

Section 403(b) Salary Reduction Agreement

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

P.O. Box 15648, Amarillo, TX 79105-5648

For Annuity Accounts Only

1. AGREEMENT/AUTHORIZATION

Your Employer sponsors a 403(b) Retirement Plan. To participate in the Plan, you must complete the information requested below, even if in the past you completed a similar agreement for this Plan. This Agreement will replace any prior Salary Reduction Agreement.

Check One: New Enrollment Changes to earlier agreement Cancellation

EMPLOYER: _____

EMPLOYEE INFORMATION:

Employee Name: _____ SSN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone: (____) _____ Date of Hire: _____

Salary (Optional): _____ Marital Status: Married Not Married

Contributions can be made pre-tax only, after-tax Roth only, or a combination of both pre-tax and after-tax Roth. The percentage or dollar amount listed in the pre-tax and after-tax sections together represent the total amount to be reduced from the Employee's salary.

This Agreement is made by and between Employer and Employee. The parties agree to and acknowledge the following:

Pre-Tax Salary Reduction 403(b)

Employee agrees to defer the right to receive compensation as follows:

Commencing on (date): _____ (MM/DD/YYYY).

A. \$ _____ each pay period (____ pay periods per year).

B. ____% of compensation for each pay period (____ pay periods per year).

C. \$ _____ each pay period, during the term of employment commencing on _____ (MM/DD/YYYY) and ending on _____ (MM/DD/YYYY) and \$ _____ each pay period thereafter (____ pay periods per year).

After-Tax Roth Salary Deduction 403(b)

Employee agrees to have amounts deducted from Employee's pay as follows:

Commencing on (date): _____ (MM/DD/YYYY).

A. \$ _____ each pay period (____ pay periods per year).

B. ____% of compensation for each pay period (____ pay periods per year).

C. \$ _____ each pay period, during the term of employment commencing on _____ (MM/DD/YYYY) and ending on _____ (MM/DD/YYYY) and \$ _____ each pay period thereafter (____ pay periods per year).

The frequency with which a 403(b) Salary Reduction Agreement may be entered into or amended, the compensation to which such agreement applies, and the ability to revoke such agreement shall be determined under the applicable federal income tax rules and your Employer's Plan.

Employer shall pay the amount of the salary reduction to THE VARIABLE ANNUITY LIFE INSURANCE COMPANY in the manner specified above for the purchase of a non-transferable annuity contract to provide retirement benefits for Employee.

This Agreement shall continue indefinitely until amended or terminated by either party (subject to the conditions described below) by giving at least thirty (30) days written notice prior to the date of such amendment or termination.

The frequency with which a 403(b) Salary Reduction Agreement may be entered into or amended, the compensation as to which such agreement applies, and the ability to revoke such agreement shall be determined under the applicable federal income tax rules. Employee agrees and acknowledges that either Employer or, if applicable, the plan providing for benefits under Section 403(b) of the Internal Revenue Code ("the Plan"), may impose its own or additional rules, such rules not to be contradictory with the above-mentioned federal income tax rules, regarding the administration of 403(b) Salary Reduction Agreements.

This Agreement shall terminate any prior Salary Reduction Agreement executed between Employee and Employer under Employer's Section 403(b) program. If Employer elects to cease all salary reduction contributions to its Section 403(b) program or Plan, this Agreement shall automatically terminate.

Nothing in this Agreement shall be deemed to constitute an employment agreement and nothing contained herein shall be deemed to give Employee any right to be retained in the employ of Employer.

Subject to any limitations imposed by Employer's Plan, Employee hereby directs THE VARIABLE ANNUITY LIFE INSURANCE COMPANY to distribute to Employee any contributions determined to be in excess of any applicable contribution limits in accordance with governing legal requirements.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on this _____, _____, _____
Month/day Year

Employee Signature

Employer Signature

2. PARTICIPANT'S INFORMATION

Present Annual Salary: \$ _____ Date Service Began: _____ SSN: _____

Employee #: _____ GA #: _____