

Portfolio Director® Fixed and Variable Annuity Application

INDEPENDENT CHANNEL

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

For use with all plan types
except participants in group contract.

1. OWNER/APPLICANT INFORMATION

Owner
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
 Contingent Owner (Nonqualified Only): _____ DOB: _____ SSN or Tax ID: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Relationship: _____ Phone: (_____) _____
 *Social Security Number (SSN) **All accounts will be updated with these addresses.

2. ANNUITANT INFORMATION (If different from Owner.) Nonqualified only

Annuitant
First Name: _____ MI: _____ Last Name: _____ Suffix: _____
 SSN or Tax ID: _____ DOB: _____ Relationship: _____ Phone: (_____) _____
 Address: _____
 E-mail: _____ Marital Status: ☐ Married ☐ Not Married Gender: ☐ Male ☐ Female

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. 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.

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

Complete section A **OR** B. A separate application must be submitted to VALIC for each plan type. A maximum of 20 investment options is permitted. See the list of investment options on the Information page(s). If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

A. Nonqualified Annuity or Qualified IRA Plans

TO BE COMPLETED BY AGENT (Choose one): ☐ Nonqualified Annuity **OR** ☐ Traditional IRA ☐ Roth IRA ☐ Freedom Plus IRA ☐ Freedom Plus Roth IRA

Investment Option Name:	Number	Allocation Percentage	Investment Option Name:	Number	Allocation Percentage
_____	_____	_____%	_____	_____	_____%
_____	_____	_____%	_____	_____	_____%
_____	_____	_____%	_____	_____	_____%
_____	_____	_____%	_____	_____	_____%
_____	_____	_____%	_____	_____	_____%
					TOTAL 100%

Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.

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.

OR

B. Individual Employer Sponsored Plans**TO BE COMPLETED BY AGENT**

VALIC Group Number: _____ VALIC Group Name: _____

Choose plan type:

☐ SEP IRA☐ 403(b)☐ 401(k)☐ 457(b)

	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
Plan Type	_____	_____	_____	_____	_____
Plan #	_____	_____	_____	_____	_____
Product	_____	_____	_____	_____	_____
Sub Group	_____	_____	_____	_____	_____

Investment Option Name:	Number	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
Total		100%	100%	100%	100%	100%

6. REQUIRED AFFIRMATIONS

This application is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current VALIC contract prospectus with the privacy notice was provided with this application.

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.)

7. OWNER/APPLICANT STATEMENTS AND SIGNATURE

Funds allocated to any Multi-Year Fixed Option (Not applicable in Pennsylvania) may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account values.

If new records are necessary to accept future contributions through this employer's plan, I authorize VALIC and the Broker-Dealer of record to establish those new records and to rely on then-current allocation instructions and personal information associated with records established pursuant to this enrollment.

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 Warnings • Withdrawal Restrictions for 403(b) Plans (if applicable) • Salary Reduction Agreement for 403(b) and 401(k) Plans (if applicable)
- Redemptions from Optional Retirement Programs and other Plans (if applicable)

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, as applicable.

Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.

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

8. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

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

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: _____

Information

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.

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.

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.

Tennessee, Maine 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.

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.

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.

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.

OWNER vs. ANNUITANT (NQDAs only)

The owner and the annuitant may be different only for Nonqualified Deferred Annuities (NQDAs). The owner has most rights under the contract. The annuitant is the person upon whose life expectancy the contract benefits are based.

Information (continued)

MAXIMUM ISSUE AGE

The maximum issue age for both the owner and annuitant is age 85.

EXPECTED ANNUITY DATE

Owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

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 professional 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:

Regulatory reports, such as applicable fund prospectuses, product prospectus, disclosures, annual and semi-annual reports and information statements.

Account Statements, such as annual and quarterly statements as well as Guided Portfolio Services® or Guided Portfolio Advantage® statements.

Transaction confirmations, such as confirmation of fund exchanges, transfers and certain account/administrative updates.

You may customize your selections online at corebridgefinancial.com/retire.

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.

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), 401(k) 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.

Note: IRA Contributions

- The ability of a minor to open and make contributions to an IRA is subject to applicable contract law, federal and state tax law, and company policies and procedures.
- As a condition of being able to open and make contributions to an IRA, a minor must have received taxable income during the year. Generally, compensation is remuneration earned from working.

