

The Variable Annuity Life Insurance Company (VALIC)

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

VALIC Retirement Services Company (VRSCO)

VALIC Financial Advisors, Inc. (VFA)

Mail or Fax Completed Forms to:

Retirement Services Center

P.O. Box 15648, Amarillo, TX 79105-5648

Fax: **1-800-858-2542****1. CLIENT INFORMATION**

Name: _____ Daytime Phone: (____) _____

Social Security Number: _____

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) with VALIC, VRSCO or USL (each, a "Company," collectively, the "Companies"), 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 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 the Company): _____

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 accounts associated with my Social Security number where the agent is identified as the agent of record.
- I understand that the Companies will follow the appropriate verification procedures when giving account information or performing transactions via the telephone. I further understand that the Companies are 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.
- This authorization is valid until written revocation is delivered to the Companies.

Client's Signature: _____ Date: _____