

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

1. OWNER INFORMATION

First Name: _____ MI: _____ Last Name: _____ Suffix: _____
 Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Married Not Married
 Date of Birth (DOB): _____ SSN* or Tax ID: _____
 Residence Address**: _____
 City: _____ State: _____ ZIP: _____
 Phone: (_____) _____ Phone: (_____) _____
 Business Personal Business Mobile Personal Mobile Business Personal Business Mobile Personal Mobile
 Mailing Address**(if different from residence): _____
 City: _____ State: _____ ZIP: _____
 *Social Security Number (SSN) **All accounts will be updated with these addresses.

2. ANNUITANT (Nonqualified Annuity only, if different from the Owner.)

Upon the death of the Annuitant, prior to the beginning of an income plan, the Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Annuitant
 First Name: _____ MI: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Daytime Phone: (_____) _____ Relationship: _____ SSN or Tax ID: _____
 E-mail: _____ Gender: Male Female DOB: _____

3. BENEFICIARY DESIGNATION (Refer to Information page(s) for guidance.)

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%. If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

PRIMARY
 Name: _____ Phone: (_____) _____ DOB or Trust Date: _____ SSN or Tax ID: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Relationship: _____ Percent (Whole): _____ %

CONTINGENT
 Name: _____ Phone: (_____) _____ DOB or Trust Date: _____ SSN or Tax ID: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Relationship: _____ Percent (Whole): _____ %

4. PURCHASE PAYMENT

Purchase Payment: \$ _____ Annuity Date: _____
PLAN TYPE (required): Nonqualified Qualified
Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA Governmental 457(b) only
 403(b) Group Name/Number: _____
 Check one: Initial Contribution for Tax Year: \$ _____ Transfer Rollover Roth IRA Conversion Year: _____

Alaska and Arizona Residents: On written request, we are required to provide within a reasonable time (defined as 10 days in Alaska) reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days in replacement situations or if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.

5. CONTRIBUTION INFORMATION (Refer to Information page(s) for guidance.)

TO BE COMPLETED BY AGENT		Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b) or 457(b) Gov. Only
Group # _____						
Plan Information	Plan Type _____					
	Plan # _____					
	Product _____					
	Sub Group _____					

6. INVESTOR PROFILE

What are your objectives for the funds under consideration?
 Safety of Principal Income Long-Term Growth

Do you anticipate needing access to more than 10% of the account value in a given year during the surrender period of this annuity? Yes No

Annual Household Income Under \$50,000 \$50,000 – \$100,000 Over \$100,000 list amount \$ _____

Net Worth (excluding value of primary residence) Under \$50,000 \$50,000 – \$100,000 Over \$100,000 list amount \$ _____

Tax Bracket: _____ %

7. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES

E-mail Address: _____ Business Personal

Select document delivery choice below. If no selections are made, paper documents will be mailed.
 Electronic delivery Paper delivery

Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

8. REQUIRED AFFIRMATIONS.

Do you have any existing life insurance policies or annuity contracts? Yes No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by this or any other company? Yes No

Are you as the owner of this account an active duty service member of the United States Armed Forces? No Yes (If yes, complete VL 22059.)

9. OWNER STATEMENT AND SIGNATURE Checks must be made payable to The Variable Annuity Life Insurance Company (VALIC)

By signing this form, I represent that all statements, answers, and affirmations in this form are representations and not warranties. I further represent all information in this form is complete and true to the best of my knowledge and belief, and I have read and understand the information provided in the Information page(s) on the following subjects:

- Fraud Warning(s)
- Withdrawal Restrictions for 403(b) Participants, if applicable
- Salary Reduction Agreement or Salary Deduction Authorization (if applicable)

Owner's Signature _____ Signed at City/State _____ Date _____

10. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent: _____ VALIC Agent #/Location: _____
 (Print Name)

Licensed Agent Phone: (_____) _____ State License #: _____

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? Yes No

As Agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? Yes N/A

By signing this form, I represent that I have truly and accurately recorded herein the information provided by the applicant.