Information (continued)

INVESTMENT OPTIONS

- These are the investment options available in qualified plans.

- These are the only investment options available in nonqualified plans.

- ■ 001 Fixed Account Plus
- ■ 002 Short-Term Fixed Account

Multi-Year Fixed Option (Not applicable in Oregon and Pennsylvania):
A minimum of \$25,000 is required.

- ■ 099 10 Year Term Multi-Year Fixed Option
- ■ 148 Aggressive Growth Lifestyle Fund
 - 090 American Beacon Man Large Cap Growth Fund
 - 069 Ariel Appreciation Fund
 - 068 Ariel Fund
- ■ 005 Asset Allocation Fund
- ■ 139 Capital Appreciation Fund
- ■ 150 Conservative Growth Lifestyle Fund
- ■ 158 Core Bond Fund
- ■ 021 Dividend Value Fund
- ■ 103 Dynamic Allocation Fund
- ■ 087 Emerging Economies Fund
- ■ 101 Global Real Estate Fund
- ■ 088 Global Strategy Fund
- ■ 161 Goldman Sachs VIT Government Money Market Fund
- ■ 008 Government Securities Fund
- ■ 078 Growth Fund
- ■ 160 High Yield Bond Fund
- ■ 077 Inflation Protected Fund
- ■ 011 International Equities Index Fund
- ■ 013 International Government Bond Fund
- ■ 020 International Growth Fund
- ■ 133 International Opportunities Fund
- ■ 012 International Socially Responsible Fund
- ■ 089 International Value Fund
 - 102 Invesco Balanced-Risk Commodity Strategy Fund
- ■ 079 Large Capital Growth Fund
- ■ 004 Mid Cap Index Fund
- ■ 083 Mid Cap Strategic Growth Fund
- ■ 138 Mid Cap Value Fund
- ■ 149 Moderate Growth Lifestyle Fund
- ■ 046 Nasdaq-100® Index Fund
- ■ 017 Science & Technology Fund
- ■ 135 Small Cap Growth Fund
- ■ 014 Small Cap Index Fund
- ■ 084 Small Cap Special Values Fund
- ■ 136 Small Cap Value Fund
- ■ 010 Stock Index Fund
- ■ 016 Systematic Core Fund
- ■ 072 Systematic Growth Fund
- ■ 075 Systematic Value Fund
- 104 T. Rowe Price Retirement 2015

- 105 T. Rowe Price Retirement 2020
- 106 T. Rowe Price Retirement 2025
- 107 T. Rowe Price Retirement 2030
- 108 T. Rowe Price Retirement 2035
- 109 T. Rowe Price Retirement 2040
- 110 T. Rowe Price Retirement 2045
- 111 T. Rowe Price Retirement 2050
- 112 T. Rowe Price Retirement 2055
- 113 T. Rowe Price Retirement 2060
- ■ 141 U.S. Socially Responsible Fund
- 054 Vanguard LifeStrategy Conservative Growth Fund
- 052 Vanguard LifeStrategy Growth Fund
- 053 Vanguard LifeStrategy Moderate Growth Fund
- 022 Vanguard Long-Term Investment-Grade Fund
- 023 Vanguard Long-Term Treasury Fund
- 025 Vanguard Wellington Fund
- 024 Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit corebridgefinancial.com/retire or call **1-800-448-2542** for assistance or to request a prospectus.

Please send completed forms to: Overnight Delivery:
Retirement Services Center Retirement Services Center
P.O. Box 15648 1050 N. Western St.
Amarillo, TX 79105-5648 Amarillo, TX 79106-7011

The Variable Annuity Life Insurance Company (VALIC)

The Variable Annuity Life Insurance Company

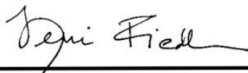
CALIFORNIA FRAUD NOTICE ENDORSEMENT

It is hereby understood and agreed that the following is added to the form to which it is attached:

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING FRAUD NOTICE:

"Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Signed for The Variable Annuity Life Insurance Company.



Terri N. Fiedler
President



Julie Cotton Hearne
Secretary

VALIC Financial Advisors, Inc. (VFA)
The Variable Annuity Life Insurance Company (VALIC)
Houston, Texas

Agent Access Authorization Form

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)