

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

1. ANNUITANT/APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____ Suffix: _____
 Mr. Mrs. Ms. Dr. Rev. Married Not Married Civil Union/Domestic Partner (See Information page(s).)
 Gender: Male Female Date of Birth (DOB): _____ SSN* or Tax ID: _____
 Residence Address**: _____
 City: _____ State: _____ ZIP: _____
 Phone: (_____) _____ Phone: (_____) _____
 Business Personal Business Mobile Personal Mobile Business Personal Business Mobile Personal Mobile
 Mailing Address**(if different from residence): _____
 City: _____ State: _____ ZIP: _____
 *Social Security Number (SSN) **All accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION (Refer to Information page(s) for guidance.)

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%. If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

PRIMARY
 Name: _____ Phone:(_____) _____ DOB or Trust Date: _____ SSN or Tax ID: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Relationship: _____ Percent (Whole): _____ %

CONTINGENT
 Name: _____ Phone:(_____) _____ DOB or Trust Date: _____ SSN or Tax ID: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Relationship: _____ Percent (Whole): _____ %

3. CONTRIBUTION INFORMATION (Refer to Information page(s) for guidance.)

A maximum of 20 investment options is permitted. See the list of investment options on the Information page(s). If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

Investment Option Name:	Number	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
		Total	100%	100%	100%	100%

TO BE COMPLETED BY AGENT

VALIC Group Name: _____
 VALIC Group Number: _____

Plan Information	Plan Type	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
Plan #	_____	_____	_____	_____	_____	_____
Product	_____	_____	_____	_____	_____	_____
Sub Group	_____	_____	_____	_____	_____	_____

4. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES

E-mail Address: _____ Business Personal

Select document delivery choice below. If no selections are made, paper documents will be mailed.

Electronic delivery Paper delivery

Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

5. REQUIRED AFFIRMATIONS

This enrollment is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current VALIC contract prospectus with the privacy notice was provided with this application.

Do you have any existing life insurance policies or annuity contracts? Yes No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by this or any other company? Yes No

Are you as the owner of this account an active duty service member of the United States Armed Forces? No Yes (If yes, complete VL 22059.)

6. ANNUITANT/APPLICANT AFFIRMATIONS AND STATEMENTS

Funds allocated to any Multi-Year Enhanced 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 values.

If new records are necessary to accept future contributions through this employer's plan, I authorize VALIC and the Broker-Dealer of record to establish those new records and to rely on then-current allocation instructions and personal information associated with records established pursuant to this enrollment.

By signing this form, I represent that all statements, answers, and affirmations in this form are representations and not warranties. I further represent all information in this form is complete and true to the best of my knowledge and belief, and I have read and understand the information provided in the Information page(s) on the following subjects:

- Fraud Warning
- Withdrawal Restrictions for 403(b) Plans (if applicable)
- Salary Reduction Agreement for 403(b) and 401(k) Plans (if applicable)
- Redemptions from Optional Retirement Programs and other Plans (if applicable)

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, as applicable.

Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.

Annuitant/Applicant's Signature

Signed at City/State

Date

7. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent (Print Name): _____ VALIC Agent #/Location: _____

Licensed Agent Phone: (_____) _____ State License #: _____

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? 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's Signature

Date

Broker-Dealer: (Print Name)

Branch Office Address:

City: _____ State: _____ ZIP: _____

Licensed Principal of Broker-Dealer's Signature

Date

Information

FRAUD WARNING

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

EXPECTED ANNUITY DATE

Owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

Under federal tax laws regulating certain 403(b) plans, election contributions, interest and earnings credited to your account after 12/31/88 and elective contributions may be withdrawn only after the following:

- Severance from employment
- Death
- Hardship (contributions only)
- Attainment of age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Some employer plans have alternative investment options among which plan participants may transfer contract values.

BENEFICIARY DESIGNATIONS

If your account was established under your Employer's plan and such Plan requires that you obtain consent from your spouse or partner to name a beneficiary other than your spouse or partner, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits.

