

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 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 that the company make the above change(s).

Client Signature

Date

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

If overnight delivery: VALIC Retirement Services Company
1050 N. Western St.
Amarillo, TX 79106-7011

Questions about this form may be directed to 1-800-942-7475, Monday through Friday, 8 a.m. – 9 p.m. Eastern Time.