



Account Access Authorization Form

The Variable Annuity Life Insurance Company (VALIC)
The United States Life Insurance Company in the City of New York (USL)
VALIC Retirement Services Company (VRSCO)
VALIC Financial Advisors, Inc. (VFA)

Mail Completed Forms to:

Retirement Services Center

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

Call 1-800-448-2542 for assistance.

1. CLIENT INFORMATION

Name: _____ Daytime Phone: (____) _____

Social Security Number: _____

* Company party to the agreement ("COMPANY") will be the issuer of the Contract or Account.

2. AUTHORIZATION INFORMATION

I, _____ hereby give _____
(Client Name) (Name and Relation)

the following type of account authorization as indicated below.

Please check the box that applies to the access level being authorized:*

☐ Account Inquiry Access (Inquiry on account information only)

☐ Account Transaction Access (Includes inquiry access as well as authorization to perform transfers of value between investment options and future asset allocation changes)

* Please note that any authorized person, including the client, will be required to provide the client's name, Social Security number and date of birth to obtain account information.

3. ADDITIONAL SECURITY REQUEST

☐ Please check this box if you would like to add a password to your account.

• The password will be required for anyone who is authorized to make account inquiries or transactions. (Includes client and other authorized persons.)

• Client must provide password. Please designate password below:

Password: _____

4. CLIENT APPROVAL

- I understand that this authorization applies to all Company accounts associated with my Social Security number.
- I understand that this account authorization provides the authorized person permission to obtain account information and/or request certain allowable financial transactions. This authorization does not allow authorized persons to request forms, duplicate account statements, make address changes or take loans/disbursements on the account(s).
- I understand that if a password is added to the account, any authorized person, including myself, will be required to provide the password prior to obtaining any account information.
- I understand that the Company 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 from any other authorized person(s) or myself.
- This authorization and password information is valid until written revocation by the client is delivered to the companies.

Client's Signature: _____

Date: _____

All companies are wholly owned subsidiaries of Corebridge Financial, Inc.