



Portfolio Director® Fixed and Variable Annuity Enrollment Form

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

The Johns Hopkins University

- Staff Voluntary 403(b) Retirement Plan, Post Doctoral Students 403(b) Voluntary Retirement Plan, Faculty and Senior Staff Retirement Plan, 457 Voluntary Plan

1. ANNUITANT/APPLICANT INFORMATION
Medicine, Homewood, Hygiene and Public Health, Peabody, SAIS
Name: _____ SSN or Tax ID: _____
Gender: Male Female Marital Status: Married Not Married Date of Birth: _____
Residence Address*: _____
City: _____ State: _____ ZIP: _____
Home Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Mailing Address* (if different from above): _____
City: _____ State: _____ ZIP: _____
*All accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION
Indicate name, address, relationship, date of birth, and Social Security or Tax Identification Number for any person named as a beneficiary...
PRIMARY: Name(s), Relationship or Trustee Name, SSN or Tax ID (Optional), Date of Birth or Trust Date, Percentage (Whole) %
CONTINGENT: Name(s), Relationship or Trustee Name, SSN or Tax ID (Optional), Date of Birth or Trust Date, Percentage (Whole) %

3. INVESTOR PROFILE
Has the Annuitant/Applicant previously purchased mutual funds or other securities? No Yes
Investment Objective (check one): Safety of Principal Long-Term Growth Income
Risk Profile: Higher Risk Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative Cautious
Financial Situation: Annual Household Income, Net Worth, Life Insurance, Tax Bracket, Dependents, Age(s), Annuitant/Applicant Occupation, Expected Annuity Date, Is the Annuitant/Applicant employed by or registered with a FINRA member firm?

4. DELIVERY OPTION ELECTION
Electronic delivery Paper delivery E-mail Address: _____
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, account statements and certain regulatory documents such as prospectuses, supplements, proxies, annual and semi-annual financial reports and privacy notices are available for viewing and/or printing online.

5. CONTRIBUTION INFORMATION					
Contribution Source	Contribution: % or \$	Provide investment option name, division number, and the percent to be allocated to each. (Percents must be whole numbers totaling 100%.)	Contribution Source	Contribution: % or \$	Provide investment option name, division number, and the percent to be allocated to each. (Percents must be whole numbers totaling 100%.)
Employee Voluntary (1)		_____ %	Employee Mandatory (2)		_____ %
		_____ %			_____ %
		_____ %	Employer Matching (4)		_____ %
		_____ %			_____ %
		_____ %			_____ %
		_____ %			_____ %
		_____ %			_____ %
	_____ %		_____ %		

TO BE COMPLETED BY FINANCIAL ADVISOR

Effective Date: _____ CS1: Plan type: **PNTSA** Plan #: _____ Sub Group: _____ Account #: _____

CS2: Plan type: **PNTSA** Plan #: _____ Sub Group: **GA 50923** Account #: _____

CS4: Plan type: **PNTSA** Plan #: _____ Sub Group: **GA 50923** Account #: _____

6. ANNUITANT/APPLICANT AFFIRMATIONS AND STATEMENTS

This application is subject to acceptance by the Company at its Home Office. A current prospectus for the Company's Separate Account with the privacy notice was provided with this application.

Are you as the owner of this account an active duty service member of the United States Armed Forces? No Yes (If yes, complete VL 22059.)

Do you have any existing life insurance policies or annuity contracts? Yes No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? Yes No

If yes, complete the following:

Contract Owner Name: _____ Contract Number(s): _____

Name of Insurance Company: _____

Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.

Funds allocated to any Multi-Year Enhanced Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account values.

If new records are necessary to invest future contributions through this employer's plans and I have not completed a new enrollment form for those records, I authorize VALIC and VALIC Financial Advisors, Inc. (VFA) to establish those new records and to rely on then-current allocation instructions and personal information associated with records established pursuant to this enrollment form. If I establish more than one record via this enrollment form, I understand that, if new records are needed in the future, VALIC and VFA will rely on then-current information of records of similar money source (employee, employer). I understand I will be notified in writing of the new record(s) and will be able to immediately make changes if I desire.

