

SERFF Tracking Number: AGNN-127277805 State: Arkansas  
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 49069  
Company Tracking Number: VL 23304 V8/11  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: VL 23304 v8/11  
Project Name/Number: VL 23304 v8/11/VL 23304 v8/11

## Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 23304 v8/11 SERFF Tr Num: AGNN-127277805 State: Arkansas  
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 49069  
Variable and Variable Closed  
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: VL 23304 V8/11 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: Nancy R Smith Disposition Date: 06/22/2011  
Date Submitted: 06/16/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: VL 23304 v8/11  
Project Number: VL 23304 v8/11  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/22/2011

State Status Changed: 06/22/2011

Created By: Nancy R Smith

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Nancy R Smith

Filing Description:

Form VL 23304 v8/11 is being submitted for your review and approval. We certify we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138. This form replaces form VL 18869 v1/11, approved by your Department on 02/17/11.

The differences between the attached form and the form previously approved are:

1. Section 2, Annuity Selection and Disclosure: The addition of "or Portfolio Director Advantage(sm) Fixed and Variable Annuity", and "IncomeLOCK@+6/+8" language.
2. Section 4, Client/Annuitant Affirmations and Statements: Moved last two bullet points from Section 2 to this section.

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("I have completed...electronically.", and, "I have read...Owner Acknowledgement form.")

3. The form number and version number have been changed.

A red-lined/marked copy of the new form showing the updates from the previously approved form is attached under the Supporting Documentation tab.

## Company and Contact

### Filing Contact Information

Nancy R. Smith, Compliance Analyst Sr Nancy.R.Smith@valic.com  
 2929 Allen Parkway, L10-30 800-262-4764 [Phone] 6070 [Ext]  
 Houston, TX 77019-2155 713-831-6932 [FAX]

### Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas  
 2929 Allen Parkway, L10-30 Group Code: 12 Company Type:  
 Houston, TX 77019 Group Name: State ID Number:  
 (713) 831-1305 ext. [Phone] FEIN Number: 74-1625348

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: Texas fee is \$100.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	06/16/2011	48801349

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/22/2011	06/22/2011

SERFF Tracking Number: AGNN-127277805 State: Arkansas  
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## Disposition

Disposition Date: 06/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-127277805 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Supporting Document	Marked Copy		Yes
Form	Application		Yes

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## Form Schedule

**Lead Form Number: VL 23304 v8/11**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL 23304 v8/11	Application/ Application Enrollment Form	Initial		50.000	VL_23304_V8 11_generic.pdf



FILED COPY

# Application Supplement and Agreement to Use Electronic Application for Annuity Purchase

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas  
VALIC Financial Advisors, Inc. (VFA), Houston, Texas

DO NOT USE THIS FORM IF CLIENT SIGNATURES HAVE BEEN OBTAINED USING THE ELECTRONIC SIGNATURE PAD (E-PAD)

Mail Completed Forms to: VALIC Document Control P.O. Box 15648, Amarillo, TX 79105-5648 Call 1-800-448-2542 for assistance.

## 1. CLIENT/ANNUITANT INFORMATION

Application Control Number: \_\_\_\_\_ SSN: \_\_\_\_\_  
Client/Annuitant Name (Please Print): \_\_\_\_\_ as registered.

## 2. ANNUITY SELECTION AND DISCLOSURE

I am applying for the following Annuity:

- [Portfolio Director® Fixed and Variable Annuity or Portfolio Director Advantage<sup>SM</sup> Fixed and Variable Annuity]
  - I have received a current prospectus for the Company's Separate Account with the privacy notice, I understand its provisions and I agree to be bound by its terms.
  - I understand that annuity payments or surrender values are variable when based on the investment experience of the Separate Account and that they are not guaranteed as to dollar amount.
  - I understand that any funds allocated to the Multi-Year Fund Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term and that the adjustment may increase or decrease the account values.
- [IncomeLOCK® or IncomeLOCK® +6 /+8 (Available on Portfolio Director Fixed and Variable Annuity or Portfolio Director Advantage Fixed and Variable Annuity)]
  - I have completed the appropriate Living Benefit Option and Disclosure Form and understand the terms and provisions listed therein.
- [Set Rate Fixed Annuity (SRA 1004) ]
  - I understand that I am applying for a market-value adjustment annuity. I understand that amounts payable under the contract are subject to a market value adjustment and to an early withdrawal charge for the period specified in the contract.
- [Premiere 5<sup>SM</sup> and Premiere 7<sup>SM</sup> Fixed Annuities]

## 3. SALES TO MILITARY AFFIRMATIONS

If I or any applicable joint owner is an active duty service member of the United States Armed Forces, I agree that I have read and understand the important information provided on the Sale to Military Personnel Disclosure Form.

