

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Phone: (_____) _____ Name on VALIC Account: _____

2. ACCOUNT(S) TO BE TRANSFERRED (Physical address needed for overnight delivery.)

Account Number: _____ The account statement(s) is: enclosed not enclosed
 Transferring Company: _____ Phone: (_____) _____
 Address: _____ City: _____ State: _____ ZIP: _____

3. TYPE OF WITHDRAWAL

Liquidate the entire account Liquidate a portion of the account (\$ _____ or ____%)

4. SOURCE OF TRANSFER

Type of Account:
 Certificate of Deposit Mutual Fund Money Market Stocks Bonds Other: _____
 Liquidate on maturity date of: _____ Liquidate immediately (If before maturity date, I understand there may be a penalty.)
 Any contract or arrangement with VALIC shall not go into effect until VALIC receives an application and other applicable forms in good order. **Funds will be placed in the existing contract allocations designated for future deposits.**

5. SIGNATURES

I request that the above referenced contract/policy/account(s) be liquidated by the transferring company and transferred to The Variable Annuity Life Insurance Company. I am aware of any penalties or surrender charges that will result from this liquidation by the transferring company. I am further aware that any tax consequences of this transaction are solely my own and that I may wish to consult my tax advisor.

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

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

 Licensed Principal of Broker-Dealer Signature Date

6. ACCEPTANCE

On the above authorization, please liquidate the above assets.
 Assets will be accepted in new contract #: _____ or existing contract #: _____

<p>A. Make Transfer/Rollover check payable as follows: VALIC FBO: _____ SSN or Tax ID: _____</p>	<p>B. Mail to: VALIC C/O JP MORGAN CHASE PO BOX 301700 Dallas, TX 75303-1700</p>	<p>C. Overnight check: JP MORGAN CHASE (TX1-0029) VALIC Lockbox number 301700 14800 Frye Rd Forth Worth, TX 76155</p>
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