 Licensed Agent/Registered Representative's Signature Date

Broker-Dealer: _____
 (Print Name)

Branch Office Address: _____

City: _____ State: _____ ZIP: _____

 Licensed Principal of Broker-Dealer's Signature Date

For Agent Use Only (Contact your Broker-Dealer or Agency for details). Option: A (default) B C

Information

CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (These can include either non-elective employee contributions, or elective deferrals that you must make in order to receive a matching contribution.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching;
- (5) - Employee Roth After Tax Contribution. (These include salary deduction contributions to a Roth 403(b) or 457(b) Governmental plan.)

Note: Separate account numbers must be set up for each Contribution Source.

- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

FRAUD WARNINGS

In some states we are required to advise you of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas and Rhode Island Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Residents Only: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Georgia and Vermont Residents Only: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.

Kansas Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

Kentucky Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland Residents Only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico Residents Only: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Ohio Residents Only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Residents Only: Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.

VALIC will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

Information (continued)

WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

Under federal tax laws regulating certain 403(b) plans, election contributions, interest and earnings credited to your account after 12/31/88 and elective contributions may be withdrawn only after the following:

- Severance from employment
- Death
- Hardship (contributions only)
- Attainment of age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Some employer plans have alternative investment options among which plan participants may transfer contract values.

BENEFICIARY DESIGNATIONS

If your account was established under your Employer's plan and such Plan requires that you obtain consent from your spouse or partner to name a beneficiary other than your spouse or partner, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits.

Contact your Employer for spousal or partner consent requirements applicable to your plan. For Employee Retirement Income Security Act (ERISA) Covered Plans, your spouse must be your primary beneficiary unless Spousal consent to waive Pre-retirement Death Benefits is given.

Your primary beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trust.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial advisor or a Customer Service Professional at 1-800-448-2542.

SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(B) AND 401(K) PLANS

This section only applies if you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions specified in the Contribution Information section on this form. This form shall serve as your instruction for such contributions and agreement to your Employer's rules regarding the contributions. Upon acceptance by the Employer of these instructions, this document shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from The Variable Annuity Life Insurance Company. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on this form. This agreement shall be legally binding as to both parties while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the Employer and in accordance with the Employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement). Only amounts not currently available to the employee are eligible for salary reduction/deduction.

INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE

Under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple's place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, for federal tax law and ERISA purposes the terms "spouse," "husband and wife," "husband," and "wife" do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state unless such individuals have a marriage described in (1). For more information regarding federal tax laws, please consult a tax advisor.

DOCUMENT DELIVERY CHOICES

E-delivery notices will be sent when the following items become available: Account Statements and transaction confirmations of certain account/administrative updates.

You may customize your selections online at aig.com/RetirementServices. Certain documents and types of correspondence may continue to be delivered by U.S. mail for compliance reasons. By electing e-Delivery, you are confirming that you have ready access to a computer with Internet access, an active email account to receive this information electronically, and the ability to read and retain it. This consent will continue until revoked. E-delivery will be cancelled if emails are returned undeliverable. VALIC is not required to deliver information electronically and may discontinue e-delivery notices in whole or part at any time.

Please send completed forms 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

Call 1-800-448-2542 for assistance.

ProFlex® Fixed Annuity Owner Acknowledgment

Flexible Purchase Payment Deferred Annuity

Form Numbers: IFA-608, ECR-805E, VR342-05

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

SSN or Tax ID: _____

This is a summary of the provisions of your annuity, but it is not a part of your contract. Your annuity contract contains complete details.

The ProFlex Fixed Annuity is a flexible purchase payment deferred annuity issued by The Variable Annuity Life Insurance Company (VALIC). Guarantees are backed by the claims-paying ability of VALIC. This annuity may be used to save money for retirement. It is not meant to be used to meet short-term financial goals.

TWENTY-DAY CANCELLATION PERIOD:

If, after reading the contract, you are not satisfied for any reason, you may return the contract to us or any agent authorized by us within 20 days (or longer if required by your state) after receiving it. We will refund any premiums paid and the contract will then be void.

PERMITTED FREE WITHDRAWALS:

After the first contract year, you may withdraw annually up to 10% of the Annuity Value. This withdrawal is not subject to any early withdrawal charge. The minimum withdrawal amount is \$250 (\$50 for systematic withdrawals) and the minimum amount that must remain in your annuity is \$2,000.