By signing this form, I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief, and that I have read and understand the information provided in the Information page on the following subjects:

- **Fraud Warning**
- **Withdrawal Restrictions for 403(b) Plans (If applicable)**

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, if applicable.

Annuitant/Applicant's Signature _____ **Baltimore, MD** _____ Date _____
Signed at City/State

7. FINANCIAL ADVISOR OF RECORD

Agent #: **02080** Region Code: **32** Issue State: **MD** State License #: _____

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? Yes No

If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? Yes N/A

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Daniel Bissontz _____
Licensed Agent/Financial Advisor (Print Name) Licensed Agent/Financial Advisor's Signature

Principal's Signature _____ Date _____

PORTFOLIO DIRECTOR

Fixed and variable tax-deferred annuity

Issued by The Variable Annuity Life Insurance Company

SAVING INVESTING PLANNING

Investment options for the Portfolio Director® Fixed and Variable Annuity

Selecting a suitable mix of investment options is one of the most important investment decisions you'll make. Fortunately for you, the Portfolio Director Fixed and Variable Annuity offers an array of options spanning asset classes and categories so you may tailor your investment mix to fit your situation.

Value	Broad Cap Value Income Fund (Barrow Hanley) [75]	___%
	Core Value Fund (American Century) [21]	___%
	Large Cap Value Fund (State Street Global Advisers) [40]	___%
	Value Fund (Oppenheimer) [74]	___%
	Vanguard Windsor II Fund [24]	___%
Blend	Core Equity Fund (BlackRock) [15]	___%
	Growth & Income Fund (SunAmerica) [16]	___%
	Large Cap Core Fund (Evergreen) [76]	___%
	Lou Holland Growth Fund [70]	___%
	Socially Responsible Fund (AIG Investments) [41]	___%
	Stock Index Fund (AIG Investments) [10]	___%
Growth	Blue Chip Growth Fund (T. Rowe Price) [72]	___%
	Capital Appreciation Fund (Bridgeway) [39]	___%
	Growth Fund (American Century) [78]	___%
	Large Capital Growth Fund (INVESCO Aim, SunAmerica) [79]	___%
	NASDAQ-100® Index Fund (AIG Investments) [46]	___%
Value	Ariel Appreciation Fund [69]	___%
	Mid Cap Value Fund (Wellington, FAF Advisers) [38]	___%
Blend	Mid Cap Index Fund (AIG Investments) [4]	___%
Growth	Mid Cap Growth Fund (INVESCO Aim) [37]	___%
	Mid Cap Strategic Growth Fund (Brazos, Morgan Stanley) [83]	___%
Value	Ariel Fund [68]	___%
	Small Cap Special Values Fund (Evergreen, Putnam) [84]	___%
	Small Cap Value Fund (JP Morgan) [36]	___%
Blend	Small Cap Fund (INVESCO Aim, T. Rowe Price, Bridgeway) [18]	___%
	Small Cap Index Fund (AIG Investments) [14]	___%
Growth	Small Cap Aggressive Growth Fund (Wells Capital Management Inc.) [86]	___%
	Small Cap Growth Fund (JP Morgan) [35]	___%
	Small-Mid Growth Fund (Evergreen) [85]	___%
Global equity (International and Domestic)	Global Equity Fund (Putnam) [87]	___%
	Global Social Awareness Fund (AIG Investments) [12]	___%
	Global Strategy Fund (Franklin Templeton) [88]	___%
International equity		

