corebridge financial

The Variable Annuity Life Insurance Company (VALIC)

Administrative Change Form

For VALIC Annuity Accounts Only.

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 showing the new legal name, or court decree.

Reason for name change: ☐ Marriage ☐ Divorce ☐ Court Decree ☐ Correction

From (FIRST, MI, LAST): _____

To (FIRST, MI, LAST): _____

3. ADDRESS/TELEPHONE NUMBER CHANGE

☐ Mailing ☐ Residence ☐ Both

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 or a completed IRS Form W-9.**

Incorrect SSN: _____ Correct SSN: _____

- **Attach a copy of your driver's license, birth certificate, or your passport.**

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**

Account Number: _____ Relationship to Client: _____

Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone:(_____)_____

6. DOCUMENT DELIVERY CHOICES (Select one.)

E-mail Address: _____

Select document delivery choice below. If no selections are made, paper documents will be mailed.

☐ Electronic delivery ☐ Paper delivery

Electronic delivery is a free service though you may pay to access the Internet or receive e-mails. VALIC will send e-mail notices when documents are available for viewing and/or printing online. See the Information page(s) for more details.

7. CLIENT APPROVAL

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

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

_____ _____ _____

Client Signature | Client Name (Print) | Date

_____ _____ _____

New Owner and/or Joint Owner Signature | New Owner and/or Joint Owner Name (Print) | Date

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