

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	JP MORGAN CHASE (TX1-0029)	VALIC	JP MORGAN CHASE (TX1-0029)
Dept VAL	Attn: American General Life Ins Co & 650545	C/O JP MORGAN CHASE	VALIC
PO Box 650545	Dept Val	PO BOX 301700	Lockbox number 301700
Dallas, TX 75265-0545	14800 Frye Rd, 2nd Floor	Dallas, TX 75303-1700	14800 Frye Rd
	Fort Worth, TX 76155		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)