## 4. CLIENT/ANNUITANT AFFIRMATIONS AND STATEMENTS

VALIC and VFA provide the ability for you to submit an application electronically, however, we continue to require a signature affirming that you understand and agree to the following:

- Your application is subject to acceptance by the Company at its Home Office.
- I agree that the Application Control Number written above in Section 1 is the same as the one that was displayed on the computer screen.
- I agree that I have received all the questions and responses displayed on the computer screen, including questions regarding whether I have existing life insurance or annuity policies and whether the policy I am applying for replaces an existing life insurance or annuity policy.
- I understand that once locked into the computer, the statements and answers cannot be changed. Any change must be made in writing by the applicant(s).
- I understand and agree that the electronic responses and this statement form the application and are the basis for the established account.
- I understand and acknowledge that I have read the information provided in the Information page of this form, including fraud warnings, withdrawal restrictions for 403(b) plans and redemptions from optional retirement programs and other plans, if applicable.
- I acknowledge that I have read and understand all the disclosures listed on the replacement form. My signature below also acknowledges that at the time I completed my application for the proposed annuity contract, I was given a hard copy of this form to retain for my personal records.
- I represent that all statements, answers, and affirmations on this form, the on-line application and other related forms completed electronically, are complete and true to the best of my knowledge and belief.
- I have completed the annuity application, the Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
- I have read and understand the items included on the Owner Acknowledgement form.

The signature(s) below applies to all sections and statements made on this application. Signed at City/State: \_\_\_\_\_

Client/Annuitant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## 5. FINANCIAL ADVISOR OF RECORD

Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ State License #: \_\_\_\_\_

I know of no replacement other than what was indicated by the applicant's response.

\_\_\_\_\_  
Licensed Agent/Registered Representative (Print Name)      Licensed Agent/Registered Representative's Signature      Date

**[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 options(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 WARNINGS

**[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 and Rhode Island Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or 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.

**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 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.]

## REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

### Texas Optional Retirement Program

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.

VALIC will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

### Louisiana Optional Retirement Program

For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan.

## WITHDRAWAL RESTRICTIONS FOR 403(B) PARTICIPANTS

[According to federal tax laws regulating certain Internal Revenue Code (IRC) Section 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

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

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.]

## EXPECTED ANNUITY DATE

Whether an age is chosen, or the default is used, the owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

## 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. Your employer's plan may contain beneficiary designation restrictions.

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].

## SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(B) AND 401(K) PLANS

If you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions with your employer then the information specified in the Contribution Information section of the Electronic Application will apply. The information specified on the Application shall serve as your instruction for such contributions and agreement to your employer's rules regarding the contributions. Upon acceptance by the employer of these instructions, the information specified on the Electronic Application shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from The Variable Annuity Life Insurance Company. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on the Electronic Application and this form. This agreement shall be legally binding as to both the parties hereto while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the employer and in accordance with the employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement) section of the Electronic Application. Only amounts not currently available to the employee are eligible for salary reduction/deduction.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR-FLESCH.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> SOV		
<b>Comments:</b>		
<b>Attachment:</b> SOV.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Marked Copy		
<b>Comments:</b>		
<b>Attachment:</b>		

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**Marked\_Copy\_VL\_23304\_v811.pdf**

## CERTIFICATION

THE VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC #70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of Ark. Stat. Ann. s 23-80-206 and s 23-80-207 as cited in the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 23304 v8/11	Application	50



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Tracey Harris - Vice President

June 15, 2011

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Date

**Statement of Variability for Form: VL 23304 v8/11**  
**The Variable Annuity Life Insurance Company (VALIC)**  
**Variability denoted by the use of brackets.**

**The following items listed below are variable. Any changes will be for new issues only and on a non-discriminatory basis.**

1. The mailing address and contact telephone number are bracketed for administrative purposes.
2. **Section 2, Annuity Selection and Disclosure:** The product names are bracketed to allow for changes.
3. **Arizona Residents** disclosure is bracketed since it will only appear on the form when used in that state.
4. **Information section:** Items listed below are bracketed to allow for changes in wording required because of state or federal regulations. The items will appear on the form, but may be modified or new text may be added to comply with applicable regulations.
  - a. **California Senior Disclosure** will only appear on the form when used in that state.
  - b. State specific **Fraud Warnings**.
  - c. **Withdrawal Restrictions for 403(b) Participants**.
  - d. **Beneficiary Designations:** The contact telephone number for a Client Service Professional is bracketed for administrative purposes.



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Tracey Harris - Vice President  
The Variable Annuity Life Insurance Company

Date 06.14.2011



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# Application Supplement and Agreement to Use Electronic Application for Annuity Purchase

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas  
VALIC Financial Advisors, Inc. (VFA), Houston, Texas

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Mail Completed Forms to: VALIC Document Control P.O. Box 15648, Amarillo, TX 79105-5648 Call 1-800-448-2542 for assistance.

## 1. CLIENT/ANNUITANT INFORMATION

Application Control Number: \_\_\_\_\_ SSN: \_\_\_\_\_  
Client/Annuitant Name (Please Print): \_\_\_\_\_ as registered.

