Account Access Authorization Form

VALIC Financial Advisors, Inc. (VFA)

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Mail Completed Forms to:　　　VALIC Document Control　　　P.O. Box 15648, Amarillo, TX 79105-5648　　　Call **1-800-448-2542** for assistance.

1. CLIENT INFORMATION

Name: _____　　Daytime Phone: (_____) _____

Social Security Number: _____

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 VALIC 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 VALIC will follow the appropriate verification procedures when giving account information or performing transactions via the telephone. I further understand that VALIC 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 revoked in writing by the client.

Client's Signature: _____　　Date: _____