NOT FDIC-INSURED • MAY LOSE VALUE • NO BANK GUARANTEE

Portfolio Director

	Foreign Value Fund (Templeton Global) [89]	___%
	International Equities Fund (AIG Investments) [11]	___%
	International Growth I Fund (American Century INVESCO Aim, MFS) [20]	___%
	International Small Cap Equity Fund (AIG Investments) [33]	___%
	Health Sciences Fund (T. Rowe Price) [73]	___%
	Real Estate Fund (INVESCO Aim / Goldman Sachs) [101]	___%
	Science & Technology Fund (T. Rowe Price, RCM, Wellington) [17]	___%
Lifestyle	Aggressive Growth Lifestyle Fund (AIG Investments) [48]	___%
	Conservative Growth Lifestyle Fund (AIG Investments) [50]	___%
	Moderate Growth Lifestyle Fund (AIG Investments) [49]	___%
	Vanguard LifeStrategy Conservative Growth Fund [54]	___%
	Vanguard LifeStrategy Growth Fund [52]	___%
	Vanguard LifeStrategy Moderate Growth Fund [53]	___%
Balanced	AIG SunAmerica 2015 High Watermark Fund [81]	___%
	AIG SunAmerica 2020 High Watermark Fund [82]	___%
	Asset Allocation Fund (AIG Investments) [5]	___%
	Vanguard Wellington Fund [25]	___%
Investment grade	Capital Conservation Fund (AIG Investments) [7]	___%
	Core Bond Fund (AIG Investments) [58]	___%
	Government Securities Fund (AIG Investments) [8]	___%
	Inflation Protected Fund (AIG Investments) [77]	___%
	Strategic Bond Fund (AIG Investments) [59]	___%
	Vanguard Long-Term Investment-Grade Fund [22]	___%
	Vanguard Long-Term Treasury Fund [23]	___%
International	International Government Bond Fund (AIG Investments) [13]	___%
High yield	High Yield Bond Fund (AIG Investments) [60]	___%
Stable value	Fixed Account Plus [1]	___%
	Short-Term Fixed Account [2]	___%
	Money Market I Fund (SunAmerica) [6]	___%
	Money Market II Fund (SunAmerica) [44]	___%
Multi-year enhanced fixed option	3 Years [96]	___%
	5 Years [97]	___%
	7 Years [98]	___%
	10 Years [99]	___%
	Investments in the Multi-Year Enhanced Fixed Option are subject to additional restrictions and requirements described in the prospectus. Not available in some states or employee plans. In New Jersey, this option is called Multi-Year Enhanced Option. Some terms might not be available.	

Financial freedom

Join the millions of Americans who have helped secure their retirement with Portfolio Director

CLICK
VALIC.com

CALL
1-800-426-3753

VISIT
your local
financial advisor

To obtain a Portfolio Director prospectus and underlying fund prospectuses, visit www.valic.com or call 1-800-448-2542 and follow the prompts. The prospectuses contain the investment objectives, risks, charges, expenses and other information about the respective investment company that you should consider carefully before investing. Please read the prospectuses carefully before investing or sending money. Policy Form series UIT-194, UITG-194 and UITG-194P.

VALIC represents The Variable Annuity Life Insurance Company and its subsidiaries, VALIC Financial Advisors, Inc. and VALIC Retirement Services Company.

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VALIC



Important Notice Regarding Replacement of Life Insurance or Annuity

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

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the agent. A copy must be left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A *replacement* occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A *financed purchase* occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal, or surrender of, or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs, and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY NUMBER	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

You have the right to return the policy or contract within 30 days of the delivery of the contract and receive an unconditional full refund of all premiums or considerations paid including any policy fees or charges or, in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations imposed under such policy or contract.

Notice to applicant: It is important to retain the sales literature provided in this transaction in your personal records.

I certify that the responses herein are, to the best of my knowledge, accurate. I also certify that I only used company-approved sales material and that a copy of all sales material was left with the applicant.

Applicant's Signature and Printed Name

Applicant's SSN

Date

Dan Bissontz

Licensed Agent/Registered Representative's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ *(Applicants must initial only if they do not want the notice read aloud.)*

