



# Portfolio Director® Fixed and Variable Annuity Application

For use with all plan types except individual non-qualified deferred annuities.

The Variable Annuity Life Insurance Company (VALIC)

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address\* (if different from above): \_\_\_\_\_

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

\*All VALIC annuity accounts will be updated with these addresses.

## 2. BENEFICIARY DESIGNATION (Refer to information pages for guidance.)

**Note: 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. List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.**

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. INVESTOR PROFILE

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

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

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 (face amount)  Under \$50,000  \$50,000 - \$100,000  Over \$100,000 list amount: \$ \_\_\_\_\_

Tax Bracket: \_\_\_\_\_% Dependents: Number: \_\_\_\_\_ Age(s): \_\_\_\_\_

Annuitant/Applicant Occupation: \_\_\_\_\_

Current Employer (Required): \_\_\_\_\_ Group #: \_\_\_\_\_  Retired  Unemployed

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Expected Annuity Date: \_\_\_\_\_  
(In the absence of an election, age 75 will be used.)

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

## 4. DOCUMENT DELIVERY CHOICES (Select One)

Electronic delivery  Paper delivery

E-mail Address: \_\_\_\_\_

Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. VALIC will send e-mail notices when transaction confirmations, account statements and certain regulatory documents such as prospectuses, supplements, proxies, annual and semi-annual financial reports and privacy notices are available for viewing and/or printing online.

**5. CONTRIBUTION INFORMATION (Refer to information pages for guidance.)**

I choose to enroll in Guided Portfolio Services (Additional form required).

A maximum of 20 investment options is permitted. See the list of investment options on the Information pages. 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) or 401(k) Only
Multi-Year Enhanced Fixed Option		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %	_____ %
<b>Total</b>		<b>100 %</b>	<b>100 %</b>	<b>100 %</b>	<b>100 %</b>	<b>100 %</b>

**TO BE COMPLETED BY VALIC**

		Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee ROTH (5) 403(b) or 401(k) Only
<b>Periodic</b>	Periodic payment amount (\$)	_____	_____	_____	_____	_____
	Number of payments	_____	_____	_____	_____	_____
	Annual contribution amount	_____	_____	_____	_____	_____
	Start date of payments	_____	_____	_____	_____	_____
	Exclude periods from-to	_____	_____	_____	_____	_____
<b>Plan Information</b>	Plan Type	_____	_____	_____	_____	_____
	Plan #	_____	_____	_____	_____	_____
	Product	_____	_____	_____	_____	_____
	Sub Group	_____	_____	_____	_____	_____

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

This application is subject to acceptance by the Company at its Home Office. A current prospectus for the Company'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 or change any existing life insurance or annuity contract in this or any other company?  Yes  No If yes, complete the following:

Contract Owner Name: \_\_\_\_\_ Contract Number(s): \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

**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.**

**Funds allocated to any Multi-Year Enhanced 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 are complete and true to the best of my knowledge and belief, and that I have read and understand the information provided in the Information pages on the following subjects:**

- Fraud Warnings
- Withdrawal Restrictions for 403(b) Plans (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, if applicable.

\_\_\_\_\_  
 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

If replacement is involved, I have attached a copy of each disclosure statement and a list of companies involved and indicated cost basis.

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

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

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

\_\_\_\_\_  
 Date