EARLY WITHDRAWAL CHARGES:

Each purchase payment is subject to an early withdrawal charge for a five-year period. No early withdrawal charges will be assessed on any withdrawals made after the twelfth (12th) Contract Year (may be less in some states). To determine withdrawal charges, the oldest purchase payments are considered withdrawn first. The early withdrawal charge is equal to the percentage shown below of any portion of a purchase payment being withdrawn, in excess of permitted free withdrawal amounts, that has been in the contract less than five years from the date of payment.

Early Withdrawal Charge Schedule

Years from Purchase Payment	1	2	3	4	5	Thereafter
Charge	5%	5%	5%	5%	5%	0

Your contract includes a purchase payment guarantee which provides that your value at cancellation will be equal to or greater than your purchase payment(s) paid, less any previous withdrawals of interest or purchase payment(s).

The withdrawal amount, plus any early withdrawal charge, will be deducted from the Annuity Value.

EXTENDED CARE RIDER: (Not available in all states and provisions may vary from state to state.)

Early withdrawal charges may be waived in the event an Owner receives qualifying extended care if:

- Extended care begins at least one year after the Contract Date; and
- Extended care is provided by a qualified institution for at least ninety consecutive days.

Coverage terminates on the earliest of the date on which any Owner turns 86, the date income payments begin, or the date on which the annuity contract terminates.

TERMINAL ILLNESS RIDER: (Provisions may vary from state to state.)

Early withdrawal charges will be waived on one partial withdrawal or full withdrawal of the Annuity Value if:

- An Owner is diagnosed with a disease or medical condition which a qualified physician expects will result in death within one year; and
- VALIC receives notice of an Owner's terminal illness.

Coverage terminates on the earliest of the date income payments begin, the date of a withdrawal taken according to the provisions of this rider, or the date on which the annuity contract terminates.

INCOME PLAN OPTIONS: (Provisions may vary from state to state.)

An income plan allows you to apply the Annuity Value (or Withdrawal Value, if applicable) to create a guaranteed income for life or for a specific period. If you do not elect an earlier date, income payments will start when the Owner reaches age 95. State variations may apply. Please refer to your contract for specific details. Available income plan options include:

• Plan A – Life Income:

Provides income payments for the Annuitant's entire lifetime. Income payments will end upon the Annuitant's death.

• Plan B – Life Income with 5, 10, 15 or 20 Years Guaranteed:

Provides income payments for as long as the Annuitant lives. If the Annuitant dies before the guarantee period is over, we will continue to make payments until the end of the guarantee period. You choose the guarantee period of 5, 10, 15 or 20 years.

• Plan C – Life Income with Refund:

Provides income payments for as long as the Annuitant lives. If the Annuitant dies before the guarantee period is over, we will continue to make payments until the total amount applied to the plan has been refunded. The length of the guarantee period is calculated by dividing the amount applied to the income plan by the monthly income payment amount.

• Plan D – Joint and Survivor Life Annuity:

Provides an income payable during the joint lives of you and a second person and thereafter during the life of the survivor.

• Plan E – Fixed Amount:

Provides fixed amount income payments for a minimum of five years and a maximum of 20 years in an amount elected until the amount applied is exhausted.

• Plan F – Fixed Period Income:

Provides equal periodic income payments for a predetermined number of years only. The fixed period may be from five to 20 years.

The minimum payment amount is \$50. Once payments begin, the income plan option cannot be changed.

DEATH BENEFIT BEFORE THE ANNUITY DATE:

A death benefit will be paid to the named Beneficiary upon an Owner's death before an income plan begins. The death benefit is equal to the Annuity Value.

DEATH BENEFIT AFTER ANNUITY DATE:

If the Annuitant dies while payments are being made under an income plan, those payments will end unless the income plan chosen calls for payments to continue after the Annuitant's death. These payments will be made at least as rapidly as they were being made at the time of death.

Instructions:

- Complete this form if the contract owner is an individual.
- This form should be completed using the contract owner's information.
- Check that all questions are answered completely and accurately.
- This form must be completed, signed, and dated in order to consider your application.
- Corrections or updates to information on this form must be initialed by the client.

