

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

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: (_____) _____

SSN: _____

Authorization (choose one) Name of Advisory Services Program (if known): _____

☐ Advisory Services offered through Broker-Dealer of record.☐ Advisory Services offered through a Third-Party Investment Advisor.**2. BROKER-DEALER AND AGENT ACCESS 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. This supersedes any agent access authorization previously granted.

- Transfers of value between investment options.*
- Asset allocation changes.*
- Rebalance of existing funds.*
- Contribution changes.
- Account transaction status inquiries.

Except as provided in section 4, this authorization does not allow loans or withdrawals to be initiated from my Account(s).

* Transactions limited to Investment Advisor if an Investment Advisory Service is in effect.

If you would like an additional appointed agent 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 Service Provider): _____

Note: A Change of Broker-Dealer form is needed to change or update the agent of record.

3. INVESTMENT ADVISOR INFORMATION AND AUTHORIZATION (Complete this section to provide a Third-Party Investment Advisor access to your Account.)

Name of Investment Advisor: _____

Type of Investment Advisor (check one) ☐ Firm ☐ Individual E-mail Address: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Daytime Phone: (_____) _____ Fax: (_____) _____

Transaction Authorization:

I hereby grant the named Investment Advisor to obtain information and complete any combinations of the following transactions within my Accounts(s):

- Transfers of value between investment options.
- Asset allocation changes.
- Rebalance of existing funds.

4. FEE PAYMENT AUTHORIZATION☐ No advisory fees will be deducted from my Account.

☐ I authorize a withdrawal from my Account(s) for investment advisory or specific agent services related only to my Account and as described in the investment advisory agreement I entered into with my agent and/or Investment Advisor ("Advisory Fee"). Please note that payment of the Advisory Fee from a nonqualified deferred annuity contract is considered to be a taxable distribution to the extent of any gain in the contract. If authorized, one-fourth of the Advisory Fee is to be withdrawn at the end of each calendar quarter. The amount to be debited from will be determined with respect to each full or partial calendar quarter by multiplying the corresponding quarterly rate by the dollar amount of assets in each Account on a date during the last week of a calendar quarter. I understand that this Advisory Fee will be paid proportionately from each fund in which I am invested during the last week or on the last business day of a calendar quarter. This fee will be in addition to any other fees charged under the Account(s) or my retirement plan.

This Investment Advisory Fee authorization shall remain in effect until the earliest of:

1. the next valuation date following receipt of notice of termination of this authorization by either the Client or Investment Advisor;
2. the full surrender or total distribution of the Account; or
3. the death of the Client.

Account Applicability:☐ Investment advice applies to all my Accounts☐ Investment advice applies only to the following Accounts:☐ New Accounts (New Account paperwork attached)☐ Existing Accounts: _____

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5. WITHDRAWALS/TAX STATUS

☐ **403(b) annuities and custodial accounts, 401 funding vehicles, 457(b) accounts or IRA annuities and custodial accounts**

I declare that the Account is solely responsible for the advisory fees set forth in the agreement which I have executed with the Investment Advisor.

☐ **Nonqualified Annuity**

Advisory Fee Tax Acknowledgement

- I understand that payment of advisory fees from a nonqualified deferred annuity contract is considered to be a taxable distribution to the extent of any gain in the contract. Therefore, amounts distributed from the contract to pay advisory fees may be subject to federal income tax, including an early distribution penalty tax on withdrawals prior to attainment of age 59½.
- I understand that prior to executing this form I have had the opportunity to consult with my professional tax advisor or attorney regarding any tax implications that may result from this advisory fee acknowledgement and authorization.
- I understand that by electing to participate in Investment Advisory Services I am opting out of federal and state income tax withholding for the Account(s) to which this form applies. My withholding election will remain in effect until I revoke it. Should I choose to revoke my income tax withholding election I am opting out of Investment Advisory Services.
- I understand that by electing out of federal income tax withholding I may incur federal under withholding penalties.
- I understand that a payment to a non-resident alien to an address outside the United States may be subject to federal income tax withholding at a thirty percent (30%) rate unless the payee submits a completed IRS Form W-8BEN and the payments are eligible for reduced withholding.

6. 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 or an Investment Advisor is designated.
- I understand that Service Provider 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), Broker-Dealer or Investment Advisor, and their administrative staff or myself.
- I understand that Service Provider does not make any representation or warranty concerning the tax treatment of payment of fees under the Internal Revenue Code of 1986 as amended, or otherwise and that Service Provider has no responsibility or liability for any taxes, penalties and/or interest that may be assessed arising out of this authorization.
- I understand that Service Provider is not responsible for reviewing the decisions made by my agent(s), Broker-Dealer or Investment Advisor, and their administrative staff when executing transactions on my behalf; the quality of the services provided by my agent(s), Broker-Dealer or Investment Advisor, and their administrative staff; or for determining the reasonableness of the fees that I have authorized to remit to the Broker-Dealer or Investment Advisor.

Client's Signature: _____ Date: _____