

Record of Additional Contribution

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

1. INFORMATION

Client Name: _____ SSN: _____
Address: _____
City: _____ State: _____ ZIP: _____
Check #: _____ Check Date: _____ Check Amount: \$ _____
Tax Year: _____

2. PLAN TYPE

Check one. Enter the information below and indicate the amount, if not equal to check amount.

IRA - Account #: _____ Group #: _____ Amount: \$ _____
 NQDA - Account #: _____ Group #: _____ Amount: \$ _____
 SEP - Account #: _____ Group #: _____ Amount: \$ _____
 Other - Account #: _____ Group #: _____ Amount: \$ _____

3. SPECIAL INSTRUCTIONS

4. SIGNATURES

Financial Advisor Name (Please print) Financial Advisor Code #

Client Signature (Optional) Date

MAKE ALL CHECKS PAYABLE TO: The Variable Annuity Life Insurance Company (VALIC)

Mail checks to:

Regular Mail:

VALIC
C/O J.P. Morgan Chase
P.O. Box 301154
Dallas, TX 75303-1154

Overnight Mail:

J.P. Morgan Chase (TX1-0029)
VALIC/Lockbox 301154
14800 Frye Rd.
Fort Worth, TX 76155