Incomplete forms will delay processing. Do not leave any questions blank. All responses must be legible.

If any information provided changes before the contract is issued, you must provide notice to VALIC. A change in information may require an explanation and further review by VALIC. You may be asked to verify the accuracy of the information on this form. **Please be aware, VALIC may decline to issue an annuity contract based on the suitability information provided on this form.**

1. CLIENT PROFILE INFORMATION

a. Owner's Name: _____
Date of Birth (DOB): _____ SSN or Tax ID: _____

b. Joint Owner's Name (if applicable): _____
Date of Birth (DOB): _____ SSN or Tax ID: _____

c. Please indicate your experience level with financial, insurance, or investment products:
 None Limited Moderate Extensive

d. What is your risk profile with respect to the purchase of this annuity? (check one)
 Conservative *I prefer little to no market risk.*
 Moderate *I am willing to accept some market risk to achieve higher returns.*
 Aggressive *I am willing to accept maximum market risk to achieve maximum returns.*

e. What are your financial goals for purchasing this annuity? (check all that apply)
 Guaranteed Income Tax Savings Asset Growth
 Safety of Principal Education Financing Estate Planning Other _____

f. How long do you anticipate keeping this annuity with VALIC?
 Less than 3 years 4-7 years 8-10 years Longer than 10 years

g. Do you anticipate taking any withdrawals prior to age 59½?
 Yes No N/A (Over 59 ½)

h. Do you anticipate accessing more than the penalty-free amount in any year during the annuity's surrender charge period?
 Yes No N/A (Single Premium Immediate Annuity (SPIA) or Deferred Income Annuity (DIA))

i. Do you have any existing life insurance or annuity contracts that were sold to you by the same Agent that has recommended this sale?
 Yes No

2. FINANCIAL INFORMATION

j. What is your total annual household gross income? \$ _____ (annual amount)

k. Please identify the source(s) of your household income. (check all that apply)
 Employment/Self Employment Pension/Retirement Benefits Investments Social Security
 Annuity Reverse Mortgage Other _____

l. What are your approximate annual household living expenses (include housing, insurance, food, healthcare, taxes, etc.)?
\$ _____ (annual amount)

m. What is your federal income tax bracket?
 Less than 15% 15-28% Greater than 28%

n. After the purchase of this annuity, will you have sufficient cash or other sources of income available for emergencies?
 Yes No

o. Source of funds for this annuity:
 Savings/Checking/Money Market Annuity Life Insurance Certificate of Deposit (CD)
 Stocks/Bonds/Mutual Funds Employer Retirement Plan (401(k), 403(b), Pension, etc.) Home Equity Loan Reverse Mortgage
 Other _____

2. FINANCIAL INFORMATION (CONTINUED)

p. Complete the Asset Inventory below: Please provide the total value for each asset type below, **after the purchase of this annuity**. If you do not own a specific asset type, please complete with \$0. All asset(s) below left blank will be assumed to have a value of \$0.

Expected Premium Amount for this Annuity: _____ (Do not include this value in the grid below)

Non-Qualified Asset Type	Value	Non-Qualified Asset Type	Value
Cash/Checking/Savings/ Money Market/CD	\$ _____	Real Estate Equity (excluding primary residence)	\$ _____
Stocks/Bonds	\$ _____	Life Insurance Cash Value	\$ _____
Non-Qualified Mutual Funds (exclude Class B funds subject to deferred sales charges)	\$ _____	Non-Qualified Class B Mutual Funds (subject to deferred sales charges)	\$ _____
Non-Qualified Annuities subject to surrender penalties	\$ _____	Non-Qualified Annuities not subject to surrender penalties	\$ _____
Qualified Asset Type	Value	Qualified Asset Type	Value
Qualified Mutual Funds (exclude Class B funds subject to deferred sales charges)	\$ _____	Class B Qualified Mutual Funds (subject to deferred sales charges)	\$ _____
Qualified Annuities subject to surrender penalties	\$ _____	Qualified Annuities not subject to surrender penalties	\$ _____
Other Qualified Plans (401(k), 403(b), 457, Pension, IRA's, etc.)	\$ _____		

q. Will the purchase of this annuity prevent you from meeting any financial liabilities and/or obligations (including mortgage loans, auto loans, credit card debt, insurance premiums, etc.)?
 Yes No (If yes, please explain) _____

r. Are you purchasing this annuity in order to qualify, 'spend down' or become eligible for any needs-based governmental benefit program, such as Medicaid or a veteran's benefit (exclude Social Security and Medicare)?
 Yes No (If yes, please explain) _____

