



# Beneficiary Designation Form

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

Call 1-800-448-2542 for assistance.

## 1. CLIENT INFORMATION

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

Marital Status:  Married  Not Married  Widowed  Legally Separated by court order: *Attach Court Order of Legal Separation. Petition not acceptable.*  
 Missing Spouse: *By marking this box, I hereby affirm that I have made reasonable attempts to locate my spouse and have not been able to do so, and I have no reason to believe that I will be able to do so.*

Change Beneficiary Information on:  **ALL** my VALIC account(s)  **ONLY** the specific accounts listed below

## 2. BENEFICIARY DESIGNATION

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

- A beneficiary may be an individual, institution, estate, or trust.
- To ensure that all beneficiaries are identified, list each by name.
- 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.
- Section 3 must also be completed if you are designating a minor as a beneficiary.
- If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
- When there are multiple beneficiaries and one predeceases you, the proceeds will be divided between 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.

### PRIMARY BENEFICIARIES: INDICATE PRIMARY BENEFICIARIES BELOW

Primary beneficiaries receive death benefits upon the client's death.

- **Section 4 must also be completed if you are naming someone other than your spouse as the primary beneficiary and you are a participant in either an ERISA-covered plan or a non-ERISA plan that provides spouses with a right to survivor benefits.**

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

3. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

4. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form. **Total must equal 100%**  
Print your name and last 4 digits of your social security number or account number at the top of each separate sheet attached.

### CONTINGENT BENEFICIARIES: INDICATE CONTINGENT BENEFICIARIES BELOW

Contingent beneficiaries receive death benefits if all the primary beneficiaries are deceased at the time of the client's death.

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ DOB or Trust Date: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percent (Whole): \_\_\_\_\_ %

3. Name: _____	Phone: (____) _____	DOB or Trust Date: _____	SSN or Tax ID: _____
Address: _____		City: _____	State: _____ Zip: _____
E-mail: _____		Relationship: _____	Percent (Whole): _____ %

  

4. Name: _____	Phone: (____) _____	DOB or Trust Date: _____	SSN or Tax ID: _____
Address: _____		City: _____	State: _____ Zip: _____
E-mail: _____		Relationship: _____	Percent (Whole): _____ %

Check here if you have named additional contingent beneficiaries on a separate sheet, signed, dated and attached to this form. **Total must equal 100%**  
Print your name and last 4 digits of your social security number or account number at the top of each separate sheet attached.

**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)

Check here if you have named additional minor beneficiaries on a separate sheet, signed, dated and attached to this form.  
Print your name and last 4 digits of your social security number or account number at the top of each separate sheet attached.

**4. ERISA SPOUSAL CONSENT**

**Spousal Consent is required for ERISA plans and certain other employer plans when designating a non-spouse as a primary beneficiary. The Plan Administrator or a Notary Public must witness your spouse's signature. If you are not sure if this requirement applies to you, please contact the Client Care Center at 1-800-448-2542.**

Under federal law for ERISA plans and the terms of some employer plans, as the spouse of the contract owner, you have the right to receive a survivor benefit of at least 50% of the amount in this contract if your spouse dies before you.

- I agree to the beneficiary designation listed above.
- I understand and agree that I'm giving up my right to receive a survivor benefit payment from VALIC, and I release VALIC from all liability for completing this transaction.

Spouse (Print Name) _____	Spouse's Signature _____ <b>(Must be witnessed by Plan Administrator or Notary Public)</b>	Date _____
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**PLAN ADMINISTRATOR'S ACKNOWLEDGEMENT**

- The client has established to my satisfaction that spousal consent is not required.

OR

- I affirm that any signature of a client's spouse in this section has been witnessed either by me or by a Notary Public.

\_\_\_\_\_

Plan Administrator (Print Name)

\_\_\_\_\_

Plan Administrator's Signature      Date \_\_\_\_\_

**NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_

(Name of spouse)

known to me to be the person who executed the ERISA SPOUSAL CONSENT and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_

Notary Public      Date \_\_\_\_\_

**5. CLIENT APPROVAL**

I certify that the information provided above is true and correct. I request VALIC to make the requested change(s).

