



Portfolio Director® Fixed and Variable Annuity Application

For use with all plan types except individual non-qualified deferred annuities.

The Variable Annuity Life Insurance Company (VALIC)

1. ANNUITANT/APPLICANT INFORMATION

Name: _____ SSN or Tax ID: _____

Mr. Mrs. Ms. Dr. Rev.

Gender: Male Female Marital Status: Married Not Married Date of Birth: _____

Residence Address*: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____ Other Phone: (____) _____

Mailing Address* (if different from above): _____

City: _____ State: _____ ZIP: _____

*All AIG VALIC annuity accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION (Refer to Information pages for guidance.)

Note: If your Employer's plan requires that you obtain consent from your spouse to name a beneficiary other than your spouse, complete and return a Beneficiary Designation Form (VL 14945), including the Spousal Consent section, or your beneficiary designation may not be valid with respect to some or all of your death benefits. Contact your Employer for spousal consent requirements applicable to your plan. List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.

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

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

3. 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

Risk Profile: Aggressive Higher Risk Moderately Aggressive Moderate Moderately Conservative Conservative Cautious

Financial Situation:

Household Income Under \$50,000 \$50,000 - \$100,000 Over \$100,000

Net Worth (excluding value of primary residence) Under \$50,000 \$50,000 - \$100,000 Over \$100,000

Life Insurance Under \$50,000 \$50,000 - \$100,000 Over \$100,000

Tax Bracket: _____% Dependents: Number: _____ Age(s): _____

Annuitant/Applicant Occupation: _____

Current Employer (Required): _____ Group #: _____ Retired Unemployed

Employer Address: _____ City: _____ State: _____

Annual Salary: \$ _____ Date of Hire: _____ Expected Annuity Date: _____
(In the absence of an election, age 75 will be used.)

Is the Annuitant/Applicant employed by or registered with an NASD member firm? Yes No

4. DOCUMENT DELIVERY CHOICES (Select One)

Electronic delivery Paper delivery

E-mail Address: _____

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.

5. CONTRIBUTION INFORMATION (Refer to Information pages for guidance.)

I choose to enroll in Guided Portfolio Services (Additional form required).

A maximum of 20 investment options is permitted. See the list of investment options on the Information pages. If additional space is needed, attach a separate signed and dated sheet with your name and Social Security number on it. Enter the percentage of your contribution to be allocated to each investment option. Percents must be whole numbers totaling 100%.

Investment Option Name:	Number	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)
Multi-Year Enhanced Fixed Option		\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %
_____	_____	_____ %	_____ %	_____ %	_____ %
	Total	100 %	100 %	100 %	100 %

TO BE COMPLETED BY VALIC

		Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)
Periodic	Periodic payment amount (\$)	_____	_____	_____	_____
	Number of payments	_____	_____	_____	_____
	Annual contribution amount	_____	_____	_____	_____
	Start date of payments	_____	_____	_____	_____
	Exclude periods from-to	_____	_____	_____	_____
<input type="checkbox"/> Single Sum	Amount of each payment (\$)	_____	_____	_____	_____
	Number of payments	_____	_____	_____	_____
<input type="checkbox"/> Flex pay	Total amount	_____	_____	_____	_____
	Start date of payments	_____	_____	_____	_____
Plan Information	Plan Type	_____	_____	_____	_____
	Plan #	_____	_____	_____	_____
	Product	_____	_____	_____	_____
	Sub Group	_____	_____	_____	_____

6. ANNUITANT/APPLICANT AFFIRMATIONS AND STATEMENTS

This application is subject to acceptance by the Company at its Home Office. A current prospectus for the Company's Separate Account with the privacy notice was provided with this application.

Do you have an existing annuity or life insurance contract? No Yes
 Is this a replacement of an existing annuity or life insurance contract? No Yes If yes, complete the following:

Contract Owner Name: _____ Contract Number(s): _____

Name of Insurance Company: _____

Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.

Funds allocated to any Multi-Year Enhanced Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account values.

By signing this form, I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief, and that I have read and understand the information provided in the Information pages on the following subjects:

- **Fraud Warnings**
- **Withdrawal Restrictions for 403(b) Plans (if applicable)**
- **Redemptions from Optional Retirement Programs and other Plans (if applicable)**

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, if applicable.

 Annuitant/Applicant's Signature Signed at City/State Date

7. FINANCIAL ADVISOR OF RECORD

Agent #: _____ Region Code: _____ State License #: _____

As representative I do do not have reason to believe that replacement of existing life insurance or annuity may be involved.

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

 Principal's Signature Date

AIG VALIC is the marketing name for the group of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a member company of American International Group, Inc.

Information

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 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, 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.

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.

