

VALIC – THE VARIABLE ANNUITY LIFE INSURANCE COMPANY  
Houston, Texas

NEW YORK

1. ANNUITANT/APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Mr.  Mrs.  Ms.  Dr.  Rev. Gender:  Male  Female  Married  Not Married  
Date of Birth (DOB): \_\_\_\_\_ SSN\* or Tax ID: \_\_\_\_\_  
Residence Address\*\*: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Business  Personal  Business Mobile  Personal Mobile  Business  Personal  Business Mobile  Personal Mobile  
Mailing Address\*\*(if different from residence): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\*Social Security Number (SSN) \*\*All accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION (Refer to Information page(s) for guidance.)

- This beneficiary designation supersedes all previous beneficiary designations for such account(s).
- To ensure that all beneficiaries are identified, list each by name.
- If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
- Percentage total must equal 100%.
- A beneficiary may be an individual, institution, estate, or trust.
- If you wish to designate as beneficiaries your current children, and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.
- When there are multiple beneficiaries and one predeceases you, the proceeds will be divided between the remaining beneficiaries.  
A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

2A. VALIC FIXED ANNUITY (Required - This section must be completed.)

The beneficiary(s) for the VALIC Fixed Annuity is the same as the beneficiary for my mutual fund custodial account. (No designation required.)

**PRIMARY**  
1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %  
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

**CONTINGENT**  
1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %  
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

Check here if you have named additional beneficiaries on a separate sheet, signed, dated and attached to this form.  
Print your name and Social Security number at the top of each separate sheet attached.

3. CONTRIBUTION SOURCE

To Be Completed by FINANCIAL PROFESSIONAL		Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b) Only
<b>Plan Information</b>	Group # _____	_____	_____	_____	_____	_____
	Plan Type _____	_____	_____	_____	_____	_____
	Plan # _____	_____	_____	_____	_____	_____
	Product _____	_____	_____	_____	_____	_____
	Sub Group _____	_____	_____	_____	_____	_____

#### 4. INVESTOR PROFILE

What are your objectives for the funds under consideration?

Safety of Principal

Income

Long-Term Growth

Annual Household Income

Under \$50,000

\$50,000 – \$100,000

Over \$100,000 list amount \$ \_\_\_\_\_

Net Worth (excluding value of primary residence)

Under \$50,000

\$50,000 – \$100,000

Over \$100,000 list amount \$ \_\_\_\_\_

Tax Bracket: \_\_\_\_\_ %

#### 5. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES

E-mail Address: \_\_\_\_\_  Business  Personal

Select document delivery choice below. If no selections are made, paper documents will be mailed.

Electronic delivery  Paper delivery

Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

#### 6. REQUIRED AFFIRMATIONS

This application is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current prospectus for VALIC's Separate Account with the privacy notice was provided with this application.

Do you have any existing life insurance policies or annuity contracts?  Yes  No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by this or any other company?  Yes  No

Are you as the owner of this account an active duty service member of the United States Armed Forces?  No  Yes (If yes, complete VL 22059.)

#### 7. ANNUITANT/APPLICANT STATEMENTS AND SIGNATURE

This application is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. Proof of age must be furnished before Annuity Payments begin.

**By signing this form, I represent that all statements, answers, and affirmations in this form are complete and true to the best of my knowledge and belief. I have read and understand the information provided in the Information page regarding the following subjects if applicable:**

- **Withdrawal Restrictions for 403(b) Plans (if applicable)**
- **Salary Reduction Agreement or Salary Deduction Authorization (if applicable)**

\_\_\_\_\_  
Annuitant/Applicant's Signature

\_\_\_\_\_  
Signed at City/State

\_\_\_\_\_  
Date

#### 8. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent: \_\_\_\_\_ VALIC Agent #/Location: \_\_\_\_\_  
(Print Name)

Licensed Agent Phone: (\_\_\_\_\_) \_\_\_\_\_ State License #: \_\_\_\_\_

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract.  Yes  No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity?  Yes  No

As Agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms?  Yes  N/A

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

\_\_\_\_\_  
Licensed Agent/Registered Representative's Signature

\_\_\_\_\_  
Date

Broker-Dealer: \_\_\_\_\_  
(Print Name)

Branch Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Licensed Principal of Broker-Dealer's Signature

\_\_\_\_\_  
Date

The Variable Annuity Life Insurance Company is a wholly owned subsidiary of Corebridge Financial, Inc.

# Information

## WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Severance from employment
- Death
- Hardship (contributions only)
- Attainment of age 59½ or older
- Disability

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.

## EXPECTED ANNUITY DATE

Whether an age is chosen, or the default is used, the owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director® contract.

## BENEFICIARY DESIGNATIONS

**If your Employer's plan requires that you obtain consent from your spouse to name a beneficiary other than your spouse, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits.** Contact your Employer for spousal consent requirements applicable to your plan.

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trust.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your financial professional or a Customer Service Professional at 1-800-448-2542.

## DOCUMENT DELIVERY CHOICES

E-delivery notices will be sent when the following items become available:

Regulatory reports, such as applicable fund prospectuses, product prospectus, disclosures, annual and semi-annual reports and information statements.

