

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

1. APPLICANT INFORMATION				
<input type="checkbox"/> Employer OR <input type="checkbox"/> 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): <input type="checkbox"/> Employer <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____				
3. TYPE OF PLAN (Choose one)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 403(b) Voluntary Deferred Annuity <input type="checkbox"/> 403(b) State Optional Retirement Plan <input type="checkbox"/> 403(b) Employer Retirement Plan <input type="checkbox"/> Deferred Compensation Plan (choose one): <input type="checkbox"/> 457(b) Governmental Employer <input type="checkbox"/> 457(b) Private Non-Profit <input type="checkbox"/> Other Deferred Compensation Plan: _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 401(a) or 403(a) Employer Retirement Plan <input type="checkbox"/> 401(a) or 403(a) Self-Employed Retirement Plan <input type="checkbox"/> 401(k) Cash or Deferred Arrangement </td> </tr> </table> If selecting a 403(b), 401(k) or 457(b) Governmental Employer plan, choose Employee Contribution sources: <input type="checkbox"/> Pre-Tax <input type="checkbox"/> Both Pre-Tax and Roth After-Tax <input type="checkbox"/> Other Plan Type: _____ Name of Plan: _____	<input type="checkbox"/> 403(b) Voluntary Deferred Annuity <input type="checkbox"/> 403(b) State Optional Retirement Plan <input type="checkbox"/> 403(b) Employer Retirement Plan <input type="checkbox"/> Deferred Compensation Plan (choose one): <input type="checkbox"/> 457(b) Governmental Employer <input type="checkbox"/> 457(b) Private Non-Profit <input type="checkbox"/> Other Deferred Compensation Plan: _____	<input type="checkbox"/> 401(a) or 403(a) Employer Retirement Plan <input type="checkbox"/> 401(a) or 403(a) Self-Employed Retirement Plan <input type="checkbox"/> 401(k) Cash or Deferred Arrangement		
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4. TYPE OF ORGANIZATION (Choose one)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> PS – Public Educational Institution <input type="checkbox"/> PFP – Private For-Profit Organization <input type="checkbox"/> SLGOV – State or Local Government </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> NP – Non-Profit Organization (choose one, required): <input type="checkbox"/> 501(c)(3) - Attach IRS determination letter <input type="checkbox"/> Other _____ <input type="checkbox"/> SELF– Self-Employed Individual </td> </tr> </table> Nature of Business: _____	<input type="checkbox"/> PS – Public Educational Institution <input type="checkbox"/> PFP – Private For-Profit Organization <input type="checkbox"/> SLGOV – State or Local Government	<input type="checkbox"/> NP – Non-Profit Organization (choose one, required): <input type="checkbox"/> 501(c)(3) - Attach IRS determination letter <input type="checkbox"/> Other _____ <input type="checkbox"/> SELF– Self-Employed Individual		
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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 Money Market Fund. Investment options are listed on the Information page(s) and are available for any specific plan type as noted below. <ul style="list-style-type: none"> ■ 401(a), 403(a), 401(k), 403(b) annuities and 457(b) eligible deferred compensation plans. ● NQDAs (nonqualified deferred annuities) under IRC Section 72, ineligible deferred compensation 457(f) plans and for-profit top-hat plans. 				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this group contract replace, discontinue or change any group contract issued by this or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No I hereby acknowledge that I have read and understand this application form and the Information page(s). <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Applicant Signature: _____</td> <td style="width: 50%;">Signed at City, State: _____</td> </tr> <tr> <td>Applicant Title: _____</td> <td>Employer Client #: _____ Date: _____</td> </tr> </table>	Applicant Signature: _____	Signed at City, State: _____	Applicant Title: _____	Employer Client #: _____ Date: _____
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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 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.

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

California Residents Only: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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.

Kentucky Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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.

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.

New Mexico 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 CIVIL FINES AND CRIMINAL PENALTIES.

Ohio Residents Only: Any person who, with 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 is guilty of insurance fraud.

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

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

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.

Tennessee, Maine 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.

Vermont Residents Only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under 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.

Please send completed forms to:

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

Overnight Delivery:

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

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

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 and Pennsylvania. In New Jersey, this option is called Multi-Year Enhanced Option.

- ■ 099 10 Year Term Multi-Year Fixed Option
- ■ 148 Aggressive Growth Lifestyle Fund
 - 090 American Beacon Bridgeway Large Cap Growth Fund
 - 069 Ariel Appreciation Fund
 - 068 Ariel Fund
- ■ 005 Asset Allocation Fund
- ■ 139 Capital Appreciation Fund
- ■ 150 Conservative Growth Lifestyle Fund
- ■ 158 Core Bond Fund
- ■ 021 Dividend Value Fund
- ■ 103 Dynamic Allocation Fund
- ■ 087 Emerging Economies Fund
- ■ 101 Global Real Estate Fund
- ■ 088 Global Strategy Fund
- ■ 161 Goldman Sachs VIT Government Money Market Fund
- ■ 008 Government Securities Fund
- ■ 078 Growth Fund
- ■ 160 High Yield Bond Fund
- ■ 077 Inflation Protected Fund
- ■ 011 International Equities Index Fund
- ■ 013 International Government Bond Fund
- ■ 020 International Growth Fund
- ■ 133 International Opportunities Fund
- ■ 012 International Socially Responsible Fund
- ■ 089 International Value Fund
 - 102 Invesco Balanced-Risk Commodity Strategy Fund
- ■ 079 Large Capital Growth Fund
- ■ 004 Mid Cap Index Fund
- ■ 083 Mid Cap Strategic Growth Fund
- ■ 138 Mid Cap Value Fund
- ■ 149 Moderate Growth Lifestyle Fund
- ■ 046 Nasdaq-100® Index Fund
- ■ 017 Science & Technology Fund
- ■ 135 Small Cap Growth Fund
- ■ 014 Small Cap Index Fund
- ■ 084 Small Cap Special Values Fund
- ■ 136 Small Cap Value Fund
- ■ 010 Stock Index Fund
- ■ 016 Systematic Core Fund
- ■ 072 Systematic Growth Fund
- ■ 075 Systematic Value Fund
 - 104 T. Rowe Price Retirement 2015

- 105 T. Rowe Price Retirement 2020
- 106 T. Rowe Price Retirement 2025
- 107 T. Rowe Price Retirement 2030
- 108 T. Rowe Price Retirement 2035
- 109 T. Rowe Price Retirement 2040
- 110 T. Rowe Price Retirement 2045
- 111 T. Rowe Price Retirement 2050
- 112 T. Rowe Price Retirement 2055
- 113 T. Rowe Price Retirement 2060
- ■ 141 U.S. Socially Responsible 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
- These are the investment options available in qualified plans.
- These are the only investment options available in nonqualified plans.

The Variable Annuity Life Insurance Company (VALIC)

The Variable Annuity Life Insurance Company

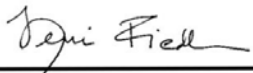
CALIFORNIA FRAUD NOTICE ENDORSEMENT

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