Louisiana and Massachusetts Residents 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.

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.

Virginia 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.

Washington Residents Only: Any person who knowingly presents a fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

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 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.

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 AIG VALIC financial advisor or a Client Service Professional at 1-800-448-2542.

SALARY REDUCTION AGREEMENT FOR 403(b) AND 401(k) PLANS

This section only applies if you have not executed a separate salary reduction agreement with respect to the salary reduction contributions specified in Contribution Information. This form 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, this document shall then constitute your salary reduction 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 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 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). Only amounts not currently available to the employee are eligible for salary reduction.

Information (continued)

CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (These can include either non-elective employee contributions, or elective deferrals that you must make in order to receive a matching contribution.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching.

Note: Separate account numbers must be set up for each Contribution Source.

- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- When periodic payments are to be made (salary reduction or deduction), indicate the dates which no payments will be made in the "Exclude Periods from-to" space provided.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

INVESTMENT OPTIONS

01 Fixed Account Plus

02 Short-Term Fixed Account

Multi-Year Enhanced Fixed Option: A minimum of \$25,000 is required for each term. All terms may not be available at all times. This option is not available in New York, Pennsylvania, or Texas. In New Jersey, this option is called Multi-Year Enhanced Option.

96 3 Year Fixed Option

97 5 Year Fixed Option

98 7 Year Fixed Option

99 10 Year Fixed Option (not available in Oregon)

48 Aggressive Growth Lifestyle Fund

80 AIG SunAmerica 2010 High Watermark Fund

81 AIG SunAmerica 2015 High Watermark Fund

82 AIG SunAmerica 2020 High Watermark Fund

62 AIM Large Cap Growth Fund

31 American Century Ultra Fund

69 Ariel Appreciation Fund (not available for 457 plans)

68 Ariel Fund (not available for 457 plans)

05 Asset Allocation Fund

72 Blue Chip Growth Fund (T. Rowe Price)

39 Capital Appreciation Fund (Credit Suisse)

07 Capital Conservation Fund

50 Conservative Growth Lifestyle Fund

58 Core Bond Fund

15 Core Equity Fund (Wellington/WAMU)

63 Credit Suisse Small Cap Growth Fund

71 Dreyfus Basic U.S. Mortgage Securities Fund

57 Evergreen Equity Income Fund

56 Evergreen Growth and Income Fund

65 Evergreen Special Equity Fund

55 Evergreen Special Values Fund

08 Government Securities Fund

16 Growth & Income Fund (SunAmerica)

73 Health Sciences Fund (T. Rowe Price)

60 High Yield Bond Fund

21 Income & Growth Fund (American Century)

77 Inflation Protected Fund

11 International Equities Fund

13 International Government Bond Fund

20 International Growth I Fund (American Century)

33 International Small Cap Equity Fund

47 Janus Adviser Worldwide Fund

61 Janus Fund

30 Large Cap Growth Fund (SunAmerica)

40 Large Cap Value Fund (State Street Global Advisors)

70 Lou Holland Growth Fund

37 Mid Cap Growth Fund (AIM Capital Mgt.)

04 Mid Cap Index Fund

38 Mid Cap Value Fund (Wellington)

49 Moderate Growth Lifestyle Fund

06 Money Market I Fund

44 Money Market II Fund

64 Morgan Stanley Institutional Fund Trust Mid Cap Growth Portfolio

46 Nasdaq-100® Index Fund

28 Putnam Global Equity Fund

26 Putnam New Opportunities Fund

27 Putnam OTC & Emerging Growth Fund

17 Science & Technology Fund (T. Rowe Price)

67 Sit Mid Cap Growth Fund

66 Sit Small Cap Growth Fund

18 Small Cap Fund (American Century/Franklin Portfolio/T. Rowe Price)

35 Small Cap Growth Fund (Franklin)

14 Small Cap Index Fund

36 Small Cap Value Fund (JP Morgan)

12 Social Awareness Fund

41 Socially Responsible Fund

10 Stock Index Fund

59 Strategic Bond Fund

32 Templeton Foreign Fund

19 Templeton Global Asset Allocation Fund

74 Value Fund (Oppenheimer)

54 Vanguard LifeStrategy Conservative Growth Fund

52 Vanguard LifeStrategy Growth Fund

53 Vanguard LifeStrategy Moderate Growth Fund

22 Vanguard Long-Term Investment-Grade Fund

23 Vanguard Long-Term Treasury Fund

25 Vanguard Wellington Fund

24 Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit www.aigvalic.com or call 1-800-428-2542 (*press 1, then 3*) to request a prospectus.

AIG VALIC HOME OFFICE

2929 Allen Parkway
Houston, TX 77019

Call 1-800-448-2542 for assistance.