

1. CLIENT AUTHORIZATION

In order to make contributions to my annuity contract account at the intervals I have specified below, I hereby authorize VALIC to direct the transfer of funds in the contribution amount that I specify from my financial institution account to my VALIC annuity account. This authorization will remain in effect until I revoke it in writing or by calling Client Care Center at 1-800-448-2542 to give my recorded oral cancelation; I understand that VALIC must receive my notification at least three business days prior to a scheduled transfer date. I agree that VALIC will be fully protected in honoring my electronic fund transfers. I further agree that VALIC will have no liability for any electronic fund transfer that is not honored.

Client Name: _____
 SSN: _____ VALIC Account #: _____
 Signature of Client: _____ Date: _____

2. FINANCIAL INSTITUTION INFORMATION

Type of Account: (check one) Checking Account Savings Account

Name of Financial Institution: _____

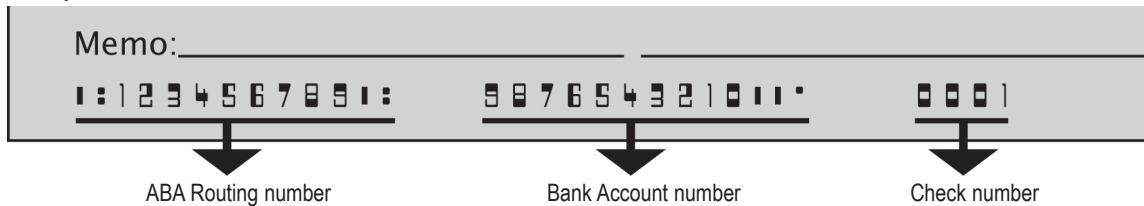
Financial Institution Address: _____

City: _____ State: _____ ZIP: _____

ABA Routing #: _____ Bank Account #: _____

(see sample check below or obtain from your financial institution)

Sample check:



3. CONTRIBUTION INFORMATION

Nature of Request (check one): Start Stop Change

Frequency of Contribution (check one):

Weekly Bi-Weekly One-time

Semi-Monthly Provide which two days you want the draft to occur each month: _____ and _____.

Monthly Provide which day you want the draft to occur each month: _____.

Quarterly Provide which day you want the draft to occur each quarter: _____.

Preferred start/stop/change date*: _____ Contribution Amount: \$ _____.

*Please allow up to three weeks for the initial activation of your electronic contribution agreement.

- In the event your draft day falls on a weekend or holiday, your contribution will be processed on the first business day following the requested date.
- Electronic contributions received are posted with the current date and tax year; therefore, they are not eligible to be reported or deducted for prior year taxes. If you would like to make a contribution for the prior tax year, please call 1-800-448-2542.
- If you wish to change the amount of the preauthorized electronic fund transfer or change the date on which the transfer is to occur, or cancel the draft, visit corebridgefinancial.com/rs or you may authorize VALIC to make such changes by calling Client Care Center at 1-800-448-2542 to give your recorded oral consent. VALIC will send a written confirmation of such change.

Client Care Center is normally open Monday through Friday from 7:00 A.M. to 8:00 P.M. (Central Time)

If you are not completing and signing this form electronically, please mail your completed contribution agreement form and voided check or deposit slip (if applicable) to:

VALIC Document Control
 P.O. Box 15648
 Amarillo, TX 79105-5648

Overnight Delivery: VALIC Document Control
 1050 N. Western St.
 Amarillo, TX 79106-7011

The Variable Annuity Life Insurance Company is a wholly owned subsidiary of Corebridge Financial, Inc.