



The Variable Annuity Life Insurance Company (VALIC)

For use with participants in group contracts.

Houston, Texas

Is there a related transaction other than a contribution associated with this application? (If so, indicate below and complete the applicable forms.)

- Starter Account Conversion, Transfer/Rollover In (VL 14098), Internal Combination Rollover (VL 9006)

1. ANNUITANT/APPLICANT INFORMATION

Name, SSN\* or Tax ID, Gender, Date of Birth (DOB), Residence Address\*\*, City, State, ZIP, Phone, Mailing Address\*\*, 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.)

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%. If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

PRIMARY: Name, Phone, DOB or Trust Date, SSN or Tax ID, Address, City, State, Zip, E-mail, Relationship, Percent (Whole)%. CONTINGENT: Name, Phone, DOB or Trust Date, SSN or Tax ID, Address, City, State, Zip, E-mail, Relationship, Percent (Whole)%.

3. INVESTOR PROFILE

Has the Annuitant/Applicant previously purchased mutual funds or other securities? Investment Objective (check one): Safety of Principal, Long-Term Growth, Income. Risk Profile: Higher Risk, Aggressive, Moderately Aggressive, Moderate, Moderately Conservative, Conservative, Cautious. Financial Situation: Annual Household Income, Net Worth, Life Insurance, Tax Bracket, Dependents, Age(s), Occupation, Current Employer, Employer Address, Annual Salary, Date of Hire, Expected Annuity Date, Identity Verification, Issued By, Issue Date, Expiration Date.

4. E-MAIL ADDRESS AND DOCUMENT DELIVERY CHOICES

E-mail Address, 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.

Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.

Alaska and Arizona Residents: On written request, we are required to provide within a reasonable time (defined as 10 days in Alaska) reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days in replacement situations or if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.

**5. CONTRIBUTION INFORMATION (Refer to Information page(s) for guidance.)**

I choose to enroll in Guided Portfolio Services® (Additional form required). Based on this choice, I agree to have 100% of my contribution allocated to Government Money Market 006 until the investment allocations from my assigned Guided Portfolio Services portfolio are implemented. A maximum of 20 investment options is permitted. See the list of investment options on the Information page(s). If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

Investment Option Name:	Number	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
<b>Total</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**To Be Completed by FINANCIAL ADVISOR**

Plan Information	Plan Type	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b), 401(k) or 457(b) Gov. Only
Plan #	_____	_____	_____	_____	_____	_____
Product	_____	_____	_____	_____	_____	_____
Sub Group	_____	_____	_____	_____	_____	_____

**6. ANNUITANT/APPLICANT AFFIRMATIONS AND STATEMENTS**

This enrollment is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. A current VALIC contract prospectus 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.)

If new records are necessary to invest future contributions through this employer's plans and I have not completed a new enrollment form for those records, I authorize VALIC and VALIC Financial Advisors, Inc. (VFA) to establish those new records and to rely on then-current allocation instructions and personal information associated with records established pursuant to this enrollment form. If I establish more than one record via this enrollment form, I understand that, if new records are needed in the future, VALIC and VFA will rely on then-current information of records of similar money source (employee, employer). I understand I will be notified in writing of the new record(s) and will be able to immediately make changes if I desire.

**Funds allocated to any Multi-Year Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account values.**

**By signing this form, I represent that all statements, answers, and affirmations in this form are representations and not warranties. I further represent all information in this form is complete and true to the best of my knowledge and belief, and I have read and understand the information provided in the Information page(s) on the following subjects:**

- Fraud Warnings
- Withdrawal Restrictions for 403(b) Plans (if applicable)
- Salary Reduction Agreement/Authorization (if applicable)
- Redemptions from Optional Retirement Programs and other Plans (if applicable)

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, as applicable.

**Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.**

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

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

\_\_\_\_\_  
Date

**7. FINANCIAL ADVISOR OF RECORD**

Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ 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 represent that I have truly and accurately recorded herein the information provided by the applicant.

\_\_\_\_\_  
Licensed Agent/Registered Representative (Print Name)

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

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

## Information

**California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

### FRAUD WARNINGS

**In some states we are required to advise you of the following:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alabama Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas and Rhode Island Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California Residents Only:** Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Residents Only:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Georgia and Vermont Residents Only:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.

**Kansas Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

**Kentucky Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Maryland Residents Only:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**New Mexico Residents Only:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**Ohio Residents Only:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Residents Only:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Residents Only:** Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be

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guilty of a crime and may be subject to fines and confinement in prison.

**Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### EXPECTED ANNUITY DATE

Owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

### REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

#### Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.

VALIC will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

**Louisiana Optional Retirement Program Participants Only:** For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

#### USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

##### IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

#### WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

Under federal tax laws regulating certain 403(b) plans, election contributions, interest and earnings credited to your account after 12/31/88 and elective contributions may be withdrawn only after the following:

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

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

#### BENEFICIARY DESIGNATIONS

**If your account was established under your Employer's plan and such Plan requires that you obtain consent from your spouse or partner to name a beneficiary other than your spouse or partner, 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 or partner consent requirements applicable to your plan. For Employee Retirement Income Security Act (ERISA) Covered Plans, your spouse must be your primary beneficiary unless Spousal consent to waive Pre-retirement Death Benefits is given. 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 advisor or a Customer Service Representative at 1-800-448-2542.

