



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

[Plan Group Name]

**Return to:**  
VALIC Document Control  
P.O. Box 15648  
Amarillo, TX 79105-5648

**Overnight:**  
VALIC Document Control  
2271 S.E. 27th Avenue  
Amarillo, Texas 79103

**To fully activate your new retirement account(s) you must complete the following steps.**

1. Read the entire prefilled Enrollment form, including the Information page(s), sign and date Section 7, page 3.
2. Mail or Fax pages 1 through 3 only to one of the options listed.

Use this page as a Fax cover sheet.  
Fax to 800-858-2542

Or

If mailing, use addresses above.

3. **Notify your employer that you have enrolled with VALIC.** Your employer may require you to complete additional forms to begin deductions from your pay. If required, provide a copy of the completed Enrollment form to your Human Resources/Benefits office as a confirmation of your enrollment with VALIC.

**From:**

Client/Annuitant/Applicant Name:

Client Social Security #:

Enrollment Date:

**VALIC USE ONLY:** (Required enrollment processing information)

Agent #:

Plan #/Type:

Region #:

Contribution Source:

State of Issue:

Subgroup:

Group #:

Product:

Enrollment Media: **Telephone**

Source Doc. Code: **Q**



# The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

## FICA Alternative Plan Application

(GFVUA-600)

Call 1-888-569-7055 for assistance

### 1. ANNUITANT/APPLICANT INFORMATION

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Rev. Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Married  Not Married  Civil Union/Domestic Partner (If recognized by your state, see Information pages.)

U.S. Citizen  Resident Alien  Non-Resident Alien

Residence Address\*: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Employer Location: \_\_\_\_\_ Hire Date: \_\_\_\_\_

\*All accounts will be updated with these addresses.

### 2. BENEFICIARY DESIGNATION

This beneficiary designation supersedes all previous beneficiary designations for such account(s).

- To ensure that all beneficiaries are identified, list each by name.
- If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
- Percentage total must equal 100%.
- A beneficiary can be an individual, institution, entity or trustee.
- If you wish to designate your current children as beneficiaries 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 descendants of the deceased beneficiary to receive the deceased beneficiary's portion.

Primary beneficiaries receive the proceeds if any Annuitant/Applicant dies. List each beneficiary by name. Percentage must total 100%. If no percentage is indicated, your benefits will be paid equally to beneficiaries of record.

See Section 3 if you are designating a minor as a beneficiary.

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

Contingent beneficiaries receive any remaining benefits if the primary beneficiary(s) are deceased at the time of your death. If designating a beneficiary who is a minor, see Section 3.

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

### 3. CUSTODIAN FOR BENEFICIARY WHO IS A MINOR

VALIC will pay claims only to a custodian or through an alternative guardianship arrangement for a Beneficiary who is a Minor. If you have named a minor as a primary or a contingent beneficiary, please designate a custodian for the beneficiary who is a minor under your state's Uniform Transfers (Gifts) To Minors Act, or contact a local attorney regarding other alternatives to guardianship requirements.

\_\_\_\_\_ as Custodian for \_\_\_\_\_ under the \_\_\_\_\_ Uniform Transfers (Gifts) to Minors Act.  
(name of custodian) (name of beneficiary who is a minor) (state)

### 4. 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

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

Tax Bracket: \_\_\_\_\_ %

Is the Annuitant/Applicant employed by or registered with a FINRA member firm?  Yes  No If yes, name of firm: \_\_\_\_\_

**Arizona Residents:** On written request, we are required to provide within a reasonable time 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 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.



## 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 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 and Texas 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 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 fines and confinement in prison.

**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.

**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.

**Louisiana, Maryland and Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**Maine, Tennessee, Virginia 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.

**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)(7) plans, contributions may be withdrawn only under any of the following circumstances.

- Separation from service
- Hardship (contributions only)
- Disability
- Death
- Age 59½ or older

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.

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 Client Service Professional at 1-800-448-2542.

## CIVIL UNION/DOMESTIC PARTNER

Although, your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.

# INFORMATION

## FUND INVESTMENT OPTION NUMBER AND NAME

### Global Equity Funds

087 Global Equity Fund (Putnam)

012 Global Social Awareness Fund (AIG Investment)

### Domestic Small Cap Funds

014 Small Cap Index Fund (AIG Investment)

035 Small Cap Growth Fund (JP Morgan)

### Domestic Mid Cap Funds

004 Mid Cap Index Fund (AIG Investment)

083 Mid Cap Strategic Growth Fund (Brazos/Morgan Stanley)

### Domestic Large Cap Funds

078 Growth Fund (American Century)

016 Growth & Income Fund (SunAmerica)

010 Stock Index Fund (AIG Investment)

039 Capital Appreciation Fund (Bridgeway Capital Mgt.)

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

079 Large Capital Growth Fund (SunAmerica/Invesco Aim)

### Lifestyle Funds

048 Aggressive Growth Lifestyle Fund (AIG Investment)

050 Conservative Growth Lifestyle Fund (AIG Investment)

049 Moderate Growth Lifestyle Fund (AIG Investment)

### Bond Funds

058 Core Bond Fund (AIG Investment)

059 Strategic Bond Fund (AIG Investment)

### Stable Value

006 Money Market I Fund (SunAmerica)

Fixed Account