Contact your Employer for spousal or partner consent requirements applicable to your plan. For Employee Retirement Income Security Act (ERISA) Covered Plans, your spouse must be your primary beneficiary unless Spousal consent to waive Pre-retirement Death Benefits is given.

Your primary beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trust.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial professional or a Customer Service Professional at 1-800-448-2542.

SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(b) AND 401(k) PLANS

This section only applies if you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions specified in the Contribution Information section on this form. This form shall serve as your instruction for such contributions and agreement to your Employer's rules regarding the contributions. Upon acceptance by the Employer of these instructions, this document shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from The Variable Annuity Life Insurance Company. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on this form. This agreement shall be legally binding as to both parties while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the Employer and in accordance with the Employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement). Only amounts not currently available to the employee are eligible for salary reduction/deduction.

INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE

For federal tax law and ERISA purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple's place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, the terms "spouse," "husband and wife," "husband," and "wife" do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.

DOCUMENT DELIVERY CHOICES

E-delivery notices will be sent when the following items become available:

Regulatory reports, such as applicable fund prospectuses, product prospectus, disclosures, annual and semi-annual reports and information statements.

Account Statements, such as annual and quarterly statements as well as Guided Portfolio Services or Guided Portfolio Advantage® statements.

Transaction confirmations, such as confirmation of fund exchanges, transfers and certain account/administrative updates.

You may customize your selections online at corebridgefinancial.com/retire.

Certain documents and types of correspondence may continue to be delivered by U.S. mail for compliance reasons. By electing e-Delivery, you are confirming that you have ready access to a computer with Internet access, an active email account to receive this information electronically, and the ability to read and retain it. This consent will continue until revoked. E-delivery will be cancelled if emails are returned undeliverable. VALIC is not required to deliver information electronically and may discontinue e-delivery notices in whole or part at any time.

Information (continued)

CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (These can include either non-elective employee contributions, or elective deferrals that you must make in order to receive a matching contribution.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching;
- (5) - Employee Roth After Tax Contribution. (These include salary deduction contributions to a Roth 403(b), 401(k) or 457(b) Governmental plan.)

Note: Separate account numbers must be set up for each Contribution Source.

- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

INVESTMENT OPTIONS

001 Fixed Account Plus

002 Short-Term Fixed Account

Multi-Year Enhanced Option: A minimum of \$25,000 is required.

099 10 Year Term Multi-Year Enhanced 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

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

Agent Access Authorization Form

VALIC Financial Advisors, Inc. (VFA)

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Mail or Fax Completed Forms to:

VALIC Document Control

P.O. Box 15648, Amarillo, TX 79105-5648

Fax: 1-800-858-2542

1. CLIENT INFORMATION

Name: _____ Daytime Phone: (_____) _____

SSN: _____

2. AUTHORIZATION INFORMATION

I hereby grant my agent, the Broker/Dealer of record and their administrative staff the authority to obtain information and complete the following transactions within my account(s), on which the agent is identified as the agent of record:

- Transfers of value between investment options
- Asset allocation changes
- Rebalance of existing funds
- Contribution changes
- Account transaction status inquiries

This authorization does not allow my agent, Broker/Dealer or their administrative staff to take loans or withdrawals from my account(s).

If you would like an additional agent appointed with VALIC to also conduct the transactions listed above, designate that agent in the blanks below. The agent noted below will have the same authorization as the agent of record.

Dual Agent Name: _____

Dual Agent Code (assigned by VALIC): _____

Note: A Change of Broker/Dealer form is needed to change or update the agent of record.

3. CLIENT APPROVAL

- I understand that this authorization applies to all VALIC accounts associated with my Social Security number where the agent is identified as the agent of record.
- I understand that VALIC will follow the appropriate verification procedures when giving account information or performing transactions via the telephone. I further understand that the company is not responsible for any claim, loss or expense from any error resulting from instructions received over the phone or in writing from my agent(s), the Broker/Dealer of record and their administrative staff or myself.

