

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.**

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 NoDoes the group have any reason to believe the annuity applied for will replace or change any existing group contract? Yes NoAs 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****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.

INVESTMENT OPTIONS

- 001 Fixed Account Plus
- 002 Short-Term Fixed Account
- 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, corebridgefinancial.com/retire or call **1-800-448-2542** for assistance or to request a prospectus.

Please send completed forms to: Overnight Delivery:

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

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