

The Variable Annuity Life Insurance Company (VALIC)

Mailing Address: Annuity Service Center • P.O. Box 15648 • Amarillo, TX 79105-5648
 Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

CONTRACT/CERTIFICATE #: _____

OWNER: _____ DAYTIME PHONE #: _____

SSN OR TAX ID: _____

 DEFERRED ANNUITY OWNERSHIP CHANGE (Transfer/Change of Ownership)

Please note: If the beneficiary is not changed on this form, the beneficiary designation from the previous owner will remain in place on the annuity contract unless and until the new owner changes the beneficiary. On Custodial IRA to Non-Custodial IRA ownership changes, if the beneficiary instructions are not provided, the estate of the new owner will become the sole primary beneficiary on the contract. Please obtain signatures from the previous and/or new custodians if adding or removing a custodian or changing to a new custodian. For guardianship changes, please provide court-issued documents.

A transfer of ownership to certain trusts, between spouses, or incident to a divorce is a non-taxable event. Other transfers of ownership may be taxable events. If the ownership change results in a taxable event, the current owner may be subject to federal and/or state income tax on all tax-deferred money (accumulated earnings) as of the date of transfer. The entire amount transferred becomes the new after-tax cost basis for the new owner.

Provide New Owner, Joint Owner or Custodian information and signature(s) in the sections below. Please review the current beneficiary designation on the contract and make any necessary changes below.

Change Owner to:

Spouse _____ Other Individual _____ Joint Owner(s) _____ Trust¹ _____ Custodian _____ Other Non-Natural Entity² _____

¹ Trust-owned contracts require an additional Certification of Trust (VL 23015) form to be submitted with the request. If the trust is the owner, the trust must also be the beneficiary.

² Include supporting documentation for the authorized signer(s). (i.e. Corporate Resolutions, etc.)

New Owner Information:

Name of New Owner/Custodian (type or print name as it should appear on company records)					
Address		City	State	ZIP Code	
Daytime Phone #	Date of Birth/Trust Date	Social Security Number/ITIN		Male	Female Entity
Beneficiary for New Owner/Custodian (For additional beneficiaries use VL 020)		Relationship		Percentage	
Address		City	State	ZIP Code	
Daytime Phone #	Date of Birth	Social Security Number/ITIN		Email	

New Joint Owner Information:

Name of New Joint Owner/Custodian (type or print name as it should appear on company records)					
Address		City	State	ZIP Code	
Daytime Phone #	Date of Birth/Trust Date	Social Security Number/ITIN		Male	Female Entity
Beneficiary for New Owner/Custodian (For additional beneficiaries use VL 020)		Relationship		Percentage	
Address		City	State	ZIP Code	
Daytime Phone #	Date of Birth	Social Security Number/ITIN		Email	

NOTE: FOR ANNUITIES ISSUED AFTER APRIL 21, 1987, ANY GAIN AT TIME OF TRANSFER WILL BE TAX REPORTED TO THE PRESENT OWNER. IRS FORM 1099 WILL BE ISSUED AT YEAR END.

Under penalties of perjury, I certify that the number shown above is my correct Taxpayer Identification Number and that I am not subject to backup withholding. I certify that the information provided above is true and correct. I request the Company to make the above change(s).

Date	Signature of Present Owner	Signature of Present Joint Owner, if any
Date	Signature of New Owner	Signature of New Joint Owner, if any
Date	Signature of Previous Custodian to release custodial ownership	Signature of New Custodian to accept custodial ownership

NOTE: SIGNATURE(S) MUST BE NOTARIZED

STATE OF _____ COUNTY OF _____

On this ____ day of _____, 20__, before me personally appeared _____, known to me or proved to me to be the identical person described in and who executed the foregoing statement, and acknowledged the execution of the same as a free act and deed for the purpose therein named.

My commission expires _____ Notary Public _____

STATE OF _____ COUNTY OF _____

On this ____ day of _____, 20__, before me personally appeared _____, known to me or proved to me to be the identical person described in and who executed the foregoing statement, and acknowledged the execution of the same as a free act and deed for the purpose therein named.

My commission expires _____ Notary Public _____

STATE OF _____ COUNTY OF _____

On this ____ day of _____, 20__, before me personally appeared _____, known to me or proved to me to be the identical person described in and who executed the foregoing statement, and acknowledged the execution of the same as a free act and deed for the purpose therein named.

My commission expires _____ Notary Public _____

STATE OF _____ COUNTY OF _____

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