

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: _____