

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

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 401(a) or 403(a) Employer Retirement Plan

403(b) State Optional Retirement Plan 401(a) or 403(a) Self-Employed Retirement Plan

403(b) Employer Retirement Plan 401(k) Cash or Deferred Arrangement

Deferred Compensation Plan (choose one):

457(b) Governmental Employer

457(b) Private Non-Profit

Other Deferred Compensation Plan: _____

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 NP – Non-Profit Organization (choose one, **required**):

PFP – Private For-Profit Organization 501(c)(3) - Attach IRS determination letter Other _____

SLGOV – State or Local Government 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Funds allocated to any Multi-Year Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term.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 PROFESSIONAL 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

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

FRAUD WARNINGS

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Alabama, District of Columbia, Louisiana and Rhode Island Residents

Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arkansas, North Dakota, Rhode Island, South Carolina, South Dakota

and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado, Kentucky, New Mexico, Ohio and Pennsylvania Residents

Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maine, Tennessee and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland Residents Only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly or willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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. This option is not available in Oregon or Pennsylvania. In New Jersey, this option is called Multi-Year Enhanced Option.

099 10 Year Term Multi-Year Fixed Option

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

072 Systematic Growth 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: Overnight Delivery:

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

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

The Variable Annuity Life Insurance Company (VALIC)

The Variable Annuity Life Insurance Company

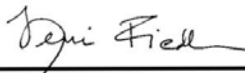
CALIFORNIA FRAUD NOTICE ENDORSEMENT

It is hereby understood and agreed that the following is added to the form to which it is attached:

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING FRAUD NOTICE:

"Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Signed for The Variable Annuity Life Insurance Company.



Terri N. Fiedler
President



Julie Cotton Hearne
Secretary