Client's Signature: _____ Date: _____

VALIC represents The Variable Annuity Life Insurance Company and its subsidiary VALIC Retirement Services Company.

Record of Contribution

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

For Independent Channel Use Only

1. CLIENT INFORMATION

First Name: _____ MI: _____ Last Name: _____ Suffix: _____
 Date of Birth: _____ Primary Phone: (_____) _____ SSN or Tax ID: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Check #: _____ Check Date: _____ Check Amount: \$ _____
 Contingent Owner Name (Nonqualified only): _____ SSN or Tax ID: _____

2. FUNDS TO BE APPLIED TO ACCOUNTS

Check one. Enter the information below and indicate the amount, if not equal to the check amount. (Can enter "NEW" as account #.)

IRA – Account #: _____ Product or Group #: _____ Amount: \$ _____
 Nonqualified – Account #: _____ Product or Group #: _____ Amount: \$ _____
 401(a)/(k)/403(a) – Account #: _____ Product or Group #: _____ Amount: \$ _____
 Roth: IRA/401(k)/403(b)/457(b) – Account #: _____ Product or Group #: _____ Amount: \$ _____
 TSA 403(b) – Account #: _____ Product or Group #: _____ Amount: \$ _____

Checks should be mailed to the appropriate Lockbox Bank for the product sold. See section 4.
Variable Products: Funds will be applied to allocations established for future deposits. Allocations for future deposits may differ from how funds are currently invested. Allocations can be verified through VALIC Online for existing accounts.
Model Replacement Form VL 14131 – Required for all applications sold in: AL-AR-AK-AZ-CO-CT-HI-IA-KY-LA-MD-ME-MS-MT-NC-NE-NH-NJ-NM-OH-OR-RI-SC-SD-TX-UT-VA-VT-WI-WV.
 New contracts or arrangements with VALIC will not go into effect until VALIC receives an application and applicable forms in good order.

3. SOURCE OF QUALIFIED FUNDS

SEP / IRA / Roth IRA Contribution for: _____ [Tax Year] Consult your tax advisor regarding annual contribution requirements and deadlines.
 Direct or Indirect (60-day) Rollover of Tax Qualified Funds – Name of Transferring Carrier: _____
 Source of funds: 403(b) 457(b) IRA/SEP Roth IRA/Roth 401(k)/Roth 403(b)/Roth 457(b) 401(a)/(k)/403(a) OTHER: _____

4. LOCKBOX ADDRESSES

Assured Choice		All Other Products	
Standard Mail:	Overnight:	Standard Mail:	Overnight:
THE VARIABLE ANNUITY LIFE INS CO Dept VAL PO Box 650545 Dallas, TX 75265-0545	JP MORGAN CHASE (TX1-0029) Attn: American General Life Ins Co & 650545 Dept Val 14800 Frye Rd, 2nd Floor Fort Worth, TX 76155	VALIC C/O JP MORGAN CHASE PO BOX 301700 Dallas, TX 75303-1700	JP MORGAN CHASE (TX1-0029) VALIC Lockbox number 301700 14800 Frye Rd Fort Worth, TX 76155

5. SIGNATURES

- Client understands that an indirect rollover must be completed within 60 days from the date of client's receipt of a distribution from a qualified plan or IRA. The undersigned further agrees, in the event his/her transaction is not complete, to permit VALIC to retain his/her funds while VALIC immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated.
- The undersigned agrees, in the event his/her transaction is not complete, to permit VALIC to retain his/her funds while VALIC immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated.

Client Signature _____ Date _____
 Licensed Agent (Print Name): _____ Phone: (_____) _____
 VALIC Agent #/Location: _____ State License #: _____

Licensed Agent's Signature _____ Date _____
 Broker-Dealer (Print Name): _____
 Branch Office Address: _____ City: _____ State: _____ ZIP: _____

Licensed Principal of Broker-Dealer Signature _____ Date _____

Make all checks payable to: The Variable Annuity Life Insurance Company (VALIC)