

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____
Account Number(s): _____

2. NAME CHANGE

Attach a copy of your driver's license, Social Security card, marriage certificate or court decree.

Reason for name change: Marriage Divorce Court Decree Correction

From (FIRST, MI, LAST): _____
To (FIRST, MI, LAST): _____

3. ADDRESS/TELEPHONE NUMBER CHANGE

New Address: _____ Work Phone: (____) _____
City: _____ State: _____ ZIP: _____ Home Phone: (____) _____

4. SOCIAL SECURITY NUMBER OR DATE OF BIRTH CORRECTION

• Attach a copy of your Social Security card.
Incorrect SSN: _____ Correct SSN: _____

• Attach a copy of your driver's license or birth certificate.
Correct Date of Birth: ____ / ____ / ____

5. NON-QUALIFIED DEFERRED ANNUITY OWNERSHIP CHANGE

• 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.

• Ownership changes to non-spousal owners will require a new account application.

Check the appropriate box: New Owner Change Contingent Owner Change

Account Number: _____ Relationship to Client: _____
Name: _____ SSN: _____ Date of Birth: _____
Address: _____

6. DELIVERY OPTION ELECTION

E-mail Address: _____

By providing my e-mail address above, I elect to enroll in *Personal Deliver-e*[®], VALIC's electronic document delivery service.
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.

I elect to continue receiving account information and related materials in a printed format.

7. CLIENT APPROVAL

I certify that the information provided above is true and correct. I request the company to make the above change(s).

Client's Signature _____ Date _____
Client (Print Name) _____

Please fax completed form to 1-800-858-2542 or mail to the address below for processing:
VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

