______ ZIP: ____________

Plan Administrator Address (if different from above): ____________________

City: ____________________ State: ________ ZIP: ____________ Phone #: (_______)____________

2. OWNERSHIP/CONTROL

For Deferred Compensation:____________________

For other Lines of Business (choose one): ☐ Employer ☐ Trustee ☐ Other: ____________________

3. TYPE OF PLAN (Choose one)

☐ 403(b) Voluntary Deferred Annuity
☐ 403(b) State Optional Retirement Plan
☐ 403(b) Employer Retirement Plan
☐ Deferred Compensation Plan (choose one):
  ☐ 457(b) Governmental Employer
  ☐ 457(b) Private Non-Profit
  ☐ Other Deferred Compensation Plan:____________________
☐ 401(a) or 403(a) Employer Retirement Plan
☐ 401(a) or 403(a) Self-Employed Retirement Plan
☐ 401(k) Cash or Deferred Arrangement

If selecting a 403(b), 401(k) or 457(b) Governmental Employer plan, choose Employee Contribution sources:
☐ Pre-Tax ☐ Both Pre-Tax and Roth After-Tax

☐ Other Plan Type: ____________________ Name of Plan: ____________________

4. TYPE OF ORGANIZATION (Choose one)

☐ PS – Public Educational Institution
☐ PFP – Private For-Profit Organization
☐ SLGOV – State or Local Government
☐ NP – Non-Profit Organization (choose one, **required**):
  ☐ 501(c)(3) - Attach IRS determination letter ☐ Other ____________
☐ SELF– Self-Employed Individual

Nature of Business: ____________________

5. INVESTMENT OPTIONS

Fixed Account Plus and Short-Term Fixed Account are automatically included unless deselected; all of the other investment options may be selected by the group contract owner and must include a Government Money Market Fund.

6. APPLICANT STATEMENTS AND AGREEMENTS

A current VALIC contract prospectus with the Privacy Notice was provided with this application. The contract prospectus provides sales expenses and other data. **It is understood that annuity payments (and termination values, if any) provided by the contract applied for are variable and not guaranteed as to dollar amount when based on the investment experience of VALIC's Separate Account.**

Funds allocated to any Multi-Year Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account value(s).

It is understood and agreed that the investment options under the contract will be limited to those options selected except as otherwise modified by agreement between VALIC and the Applicant, and will be subject to any other limitations described in the contract.

Does the group have any existing life insurance policies, annuity or group contracts? ☐ Yes ☐ No

Will this group contract replace, discontinue or change any group contract issued by this or any other company? ☐ Yes ☐ No

I hereby acknowledge that I have read and understand this application form and the Information page(s).

Applicant Signature: ____________________ Signed at City, State: ____________________

Applicant Title:____________________ Employer Client #: ____________ Date: ____________

7. FINANCIAL ADVISOR OF RECORD

Agent #: ____________________ Region Code: ____________________ State License #: _______________ Issue State (Abv): __________

Does the group have any existing life insurance policies, annuity or group contracts? ☐ Yes ☐ No

Does the group have any reason to believe the annuity applied for will replace or change any existing group contract? ☐ 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 represent 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

Date of Input: _____________ Week Ending: ____________________

______________________________ Broker-Dealer (Print Name)

______________________________ Broker-Dealer's Signature

Information

FRAUD WARNING

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

CONTRIBUTION PROCESSING STANDARDS

In order to facilitate efficient processing of contributions, processing instructions should be provided before or concurrent with the employer contribution remittance. The instructions and remittance should be in balance. We require that contribution processing instructions be provided in one of several approved electronic formats.

RECEIPT OF CONTRIBUTIONS PRIOR TO RECEIVING A PARTICIPANT APPLICATION

We make every attempt to get complete information for all participants that direct contributions to us. If we receive contributions for a participant before we receive the participant's application or enrollment form, we will establish an account if you, as the plan sponsor, confirm that the remittance is valid and agree to provide minimum information (participant's full name, SSN, date of birth, current address, and marital status) as needed. The contributions will remain in the plan and will be invested in Goldman Sachs VIT Government Money Market Fund or as directed by the employer, pending alternative instructions from the participant.

Information (continued)

INVESTMENT OPTIONS

001 Fixed Account Plus

002 Short-Term Fixed Account

Multi-Year Fixed Option: A minimum of $25,000 is required for each term. All terms may not be available at all times.

099 10 Year Term Multi-Year Fixed Option

072 Blue Chip Growth Fund

158 Core Bond Fund

103 Dynamic Allocation Fund

088 Global Strategy Fund

161 Goldman Sachs VIT Government Money Market Fund

078 Growth Fund

160 High Yield Bond Fund

077 Inflation Protected Fund

011 International Equities Index Fund

133 International Opportunities Fund

012 International Socially Responsible Fund

089 International Value Fund

004 Mid Cap Index Fund

083 Mid Cap Strategic Growth Fund

138 Mid Cap Value Fund

135 Small Cap Growth Fund

014 Small Cap Index Fund

136 Small Cap Value Fund

010 Stock Index Fund

075 Systematic Value Fund

054 Vanguard LifeStrategy Conservative Growth Fund

052 Vanguard LifeStrategy Growth Fund

053 Vanguard LifeStrategy Moderate Growth Fund

022 Vanguard Long-Term Investment-Grade Fund

023 Vanguard Long-Term Treasury Fund

025 Vanguard Wellington Fund

024 Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit **corebridgefinancial.com/retire** or call **1-800-448-2542** for assistance or to request a prospectus.

Please send completed forms to:

Retirement Services Center
P.O. Box 15648
Amarillo, TX 79105-5648

Overnight Delivery:

Retirement Services Center
1050 N. Western St.
Amarillo, TX 79106-7011