

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