

State of New York Compensation Disclosure

VALIC – THE VARIABLE ANNUITY LIFE INSURANCE COMPANY
Houston, Texas

INDEPENDENT CHANNEL

I am providing this disclosure form to you as required by the insurance regulations of the State of New York to make sure you are informed about my role in offering you insurance products, and compensation I may receive for the sale of such insurance products.

I am an insurance producer who is authorized to enroll you in a group annuity product or offer you an individual annuity product issued by The Variable Annuity Life Insurance Company (VALIC). I am also authorized to provide you continuing service with regard to these insurance products.

I may receive compensation in the form of commission from VALIC for enrolling you in a VALIC group annuity product or selling you an individual annuity contract. The commission paid to me by VALIC will vary depending on the amount of annuity contributions you make, the annuity product, and the commission rate established in my contract with VALIC. The amount of my commission is not deducted from your annuity contribution.

You may request and receive additional information about the compensation to be paid to me as the result of your annuity contribution.

If you want this additional information about my compensation before your group certificate or individual contract is issued, please notify me.

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

Agent Phone: (_____) _____ Agent E-Mail: _____

Date: _____

Signature of Licensed Agent/Broker: _____

I ACKNOWLEDGE THAT I RECEIVED THIS DISCLOSURE FORM.

Date: _____

Signature of Applicant: _____

Name of Applicant (Print): _____ SSN: _____

Date: _____

Signature of Joint/Co-Applicant: _____

Name of Joint/Co-Applicant (Print): _____

Please fax the completed form to 1-877-202-0187 or mail to the address below for processing:

VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

Overnight Delivery:

VALIC Document Control
1050 N. Western St.
Amarillo, TX 79106-7011