## Information (continued)

### 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.

### INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE

For federal tax law and ERISA purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple's place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, the terms "spouse," "husband and wife," "husband," and "wife" do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.

### 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 online at VALIC.com.

Certain documents and types of correspondence may continue to be delivered by U.S. mail for compliance reasons. By electing e-Delivery, you are confirming that you have ready access to a computer with Internet access, an active email account to receive this information electronically, and the ability to read and retain it. This consent will continue until revoked. E-delivery will be cancelled if emails are returned undeliverable. VALIC is not required to deliver information electronically and may discontinue e-delivery notices in whole or part at any time.

### CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (Includes either non-elective employee contributions, or elective deferrals for matching contribution purposes.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching;
- (5) - Employee Roth After Tax Contribution. (403(b), 401(k) or 457(b) Governmental plans.)

Separate account numbers must be set up for each Contribution Source.

- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

### INVESTMENT OPTIONS

001 Fixed Account Plus

002 Short-Term Fixed Account

Multi-Year Fixed Option (Not applicable in Oregon and Pennsylvania):

A minimum of \$25,000 is required.

099 10 Year Term Multi-Year Fixed Option

048 Aggressive Growth Lifestyle Fund (PineBridge Investments)

090 American Beacon Bridgeway Large Cap Growth Fund

069 Ariel Appreciation Fund

068 Ariel Fund

005 Asset Allocation Fund (PineBridge Investments)

072 Blue Chip Growth Fund (T. Rowe Price)

075 Broad Cap Value Income Fund (Barrow Hanley)

039 Capital Appreciation Fund (Boston Company)

007 Capital Conservation Fund (PineBridge Investments)

050 Conservative Growth Lifestyle Fund (PineBridge Investments)

058 Core Bond Fund (PineBridge Investments)

015 Core Equity Fund (BlackRock)

021 Dividend Value Fund (BlackRock/SunAmerica)

103 Dynamic Allocation Fund (Alliance Bernstein/SunAmerica)

087 Emerging Economies Fund (JP Morgan)

089 Foreign Value Fund (Templeton Global)

101 Global Real Estate Fund (Invesco/Goldman Sachs)

012 Global Social Awareness Fund (SunAmerica)

088 Global Strategy Fund (Franklin Templeton)

006 Government Money Market I Fund (SunAmerica)

044 Government Money Market II Fund (SunAmerica)

008 Government Securities Fund (JP Morgan)

078 Growth Fund (American Century)

016 Growth & Income Fund (JP Morgan)

073 Health Sciences Fund (T. Rowe Price)

060 High Yield Bond Fund (Wellington)

077 Inflation Protected Fund (PineBridge Investments)

011 International Equities Index Fund (SunAmerica)

013 International Government Bond Fund (PineBridge Investments)

020 International Growth Fund (American Century/Invesco/MFS)

033 International Opportunities Fund (Delaware/MFS)

102 Invesco Balanced-Risk Commodity Strategy Fund

076 Large Cap Core Fund (Columbia)

040 Large Cap Value Fund (Boston Company/Janus Henderson)

079 Large Capital Growth Fund (MFS)

037 Mid Cap Growth Fund (Wellington)

004 Mid Cap Index Fund (SunAmerica)

083 Mid Cap Strategic Growth Fund (Allianz Global/Janus Henderson)

038 Mid Cap Value Fund (Wellington/Robeco)

049 Moderate Growth Lifestyle Fund (PineBridge Investments)

046 Nasdaq-100® Index Fund (SunAmerica)

017 Science & Technology Fund (T. Rowe Price/Allianz Global/Wellington)

086 Small Cap Aggressive Growth Fund (Victory Capital)

018 Small Cap Fund (JP Morgan/T. Rowe Price/Bridgeway Capital Mgt.)

035 Small Cap Growth Fund (JP Morgan)

014 Small Cap Index Fund (SunAmerica)

084 Small Cap Special Values Fund (Wells Capital Mgt.)

036 Small Cap Value Fund (JP Morgan)

085 Small-Mid Growth Fund (Goldman Sachs)

041 Socially Responsible Fund (SunAmerica)

010 Stock Index Fund (SunAmerica)

059 Strategic Bond Fund (PineBridge Investments)

104 T. Rowe Price Retirement 2015

105 T. Rowe Price Retirement 2020

106 T. Rowe Price Retirement 2025

107 T. Rowe Price Retirement 2030

108 T. Rowe Price Retirement 2035

109 T. Rowe Price Retirement 2040

110 T. Rowe Price Retirement 2045

111 T. Rowe Price Retirement 2050

112 T. Rowe Price Retirement 2055

113 T. Rowe Price Retirement 2060

074 Value Fund (Wellington)

054 Vanguard LifeStrategy Conservative Growth Fund

052 Vanguard LifeStrategy Growth Fund

053 Vanguard LifeStrategy Moderate Growth Fund

022 Vanguard Long-Term Investment-Grade Fund

023 Vanguard Long-Term Treasury Fund

025 Vanguard Wellington Fund

024 Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit [www.valic.com](http://www.valic.com) or call **1-800-448-2542** for assistance or to request a prospectus.

**Please send completed forms to:**

VALIC Document Control

P.O. Box 15648

Amarillo, TX 79105-5648

\*\*\*Financial Industry Regulatory Authority (FINRA)

Overnight Delivery:

VALIC Document Control

1050 N. Western St.

Amarillo, TX 79106-7011