Note: VALIC Annuity products are not designed with the intent of satisfying the requirements of 'spend down' strategies typically associated with qualifying for needs-based governmental benefit programs, such as Medicaid or veteran's benefits.

s. Do you expect significant changes in your financial situation or needs, annual income, existing assets, liquidity needs, liquid net worth or tax status during the surrender charge period?
 Yes No (If yes, please indicate whether any of the financial information provided above will be impacted.) _____

3. REPLACEMENT INFORMATION

t. Will the purchase of this annuity result in a replacement of an existing annuity contract or life insurance policy?
 Yes No (If no, please skip questions u-x)

u. Please indicate the type of replacement taking place:

- Life Insurance to Annuity
- Annuity to Annuity (Please complete the table below)

v. Are you replacing your life insurance and/or annuity policy(ies) because this annuity being purchased is better suited for your current financial goals?
 Yes No

w. Excluding this replacement, have you had any other annuity exchange or replacement within the past 36 months (60 months in California & Minnesota)?
 Yes No

COMPLETE TABLE IF THIS IS AN ANNUITY-TO-ANNUITY REPLACEMENT ONLY

Please complete this section in its entirety. If requested information is unknown, please contact your existing annuity company. If information is not applicable, please fill in "not applicable" or "N/A".

If replacing more than one contract, please completely fill in the information for each replacement. If replacing more than two contracts, complete additional charts, and the owner(s) and agent(s) should sign and date the additional paperwork.

Existing Annuity Contract Information	Existing Contract #1	Existing Contract #2
Company Name		
Contract Number		
Annuity Type (Fixed, Index or Variable)		
Contract Issue Date		
Current Contract Value	\$ _____	\$ _____
Death Benefit Value	\$ _____	\$ _____
Actual or Estimated Amount Being Transferred to VALIC	\$ _____	\$ _____
Surrender Charge or Penalty Assessed on Amount Being Transferred	\$ _____	\$ _____
Market Value Adjustment (MVA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated MVA amount that will apply (if none, list \$0). Indicate if the MVA amount will be added (+) to or subtracted (-) from the amount being transferred as listed above.	\$ _____	\$ _____

3. REPLACEMENT INFORMATION (CONTINUED)		
Optional Living Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed Annuity Interest Rates (Also Fixed Account where applicable for Variable and Index Annuities)	Current: _____ % Minimum: _____ %	Current: _____ % Minimum: _____ %
Same Selling Agent on Existing Contract and New Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>x. Please provide a summary explaining why the annuity contract being replaced is no longer meeting your financial objectives and how the replacing annuity contract will meet your current needs and financial objectives.</p> <p>_____</p> <p>_____</p>		

4. COMPLETE FOR SPIA OR DIA ONLY
<p>y. Is the "Lifetime Income Only" payout option selected?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Fixed or Index Annuity)</p> <p>Note: If yes, no further income payment will be made and this contract will terminate at the death of the annuitant(s).</p> <p>z. Are you aware that the income annuity being purchased permanently converts your premium to a guaranteed stream of payments and your access to the premium used to purchase the annuity will be restricted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Fixed or Index Annuity)</p> <p>aa. If this purchase will result in a replacement of a deferred annuity, will the income annuity being purchased provide a higher income stream than what you would be able to receive under the terms of your existing annuity contract that is being replaced?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Not a replacement, or purchasing Fixed or Index Annuity)</p> <p>(If no, please explain) _____</p>

