

Administrative Change Form

For VALIC Annuity Accounts Only.

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

Call 1-800-448-2542 for assistance.

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			
		☐ Correction	
From (FIRST, MI, LAST):			
To (FIRST, MI, LAST):			
3.ADDRESS/TELEPHONE NUMBER CHANGE			
☐ Mailing	☐ Residence ☐ B		
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. NONQUALIFIED 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. Check the appropriate box: New Owner Change Contingent Owner Change Joint Owner Addition/Removal			
	Relationship to Client:		
Name:			
Address:			
Email Address:		Phone:()	
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. You may customize your selections at VALIC 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			