

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

 401(a)

 457(b)

 403(b)

1. ANNUITANT/APPLICANT INFORMATION

Name: _____ SSN or Tax ID: _____
 Mr. Mrs. Ms. Dr. Rev.
 Gender: Male Female Marital Status: Married Not Married Date of Birth: _____
 Residence Address*: _____
 City: _____ State: _____ ZIP: _____
 *All VALIC annuity accounts will be updated to this address.
 Daytime Phone: (_____) _____ Evening Phone: (_____) _____
 Mailing Address (if different from above): _____
 City: _____ State: _____ ZIP: _____
 Current Employer (Required): _____ Group #: _____ Retired Unemployed
 Employer Address: _____ City: _____ State: _____
 Annual Salary: \$ _____ Date of Hire: _____

2. BENEFICIARY DESIGNATIONS (Refer to Information page for guidance.)

Prior to designating a beneficiary, please refer to Beneficiary Designations on the Information page for instructions, including how to designate a beneficiary who is a minor. List each beneficiary by name. Percentage must total 100%. If no percentage is indicated, benefits will be paid equally to beneficiaries of record unless otherwise designated.

PRIMARY:

Name(s):	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTINGENT:

Name(s):	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. CONTRIBUTION INFORMATION

Single Sum: \$ _____ X # of pays _____ = \$ _____
 Periodic Pay: \$ _____ X # of pays _____ = \$ _____
 Plan Type: _____ Plan #: _____
 Product: _____ Subgroup: _____

4. ELECTION

Your Plan offers investment options under a group annuity contract issued by The Variable Annuity Life Insurance Company (VALIC). Please ensure that the investment instructions provided below are accurate. We will be relying on your instructions to allocate your contributions. Please note that contributions must total 100%.

Your contributions will be initially deposited into the General Account and transferred to the funds selected.

Is this form being completed to change an allocation of an existing VALIC Account? Yes No

Account values are based on the investment experience of the funds you select. Except for contributions invested in the General Account, the account values are not guaranteed as to dollar amount.

Global Equity Funds

_____ % Global Equity Fund (Putnam) (87)

_____ % Science & Technology Fund (T. Rowe Price/RCM) (17)

_____ % Large Cap Growth Fund (AIG SunAmerica/AIM) (79)

Domestic Small Cap Funds

_____ % Small Cap Index Fund (14)

_____ % Small Cap Growth Fund (Franklin) (35)

Lifestyle Funds

_____ % Aggressive Growth Lifestyle Fund (48)

_____ % Conservative Growth Lifestyle Fund (50)

_____ % Moderate Growth Lifestyle Fund (49)

Domestic Mid Cap Funds

_____ % Mid Cap Index Fund (4)

_____ % Mid Cap Strategic Growth Fund (Morgan Stanley/Brazos) (83)

Bond Funds

_____ % Core Bond Fund (58)

_____ % Strategic Bond Fund (59)

Domestic Large Cap Funds

_____ % VALIC Ultra Fund (American Century) (78)

_____ % Growth & Income Fund (SunAmerica) (16)

_____ % Social Awareness Fund (12)

_____ % Stock Index Fund (10)

_____ % Capital Appreciation Fund (Credit Suisse) (39)

Stable Value

_____ % Money Market I Fund (6)

_____ % General Account

100% Total

5. INVESTOR PROFILE

Investment Objective (check one): Safety of Principal Long-Term Growth Income

Has the Annuitant/Applicant previously purchased mutual funds or other securities? No Yes If yes, number of years: _____

Risk Profile: Aggressive Higher Risk Moderately Aggressive Moderate Moderately Conservative Conservative Cautious

Financial Situation: 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: \$ _____

Life Insurance Under \$50,000 \$50,000 – \$100,000 Over \$100,000 list amount: \$ _____

Annuitant/Applicant Occupation: _____ Tax Bracket: _____ % Dependents: Number: _____ Age(s): _____

Is the Annuitant/Applicant employed or registered by an NASD member firm? Yes No

6. ANNUITANT/APPLICANT AFFIRMATIONS AND STATEMENTS

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

Will this annuity replace or change any existing life insurance or annuity contract in this or any other company? Yes No If yes, complete the following:

Insured's Name: _____ Policy Number(s): _____

Insurer's (Company) Name: _____

This application is subject to acceptance by the Company at its Home Office. Proof of age must be furnished before Annuity Payments begin. If I participate in a plan under Section 403(b), a current prospectus for the Company's Separate Account with privacy notice was provided with this application. The prospectus for the Separate Account gives sales expenses and other data.

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.

By signing this form, I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief. I hereby acknowledge that I have read and understand the information provided in the Information and Instructions pages on Fraud Warnings and 403(b) Withdrawal Restrictions if applicable.

If I give verbal instructions to my VALIC financial advisor to perform client-directed transfer of value transactions, I hereby authorize my VALIC financial advisor to perform those transactions on my behalf.

It is understood and agreed that the investment options under the contract will be limited to those listed and will be subject to any other limitations described in the contract or the plan, if applicable.

Check if you own or participate in another VALIC Annuity Contract.

Annuitant/Applicant's Signature _____

Date _____

Representative's Signature: _____

Representative #: _____

Please return completed form to:
AIG VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

For a prospectus on any of the options listed above call **1-800-428-2542** (press 1, than 3).

AIG VALIC is the marketing name for the group of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a member company of American International Group, Inc.

Information

FRAUD WARNING

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, Texas and Washington Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

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.

District of Columbia, Kansas, Kentucky, New Mexico, Ohio and 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.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Louisiana and Massachusetts 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.

Maine, Tennessee and Virginia 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.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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.

- Separation from service
- Death
- Hardship (contributions only)
- 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.

BENEFICIARY DESIGNATIONS

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 trustee.

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.

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