5. DISCLOSURE
<p>VALIC requires that your licensed agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. VALIC relies on the information presented on this form to validate whether the annuity purchase is suitable for you.</p> <p>For New Jersey residents only: The sale and suitability of annuities is regulated by the Department of Banking and Insurance, you may obtain assistance by visiting the Department's website at www.state.nj.us/dobi or by contacting (609) 292-7272 or (800) 446-7467.</p>

6. OWNER/JOINT OWNER ACKNOWLEDGEMENTS AND SIGNATURES
<p>By signing this form, I (and Joint Owner, if any) affirm each of the following: To the best of my knowledge and belief, the information I provided to my agent and shown above is true and complete, and was obtained prior to my purchase of the annuity. I understand that my failure to provide true and complete information may affect the ability of my agent and VALIC to determine the suitability of the product being applied for, and may limit the protection provided by regulations regarding suitability of the annuity being purchased.</p> <p>I have been informed of the various features of the annuity being purchased, and I certify that it is suitable for me based on my financial needs and objectives. If I am purchasing this annuity contract for a Traditional or Roth IRA, I understand that a Traditional IRA already provides tax deferral or that Roth IRAs, subject to certain restrictions, provide tax-free accumulation and that such deferral will NOT be enhanced by this annuity contract. I understand that I should consult my tax advisor if I have any questions about tax savings and the purchase of this annuity.</p> <p>For Index and Fixed Deferred Only: I understand that access to the funds used to purchase this annuity, in excess of the free withdrawal amount during the withdrawal charge period, may result in a penalty.</p> <p>For SPIA or DIA Only: I understand that, with limited exceptions, I am permanently converting my premium into an income stream.</p> <p>_____ Date</p> <p>_____ Date</p>

7. AGENT'S ACKNOWLEDGEMENTS
<p>By signing this form, I affirm the following: To the best of my knowledge and belief, the information on the form is true and complete, and was obtained prior to the purchase of the annuity. Based on information provided by the owner(s) and my review of such information, I have recommended this annuity as suitable for the financial needs and objectives of the owner(s).</p> <p>_____ Agent's Name (Print) _____ Agent's Signature _____ Date</p> <p>_____ Broker/Dealer, Firm or Affiliation</p>

Please send completed form 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

ProFlex® Fixed Annuity Owner Acknowledgment

Flexible Purchase Payment Deferred Annuity
Form Numbers: IFA-608, ECR-805E, VR342-05

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

SSN or Tax ID: _____

TAX STATUS AND INCOME TAX CONSEQUENCES:

Withdrawals from your annuity may be subject to federal and state income taxes. Tax rules vary, depending on whether the annuity contract is offered under an employer's tax-qualified retirement program, an individual retirement plan, or is instead a nonqualified contract. Withdrawals from a tax-qualified annuity are generally reported to the IRS as fully taxable, and withdrawals from a nonqualified annuity are generally reported to the IRS as taxable to the extent of untaxed earnings in the annuity. Withdrawals from your annuity prior to age 59½ are generally subject to a 10% federal early withdrawal penalty.

Tax-qualified contracts such as IRAs, 401(k)s, etc. are tax-deferred regardless of whether or not they are funded with an annuity. If you are considering funding a tax-qualified retirement plan with an annuity, you should know that an annuity does not provide any additional tax-deferred treatment of earnings beyond the treatment by the tax-qualified retirement plan itself. However, annuities do provide other features and benefits such as income options.

ANNUAL STATEMENTS: A statement of your account will be provided at least once each contract year.

EFFECTIVE ANNUAL INTEREST RATE:

The present effective annual interest rate on the initial purchase payment is _____% for purchase payments received in _____ (month)/_____ (year) and is guaranteed for the remainder of the calendar year and is intended, but not guaranteed, to be credited for the next calendar year. This rate includes a _____% enhancement to the current credited interest rate and is payable for the first twelve (12) months only. Thereafter, a pooled rate will be credited to the purchase payment and related interest. To achieve this rate, the initial purchase payment must be left in the annuity for a full year without any withdrawals. Interest is credited and compounded daily to achieve the annual rate.

NOTE: The interest rate earned on your initial purchase payment may be higher or lower than the rate indicated above if the initial purchase payment is received after the month/year listed on this form.

