

Mutual Fund Administrative Change Form

Group ID# 53677001

VALIC Retirement Services Company

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

2. NAME CHANGE

Attach a copy of your driver's license, Social Security card, marriage certificate 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

New Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: (____) _____ Home Phone: (____) _____

4. SOCIAL SECURITY NUMBER OR DATE OF BIRTH CORRECTION

• Attach a copy of your Social Security card.

Incorrect SSN: _____ Correct SSN: _____

• Attach a copy of your driver's license or birth certificate.

Correct Date of Birth: ____ / ____ / ____

5. DELIVERY OPTION ELECTION

E-mail Address: _____

By providing my e-mail address above, I elect to enroll in Personal Deliver-e®, VALIC's electronic document delivery service.

Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. VALIC Retirement Services Company will send e-mail notices when transaction confirmations and account statements are available for viewing and/or printing online.

I elect to continue receiving account information and related materials in a printed format.

6. CLIENT APPROVAL

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

Client's Signature

Date

Client (Print Name)

Please fax this form to 1-877-202-0187 or mail to the address below for processing:
VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. - 8 p.m. Central Time.