

The Variable Annuity Life Insurance Company (VALIC)

This is a 2-page form, open completely before filling out.

1. PARTICIPANT INFORMATION

Name: _____ SS#/Tax ID#: _____
 Home Phone: _____
 Mailing Address: _____ City: _____ State: _____ ZIP: _____
 Residence Address (if different from above): _____
 _____ City: _____ State: _____ ZIP: _____
 Date of Birth: _____ Date of Hire: _____ Work Phone: _____
 Gender: Male Female Marital Status: Single Married Are you employed by an NASD member firm? Yes No

2. INVESTOR PROFILE

Have you previously purchased mutual funds or other securities? No Yes If yes, number of years: _____
Investment Objectives (check one): Safety of Principal Long-Term Growth Income
 Occupation: _____
Client Risk Profile: Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative
Financial Situation (approximate amounts in thousands):
 Household income: _____ Net worth (excluding value of primary residence): _____ Life insurance: _____
 Under \$50 \$50 – \$100 Over \$100 Under \$50 \$50 – \$100 Over \$100 Under \$50 \$50 – \$100 Over \$100
 Dependents: Number: _____ Age(s): _____ Tax Bracket: _____%

3. BENEFICIARY DESIGNATION

I hereby make the following beneficiary designations for the account(s) indicated in the Contribution Information section:
 If beneficiary is a minor or if multiple beneficiaries are required, please complete a Beneficiary Designation Form.

Primary Beneficiary

Name: _____ SS#/Tax ID#: _____
 Mailing Address: _____ City: _____ State: _____ ZIP: _____
 Date of Birth: _____ Relationship: _____

Contingent Beneficiary (if applicable)

Name: _____ SS#: _____ Home Phone: _____
 Mailing Address: _____ City: _____ State: _____ ZIP: _____
 Date of Birth: _____ Relationship: _____

4. CONTRIBUTION INFORMATION

Check as many as applicable. This is my initial enrollment. Please contact me to transfer assets to my VALIC account.

Effective Date: _____

Investment Option Name or Number:	ORP Employee Contribution (2)	ORP Employer Contribution (3)	403(b) Employee Voluntary (1)
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
TOTAL	100%	100%	100%
Estimated Annual Contributions:	\$ _____	\$ _____	\$ _____

For VALIC use only

Plan Number: _____ 03 _____ 03 _____ 01
 Subgroup: _____
 Number of Payments: _____
 Periodic Payment Amount (\$ or %): _____

The Variable Annuity Life Insurance Company (VALIC)

5. DELIVERY OPTION ELECTION *By providing my e-mail address below, I elect to enroll in Personal Deliver-e[®], AIG VALIC's electronic document delivery service.*

E-mail Address: _____

I understand that I will receive e-mail notifications when the following information becomes available for viewing and/or printing online:

- Transaction confirmations
- Account statements
- Certain regulatory documents such as prospectuses, supplements, proxies, annual and semi-annual financial reports, and privacy notices.

This service is provided by AIG VALIC at no charge, though I may have to pay Internet service provider fees to access the Internet or receive e-mails. I may unsubscribe to this service at any time.

 *I elect to receive account information and related materials in a printed format.***6. APPLICANT AFFIRMATIONS AND STATEMENTS**

This enrollment form is subject to acceptance by the Company at its Home Office. Proof of age must be furnished before Annuity payments begin.

A current prospectus for the Company's Separate Account including privacy notice was provided with the enrollment form. The prospectus for the Separate Account gives sales expenses and other data.

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.**By signing this form, I represent that all statements and answers made in the application are complete and true to the best of my knowledge and belief. I hereby acknowledge that I have read and understand the information regarding Withdrawal Restrictions as explained in the Information and Instructions.**

It is understood and agreed that the investment options under the contract will be limited to those listed above and will be subject to any other limitations described in the contract.

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

Insured's Name: _____ Policy Number(s): _____

Insurer's (Company) Name: _____

Annuitant/Applicant's Signature_____
Date_____
Dated at (City/State)**7. FINANCIAL ADVISOR OF RECORD**

Agent #: _____ Region Code: _____ Issue State: _____

As representative I do do not have reason to believe that replacement of existing life insurance or annuity may be involved._____
Licensed Agent/Financial Advisor (Print Name) State License # Licensed Agent/Financial Advisor's Signature_____
Principal's Signature Date**INFORMATION AND INSTRUCTIONS**

Upon written request, we will provide you with factual information regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with your annuity contract for any reason, you may return it within 20 days after receipt for a refund of premium (applicable to all individual and some group contracts).

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.**WITHDRAWAL RESTRICTIONS**

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.

For more information about specific investment options, including fees, charges and expenses, visit www.aigvalic.com or call **1-800-428-2542** (menu option 3) to request a prospectus.**AIG VALIC HOME OFFICE**2929 Allen Parkway
Houston, TX 77019

Call 1-800-448-2542 for assistance.

AIG VALIC is the marketing name for the family of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company and The Variable Annuity Life Insurance Company (VALIC); members of American International Group, Inc.