Account Statements, such as annual and quarterly statements as well as Guided Portfolio Services® or Guided Portfolio Advantage® statements.

Transaction confirmations, such as confirmation of fund exchanges, transfers and certain account/administrative updates.

You may customize your selections at [corebridgefinancial.com/retire](http://corebridgefinancial.com/retire).

## SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(b) AND 401(k) PLANS

This section only applies if you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions specified in the Contribution Information section on this form. This form shall serve as your instruction for such contributions and agreement to your Employer's rules regarding the contributions. Upon acceptance by the Employer of these instructions, this document shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from The Variable Annuity Life Insurance Company. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on this form. This agreement shall be legally binding as to both parties while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the Employer and in accordance with the Employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement). Only amounts not currently available to the employee are eligible for salary reduction/deduction.

Questions about this form may be directed to **1-800-448-2542**, Monday through Friday, 7 a.m. to 8 p.m. Central Time.

### Please send completed forms 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



**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><b>Note:</b> 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><b>For New Jersey residents only:</b> 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 <a href="http://www.state.nj.us/dobi">www.state.nj.us/dobi</a> 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><b>For Index and Fixed Deferred Only:</b> 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><b>For SPIA or DIA Only:</b> 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

# Agent Access Authorization Form

VALIC Financial Advisors, Inc. (VFA)

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Mail or Fax Completed Forms to:

VALIC Document Control

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

Fax: 1-800-858-2542

## 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: \_\_\_\_\_

VALIC represents The Variable Annuity Life Insurance Company and its subsidiary VALIC Retirement Services Company.

# Record of Contribution

## The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

For Independent Channel Use Only

### 1. CLIENT INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_  
Contingent Owner Name (Nonqualified only): \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

### 2. FUNDS TO BE APPLIED TO ACCOUNTS

Check one. Enter the information below and indicate the amount, if not equal to the check amount. (Can enter "NEW" as account #.)

IRA – Account #: \_\_\_\_\_ Product or Group #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Nonqualified – Account #: \_\_\_\_\_ Product or Group #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 401(a)/(k)/403(a) – Account #: \_\_\_\_\_ Product or Group #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Roth: IRA/401(k)/403(b)/457(b) – Account #: \_\_\_\_\_ Product or Group #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 TSA 403(b) – Account #: \_\_\_\_\_ Product or Group #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Checks should be mailed to the appropriate Lockbox Bank for the product sold. See section 4.

**Variable Products:** Funds will be applied to allocations established for future deposits. Allocations for future deposits may differ from how funds are currently invested. Allocations can be verified through VALIC Online for existing accounts.

**Model Replacement Form VL 14131** – Required for all applications sold in: AL-AR-AK-AZ-CO-CT-HI-IA-KY-LA-MD-ME-MS-MT-NC-NE-NH-NJ-NM-OH-OR-RI-SC-SD-TX-UT-VA-VT-WI-WV.

New contracts or arrangements with VALIC will not go into effect until VALIC receives an application and applicable forms in good order.

### 3. SOURCE OF QUALIFIED FUNDS

SEP / IRA / Roth IRA Contribution for: \_\_\_\_\_ [Tax Year] Consult your tax advisor regarding annual contribution requirements and deadlines.

Direct or Indirect (60-day) Rollover of Tax Qualified Funds – Name of Transferring Carrier: \_\_\_\_\_

Source of funds:  403(b)  457(b)  IRA/SEP  Roth IRA/Roth 401(k)/Roth 403(b)/Roth 457(b)  401(a)/(k)/403(a)  OTHER: \_\_\_\_\_

### 4. LOCKBOX ADDRESSES

#### Assured Choice

Standard Mail:  
THE VARIABLE ANNUITY LIFE INS  
CO  
Dept VAL  
PO Box 650545  
Dallas, TX 75265-0545

Overnight:  
JP MORGAN CHASE (TX1-0029)  
Attn: American General Life Ins Co  
& 650545  
Dept Val  
14800 Frye Rd, 2nd Floor  
Fort Worth, TX 76155

#### All Other Products

Standard Mail:  
VALIC  
C/O JP MORGAN CHASE  
PO BOX 301700  
Dallas, TX 75303-1700

Overnight:  
JP MORGAN CHASE (TX1-0029)  
VALIC  
Lockbox number 301700  
14800 Frye Rd  
Fort Worth, TX 76155

### 5. SIGNATURES

- Client understands that an indirect rollover must be completed within 60 days from the date of client's receipt of a distribution from a qualified plan or IRA. The undersigned further agrees, in the event his/her transaction is not complete, to permit VALIC to retain his/her funds while VALIC immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated.
- The undersigned agrees, in the event his/her transaction is not complete, to permit VALIC to retain his/her funds while VALIC immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Licensed Agent (Print Name): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
VALIC Agent #/Location: \_\_\_\_\_ State License #: \_\_\_\_\_  
Licensed Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Broker-Dealer (Print Name): \_\_\_\_\_  
Branch Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Licensed Principal of Broker-Dealer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make all checks payable to: The Variable Annuity Life Insurance Company (VALIC)**