\_\_\_\_\_

Client's Signature      Date \_\_\_\_\_

**Please fax the 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	If overnight delivery:	VALIC 1050 N. Western St. Amarillo, TX 79106-7011
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**Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. – 8 p.m. Central Time.**

# Information

## QUALIFIED JOINT AND SURVIVOR ANNUITY AND QUALIFIED ANNUITY BENEFIT: FOR ERISA PLANS ONLY

This notice should be provided to you at least 30 days, but no more than 180 days, before your proposed distribution date.

If you are married, your retirement plan distributions will be paid to you in the form of a Qualified Joint and Survivor Annuity (“QJSA”) unless you elect a different form of distribution. Under your QJSA, if your spouse survives you, the plan will pay him or her at least 50% of the amount the plan had been paying to you, on the same frequency as the payments to you. If you are not married, your benefit will be paid monthly over your life and will end upon your death unless you elect a different form of distribution. This benefit is referred to as a Qualified Annuity Benefit (“QAB”).

The plan may satisfy the QJSA or QAB by using your vested account balance to purchase an annuity contract from an insurance company. The actual monthly payments made under the annuity contract will depend on the value of your account balance, annuity purchase rates used by the insurance company, your age, and if you are married, your spouse’s age at the time the distribution begins.

The following table reflects the relative values of monthly payments from a Joint and Survivor Annuity and a Life Annuity, assuming a vested account balance of \$5,000 and an interest rate of 6%. This table is based on the Annuity 2000 Mortality tables. **The table is hypothetical and does not reflect the value of your individual benefit or the actual payments you or your beneficiaries would receive.** Please note that as the ages change, the payment amount will change. If none of the examples closely approximates your situation, you may obtain a more accurate value specific to your situation from your plan administrator or from your financial advisor.

### Age at Benefit Starting Date

Annuitant	70	65	60	55	50	45	40	35
Spouse	65	70	55	60	45	50	35	40

### Monthly Payment

Annuitant Life Only	39.62	35.35	32.38	30.27	28.75	27.61	26.76	26.13
Joint and 50% Survivor	35.47	33.65	30.21	29.26	27.53	26.99	26.07	25.76
Joint and 75% Survivor	33.71	32.86	29.23	28.78	26.95	26.70	25.73	25.58

This QJSA or QAB requirement may not apply to smaller account balances (generally below \$5,000) and will not apply if you have elected another form of benefit. A partial withdrawal would be considered another form of benefit for this purpose. Other alternate forms of benefits that may be available under your employer’s plan and under your plan investments may include:

### Annuity

An annuity can provide you with payments for your life or for your life and that of your beneficiary; payments for a specified period; payments for your lifetime with a minimum guaranteed period; or a continuation of payments to your surviving spouse that is different from the plan’s percentage of the payments made to you. Generally, the more that the form of payment guarantees, such as a minimum period of payments, or payments to your surviving spouse or to another beneficiary, the more that specified benefit amount will cost. There are IRS rules that may limit the period during which payments may be made.

### Lump-Sum Distribution

If you elect a lump-sum distribution, your benefit will be paid to you in one payment. The amount of your benefit is the vested portion of your account balance as of the valuation date used to calculate your distribution.

### Installments

If you elect to receive your benefits in installments, you may specify the dollar amount and frequency of your payments. The period of time over which you receive these installments cannot be greater than your life expectancy or the joint life and last survivor expectancy of you and your designated beneficiary. There are other IRS rules that may further limit the period over which you receive payments.

In order to elect one of these alternative forms of benefits you must waive your right to the QJSA or QAB, and if you are married, your spouse must also consent in writing. In addition, this written consent must be witnessed by a Notary Public or by your Plan Administrator. You are entitled to 30 days (but no more than 180 days) within which to make this decision. Although you have at least 30 days to make this decision, under some circumstances, you may waive this minimum 30-day period, and if you submit a waiver of the QJSA or QAB less than 30 days after it is signed we will assume that you are waiving this notice period. Unless a waiver of the QJSA or QAB is made irrevocably, you have the right to revoke the waiver and execute another waiver at a later time, up to the time when the benefit payments have started. You also have the right to defer receiving a distribution, subject to the terms of your employer’s plan as well as legal requirements that generally require distributions to commence upon the later of attainment of age 70½ or retirement.

The investment options available to you, the right to change investment options, and the fees imposed under the investment options will not be affected by your decision to defer distributions.

### INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE

For federal tax law and ERISA purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple’s place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, the terms “spouse,” “husband and wife,” “husband,” and “wife” do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.