ADDITIONAL BENEFICIARY DESIGNATION SHEET

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

THIS FORM MUST BE ATTACHED TO THE BENEFICIARY DESIGNATION OR ANY APPLICATION/ENROLLMENT FORM TO MAKE THE REQUESTED CHANGE(S)

1. CLIENT INFORMATION							
Name:					SSN or Tax I	D	
2. ADDITIONAL BENEFICIARY DESIGNATION							
PRIMARY BENEFICIARIES: Primary beneficiaries receive death benefits upon your dear Percentage total must equal 100% for all designated primar Indicate additional primary beneficiaries below:							
1. Name:	Phone: (_)		DOB or Trust Date:		SSN or Tax ID:	
Address:		City:			_ State:	Zip:	
E-mail:							%
2. Name:	Phone: (_)		DOB or Trust Date:		SSN or Tax ID:	
Address:		_ City:			_ State:	Zip: Percent	
E-mail:						(Whole):	%
3. Name:	Phone: (_)		DOB or Trust Date:		SSN or _ Tax ID:	
Address:		_ City:			_ State:		
E-mail:			-			, ,	%
4. Name:	Phone: (_)		DOB or Trust Date:		SSN or _ Tax ID:	
Address:		_ City: _			_ State:		
E-mail:							%
5. Name:	Phone: (_)		DOB or Trust Date:		SSN or Tax ID:	
Address:		_ City: _			_ State:	Zip:	
E-mail:						Percent (Whole):	%
6. Name:	Phone: (_)		DOB or Trust Date:		SSN or Tax ID:	
Address:		_ City:			_ State:	·	
E-mail:							%
7. Name:	Phone: (_)		DOB or Trust Date:		SSN or Tax ID:	
Address:		_ City:			_ State:	Zip: Percent	
E-mail:			Relationship:			(Whole):	%
CONTINGENT BENEFICIARIES: Contingent beneficiaries receive death benefits upon your of the your death. Percentage total must equal 100% for all designated continuinticate additional contingent beneficiaries below:		y beneficiar	ies are decease	ed or have waive	d their right t	o receive the benefit	s at the time
1. Name:	Phone: (_)	!	DOB or Trust Date:		SSN or Tax ID:	
Address:		_ City:			_ State:	Zip:	
E-mail:			Relationship:			Percent (Whole):	%

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2. Name:	Phone: ()		DOB or Trust Date:		SSN or Tax ID:	
Address:		City:			State:	Zip:	
E-mail:			_ Relationship	·		Percent (Whole):	%
3. Name:				DOB or		SSN or	
Address:		City:		;	State:	Zip:	
E-mail:			_ Relationship	:		Percent (Whole):	%
4. Name:				DOB or		SSN or	
Address:		City:			State:	Zip:	
E-mail:			_ Relationship	:		Percent (Whole):	%
5. Name:	Phone: ()		DOB or Trust Date:		SSN or Tax ID:	
Address:	·	,					
E-mail:		·				Percent	
6. Name:				DOB or		SSN or	
Address:	`	,				Zip:	
E-mail:		•				Percent	
7. Name:				DOB or		SSN or	
Address:	•	,					
Address.		•				Percent (Whole):	
E mail:							
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