The expense charges may be higher and/or the interest rate credited may be lower for a contract with an interest bonus than for a contract without such a bonus. The amount of the bonus may be more than offset by the charges and/or reduced interest associated with the bonus.

GUARANTEED MINIMUM INTEREST RATE:

The guaranteed minimum interest rate is predetermined by VALIC. The guaranteed minimum interest rate for all purchase payments will not be less than 1%. Some contracts may have higher guaranteed minimum interest rates. See your contract for the guaranteed minimum interest rate. This guaranteed minimum interest rate is guaranteed for the life of your contract, and is not subject to change. All Annuity Values, Withdrawal Values, paid-up annuity benefits and death benefits available in your contract are subject to the minimum values defined therein, and are at least equal to those values required by the state in which the contract is delivered.

OWNER CERTIFICATION: The undersigned Owner acknowledges that he/she has read and understands the above items, has received a copy of this acknowledgment and certifies that he/she has paid a purchase payment of \$_____ to purchase a ProFlex Fixed Annuity from VALIC.

Owner
First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Owner's Signature _____ Date _____

AGENT CERTIFICATION: I have provided accurate information to the Owner regarding this annuity. Based on the suitability information gathered by me, I have a reasonable basis to believe that: (a) the Owner would benefit from the elected features of the annuity; (b) this annuity, as a whole, is suitable, and (c) if this is a replacement, the sale of this annuity is a reasonable product for the Owner.

Licensed Agent's Name (Please Print) _____ Licensed Agent/Registered Representative's Signature _____ Date _____

Broker-Dealer: _____ (Print Name) _____ Agent # _____

Branch Office Address: _____

City: _____ State: _____ ZIP: _____

Licensed Principal of Broker-Dealer's Signature _____ Date _____

Call 1-800-448-2542 for assistance or visit VALIC.com. Please send completed forms to:

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

If overnight delivery:

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

Agent Access Authorization Form

VALIC Financial Advisors, Inc. (VFA)

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Mail or Fax Completed Forms to:

VALIC Document Control

P.O. Box 15648, Amarillo, TX 79105-5648

Fax: 1-800-858-2542

1. CLIENT INFORMATION

Name: _____ Daytime Phone: (_____) _____

SSN: _____

2. AUTHORIZATION INFORMATION

I hereby grant my agent, the Broker/Dealer of record and their administrative staff the authority to obtain information and complete the following transactions within my account(s), on which the agent is identified as the agent of record:

- Transfers of value between investment options
- Asset allocation changes
- Rebalance of existing funds
- Contribution changes
- Account transaction status inquiries

This authorization does not allow my agent, Broker/Dealer or their administrative staff to take loans or withdrawals from my account(s).

If you would like an additional agent appointed with VALIC to also conduct the transactions listed above, designate that agent in the blanks below. The agent noted below will have the same authorization as the agent of record.

Dual Agent Name: _____

Dual Agent Code (assigned by VALIC): _____

Note: A Change of Broker/Dealer form is needed to change or update the agent of record.

3. CLIENT APPROVAL

- I understand that this authorization applies to all VALIC accounts associated with my Social Security number where the agent is identified as the agent of record.
- I understand that VALIC will follow the appropriate verification procedures when giving account information or performing transactions via the telephone. I further understand that the company is not responsible for any claim, loss or expense from any error resulting from instructions received over the phone or in writing from my agent(s), the Broker/Dealer of record and their administrative staff or myself.

Client's Signature: _____ Date: _____

VALIC represents The Variable Annuity Life Insurance Company and its subsidiary VALIC Retirement Services Company.

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

Standard Mail:
THE VARIABLE ANNUITY LIFE INS
CO
Dept VAL
PO Box 650545
Dallas, TX 75265-0545

Overnight:
JP MORGAN CHASE (TX1-0029)
Attn: American General Life Ins Co
& 650545
Dept Val
14800 Frye Rd, 2nd Floor
Fort Worth, TX 76155

All Other Products

Standard Mail:
VALIC
C/O JP MORGAN CHASE
PO BOX 301700
Dallas, TX 75303-1700

Overnight:
JP MORGAN CHASE (TX1-0029)
VALIC
Lockbox number 301700
14800 Frye Rd
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)