

## **Sale to Military Personnel** Disclosure Form

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Variable Annuity Life Insurance Company (VALIC) United States Life Insurance Company in the City of New York (USL)	Account Number: (if any)
Are you or the joint owner of this account an active duty service member of the $\square$ Yes $\square$ No	e United States Armed Forces?
Instructions to Agents: This form must be provided to any prospective purchars an active duty (full-time) service member (officer or enlisted) of the United Force, Marine Corps, and Coast Guard). This includes members of the National published orders for active duty or full-time training for 31 or more calendar day of this form for Florida, Mississippi, Nevada, Ohio, Vermont, and Virginia.	States Armed Forces (Army, Navy, Air all Guard and Reserve while serving under
If you are considering the purchase of one of our annuity products, please revibefore purchasing:	iew the following important information
<ul> <li>Subsidized life insurance is available to members of the Armed Forces fror Service members' Group Life Insurance program (also referred to as "SGL Title 38, United States Code.</li> </ul>	
<ul> <li>SGLI coverage is available in \$50,000 increments up to the maximum of \$per \$1,000 of insurance, regardless of the member's age. More details ma site: https://www.va.gov/life-insurance/options-eligibility/sgli/.</li> </ul>	400,000. SGLI premiums are currently \$.07 by be obtained on-line at the following web
<ul> <li>The product that is the subject of this disclosure is not offered or provided Government has in no way sanctioned, recommended, or encouraged the</li> </ul>	by the Federal Government, and the Federa sale of the product being offered.
<ul> <li>No person has received any referral fee or incentive compensation in conne is the subject of this disclosure, unless that person is a licensed agent of Th or The United States Life Insurance Company in the City of New York.</li> </ul>	ection with the offer or sale of the product tha ne Variable Annuity Life Insurance Company
Neither The Variable Annuity Life Insurance Company or The United States Life York, nor its agents or representatives are authorized to give legal or tax advice attorney or accountant regarding your particular situation.	
If the solicitation or sale of this product occurred on a military installation, I was Solicitation Evaluation form (DD Form 2885).	s provided the Personal Commercial
Date Signed:	
Licensed Representative's Name (Please Print)	
Licensed Representative's Signature	
Owner's Name (Please Print)	
Owner's Signature	
Joint Owner's Name, if any (Please Print)	

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

Joint Owner's Signature, if any



The Variable Annuity Life Insurance Company (VALIC) The United States Life Insurance Company in the City of New York (USL)

## **Sale to Military Personnel Disclosure Form**

Account Number:	(if any)	

## **Special Instructions**

Florida: This form must be provided to any prospective purchasers who you have reason to believe are an active duty (full-time) service member (officer or enlisted) of the U.S. Armed Forces. This includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training or in a drill status in the National Guard or U.S. Armed Forces Reserve. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

Mississippi: This form must be provided to any prospective purchasers who you have reason to believe are an officer or enlisted member of the U.S. Armed Forces. There is no requirement that the officer or enlisted member be an active member of the U.S. Armed Forces.

**Nevada**: This form must be provided to any prospective purchasers who you have reason to believe are (i) an officer or enlisted member of the U.S. Armed Forces who is on full-time duty in the active military service of the U.S., or (ii) is a member of the reserve component of the U.S. Armed Forces or the National Guard while serving under published orders for active duty or full-time training. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

Ohio: This form must be provided to any prospective purchasers who you have reason to believe are an active duty (full-time) officer or enlisted member of the U.S. Armed Forces, (including National Guard and Reserve members while serving under published orders for active duty or full-time training, for a period of 31 or more calendar days). The form must also be provided to an officer or enlisted member serving in the uniformed services under the Uniformed Services Employment and Reemployment Rights Act (USERRA), unless the service member is a member of the reserve component who is performing active duty or active duty for training for less than 31 calendar days. USERRA defines "service in the uniformed services" as performance of duty on a voluntary or involuntary basis including active duty, active duty for training, initial active duty for training, full-time National Guard duty, a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty, and a period for which a person is absent from employment for the purpose of performing funeral honors duty authorized by Section 12503 of Title 10 or Section 115 of Title 32.

**Vermont**: This form must be provided to any prospective purchasers who you have reason to believe are an active duty officer or enlisted member of the U.S. Armed Forces. Active duty means full-time duty in the active military service of the U.S. and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training or in a drill status in the National Guard or U.S. Armed Forces Reserves. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

Virginia: The Virginia Bureau of Insurance offers assistance to consumers in the event of a dispute or complaint with or against an insurer. For assistance you may contact the Bureau at 1-877-310-6560 or by mail at Bureau of Insurance, P.O. Box 1157, Richmond, VA 23218-1157.

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