## 2. ANNUITY SELECTION AND DISCLOSURE

I am applying for the following Annuity:

- [Portfolio Director<sup>®</sup> Fixed and Variable Annuity or Portfolio Director Advantage<sup>SM</sup> Fixed and Variable Annuity] **ADDED**
  - I have received a current prospectus for the Company's Separate Account with the privacy notice, I understand its provisions and I agree to be bound by its terms.
  - I understand that annuity payments or surrender values are variable when based on the investment experience of the Separate Account and that they are not guaranteed as to dollar amount.
  - I understand that any funds allocated to the Multi-Year Fund Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term and that the adjustment may increase or decrease the account values.
- [IncomeLOCK<sup>®</sup> or IncomeLOCK<sup>®</sup> +6 /+8 (Available on Portfolio Director Fixed and Variable Annuity or Portfolio Director Advantage Fixed and Variable Annuity)] **ADDED**
  - I have completed the appropriate Living Benefit Option and Disclosure Form and understand the terms and provisions listed therein.
- [Set Rate Fixed Annuity (SRA 1004) ]
  - I understand that I am applying for a market-value adjustment annuity. I understand that amounts payable under the contract are subject to a market value adjustment and to an early withdrawal charge for the period specified in the contract.
- [Premiere 5<sup>SM</sup> and Premiere 7<sup>SM</sup> Fixed Annuities]

## 3. SALES TO MILITARY AFFIRMATIONS

If I or any applicable joint owner is an active duty service member of the United States Armed Forces, I agree that I have read and understand the important information provided on the Sale to Military Personnel Disclosure Form.

## 4. CLIENT/ANNUITANT AFFIRMATIONS AND STATEMENTS

VALIC and VFA provide the ability for you to submit an application electronically, however, we continue to require a signature affirming that you understand and agree to the following:

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- I agree that the Application Control Number written above in Section 1 is the same as the one that was displayed on the computer screen.
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- I understand that once locked into the computer, the statements and answers cannot be changed. Any change must be made in writing by the applicant(s).
- I understand and agree that the electronic responses and this statement form the application and are the basis for the established account.
- I understand and acknowledge that I have read the information provided in the Information page of this form, including fraud warnings, withdrawal restrictions for 403(b) plans and redemptions from optional retirement programs and other plans, if applicable.
- I acknowledge that I have read and understand all the disclosures listed on the replacement form. My signature below also acknowledges that at the time I completed my application for the proposed annuity contract, I was given a hard copy of this form to retain for my personal records.
- I represent that all statements, answers, and affirmations on this form, the on-line application and other related forms completed electronically, are complete and true to the best of my knowledge and belief.
- I have completed the annuity application, the Owner Acknowledgement, the Client Account Form and the Annuity Transaction Disclosure Form, as appropriate, electronically.
- I have read and understand the items included on the Owner Acknowledgement form.

The signature(s) below applies to all sections and statements made on this application. Signed at City/State: \_\_\_\_\_

Client/Annuitant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## 5. FINANCIAL ADVISOR OF RECORD

Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ State License #: \_\_\_\_\_

I know of no replacement other than what was indicated by the applicant's response. **APPLICATION CONTROL # REMOVED**

Licensed Agent/Registered Representative (Print Name) \_\_\_\_\_ Licensed Agent/Registered Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

**[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 options(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]

MOVED FROM SECTION 2  
MOVED FROM PG 2

## 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 WARNINGS

**[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.

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**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 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.]

### REDEMPTION FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

#### Texas Optional Retirement Program

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.

VALIC will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

#### Louisiana Optional Retirement Program

For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan.

### WITHDRAWAL RESTRICTIONS FOR 403(B) PARTICIPANTS

[According to federal tax laws regulating certain Internal Revenue Code (IRC) Section 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

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

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.]

### EXPECTED ANNUITY DATE

Whether an age is chosen, or the default is used, the owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director contract.

### 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. Your employer's plan may contain beneficiary designation restrictions.

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].

### SALARY REDUCTION AGREEMENT OR SALARY DEDUCTION AUTHORIZATION FOR 403(B) AND 401(K) PLANS

If you have not executed a separate salary reduction/deduction agreement with respect to the salary reduction/deduction contributions with your employer then the information specified in the Contribution Information section of the Electronic Application will apply. The information specified on the Application shall serve as your instruction for such contributions and agreement to your employer's rules regarding the contributions. Upon acceptance by the employer of these instructions, the information specified on the Electronic Application shall then constitute your salary reduction/deduction agreement for purchase of a non-transferable annuity contract qualified under Section 403(b) of the Internal Revenue Code (IRC) or a non-transferable annuity contract to provide retirement benefits under IRC Section 401(k) from The Variable Annuity Life Insurance Company. When effective, this agreement shall apply only to those amounts not currently available as of the date indicated on the Electronic Application and this form. This agreement shall be legally binding as to both the parties hereto while employment continues; provided, however, that either party may change or terminate this agreement with respect to amounts that have not become currently available and payable by the employer and in accordance with the employer's reasonable administrative procedures. Salary reductions/deductions are to be effective with respect to pay dates on or after the date listed under Date Payment Begins (which is subsequent to this agreement) section of the Electronic Application. Only amounts not currently available to the employee are eligible for salary reduction/deduction.