

Administrative Change Form

VALIC – THE VARIABLE ANNUITY LIFE INSURANCE COMPANY

Due to the processing used by VALIC, do not highlight any information.

PARTICIPANT/ACCOUNT INFORMATION This section must be completed.

Choose one: Annuitant Owner

Participant's Name: _____

SS # or Tax ID #: _____

All Accounts or _____

Only Account(s): _____

NAME CHANGE/CORRECTION If you are requesting a name change, please provide a copy of one of the following: Marriage License, Social Security Card, Driver's License or Court Decree.

Choose reason for name change: Marriage Divorce Correction
 Court Decree (attach certified copy)

Current/Correct Name: _____

Former/Incorrect Name: _____

ADDRESS/TELEPHONE CHANGE

Choose one: Mailing Residence

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

SOCIAL SECURITY NUMBER AND/OR DATE OF BIRTH CORRECTIONS

Incorrect Social Security # _____ To: _____ Correct Social Security # _____

Incorrect Date of Birth _____ / _____ / _____ To: _____ / _____ / _____ Correct Date of Birth

BENEFICIARY DESIGNATION If additional space is needed, you may use a separate signed and dated sheet and attach it to this form.

I hereby make the following beneficiary designations for the account(s) indicated above. This beneficiary designation supersedes all previous beneficiary designations for such account(s). Refer to your contract or certificate for information on your death benefits.

For any person named in a beneficiary designation (see back of form), indicate name, address, relationship, date of birth, and Social Security/Tax Identification Number.

Primary Beneficiary 1: _____

Address: _____

City: _____ State: _____ ZIP: _____

SS#: _____ Date of Birth: _____

Relationship: _____

Primary Beneficiary 2: _____

Address: _____

City: _____ State: _____ ZIP: _____

SS#: _____ Date of Birth: _____

Contingent Beneficiary 1: _____

Address: _____

City: _____ State: _____ ZIP: _____

SS#: _____ Date of Birth: _____

Relationship: _____

Contingent Beneficiary 2: _____

Address: _____

City: _____ State: _____ ZIP: _____

SS#: _____ Date of Birth: _____

Relationship: _____

ERISA SPOUSAL CONSENT

Check if not married; if you are not married, you may skip this section.

For plans covered by the Employee Retirement Income Security Act of 1974 ("ERISA"), if the annuitant/participant is married, then at least 50% of the vested account balance (some plans require more) must be paid to the surviving spouse in the event of the death of the annuitant/participant unless the spouse consents to the designation of another beneficiary.

SPOUSE: I am aware of my rights to have benefits paid to me as surviving spouse in the event of the death of the annuitant/participant from the identified account(s), and hereby willingly give my consent to the designation of beneficiary(ies) made above.

Spouse's Signature: _____

State of _____ County of _____

On this _____ day of _____, _____, before me personally appeared _____ (name of spouse)

known to me to be the person who executed the foregoing and he/she acknowledged to me that he/she executed the same.

Notary Public or Plan Administrator Signature (required)

NON-QUALIFIED DEFERRED ANNUITY (NQDA) OWNERSHIP CHANGE

This section only applies to changes of the ownership of a NQDA contract.

a. Change of Ownership

From: _____

To: _____

b. Change of Contingent Ownership (Portfolio Director Contracts only)

From: _____

To: _____

ANNUITANT/OWNER SIGNATURE

Subject to the provisions of the Contract/Certificate, I request VALIC to make the above changes, including any beneficiary designations indicated above.

Annuitant/Participant Signature

Date

Owner Signature (NQDA only)

Date

VALIC SIGNATURE

Representative's Signature

Date

Representative's Name (Print)