

This is a 2-page form, open completely before filling out.

1. ANNUITANT/APPLICANT INFORMATION

Name: _____ SSN or Tax ID: _____
 Mr. Mrs. Ms. Dr. Rev.
 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 VALIC annuity accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION (Refer to Information pages for guidance.)

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentages must total 100%. If Beneficiary is a minor, please complete and attach a Beneficiary Designation Form (VL 14945).

PRIMARY:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name(s): _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
CONTINGENT:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name(s): _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. INVESTOR PROFILE

Has the Annuitant/Applicant previously purchased mutual funds or other securities? No Yes If yes, number of years: _____
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 Under \$50,000 \$50,000 – \$100,000 Over \$100,000 list amount: \$ _____
 Net Worth (excluding value of primary residence) Under \$50,000 \$50,000 – \$100,000 Over \$100,000 list amount: \$ _____
 Life Insurance (face amount) Under \$50,000 \$50,000 – \$100,000 Over \$100,000 list amount: \$ _____
 Tax Bracket: _____ % Dependents: Number: _____ Age(s): _____
 Annuitant/Applicant Occupation: _____
 Annual Salary: \$ _____ Expected Annuity Date: _____
 Is the Annuitant/Applicant employed by or registered with an NASD member firm? Yes No (In the absence of an election, age 75 will be used.)

4. EMPLOYMENT INFORMATION

University Campus: _____ Department: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Work Phone: (____) _____ Group #: _____ Date of Hire: _____

5. 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.

Information

FRAUD WARNING

We are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

WITHDRAWAL RESTRICTIONS FOR 403(B) PARTICIPANTS

According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Death
- Hardship (contributions only)
- Age 59½ or older
- Disability

Your employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.

EXPECTED ANNUITY DATE

Whether an age is chosen, or the default is used, the owner may at a later date change the annuity start date subject to the terms and conditions of the Portfolio Director® contract.

BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, please complete and submit a Beneficiary Designation Form (VL 14945).

For assistance with beneficiary designations, contact your VALIC financial advisor or a Client Service Professional at 1-800-448-2542.

CONTRIBUTION INFORMATION

Your Georgia ORP Contribution is currently 13.13%* of annual salary. You may allocate up to 100% of this Contribution to VALIC. Please indicate percentage of ORP Contribution that you will allocate to VALIC, Full Annual Salary, VALIC Per Pay Amount (see example), VALIC Annualized Amount (see-example), Date Payment Begins, division number and name of Investment Options, and the percent of contribution allocated to each Investment Option. You may have a maximum of up to 20 open investment-options at one time.

Example:

Full Annual Salary		% ORP Contribution		ORP Annualized Amount
\$40,000	X	13.13%	=	\$5,252
ORP Annualized Amount		ORP Per Pay Contribution		
\$5,252	=	\$437.66		
12				
# of pymts				

% of ORP Contribution allocated to VALIC		ORP Per Pay Contribution		VALIC Per Pay Amount		# of pymts		VALIC Annualized Amount
100%	X	\$437.66	=	\$437.66	X	12	=	\$5,251.92
75%	X	\$437.66	=	\$328.25	X	12	=	\$3,939.00
50%	X	\$437.66	=	\$218.83	X	12	=	\$2,625.96
25%	X	\$437.66	=	\$109.42	X	12	=	\$1,313.04

* **Note:** This amount changes periodically, please consult your financial advisor as to the most recent percentage.

PORTFOLIO DIRECTOR®

Purchase Payments may be allocated to the Fixed Investment Options and/or Variable Investment Options. Purchase Payments may be allocated to as many as 20 options. The following indicates the current Purchase Payment allocation choices available.

<u>Division #</u>	<u>Investment Name</u>
01	Fixed Account Plus
02	Short-Term Fixed Account
05	Asset Allocation Fund
07	Capital Conservation Fund
15	Core Equity Fund (Wellington/WAMU)
89	Foreign Value Fund (Franklin Templeton)
87	Global Equity Fund (Putnam)
88	Global Strategy Fund (Franklin Templeton)
08	Government Securities Fund
16	Growth & Income Fund (AIG SunAmerica)
11	International Equities Fund
13	International Government Bond Fund
79	Large Capital Growth Fund (AIM/AIG SunAmerica)
04	Mid Cap Index Fund
83	Mid Cap Strategic Growth Fund (Brazos/Morgan Stanley)
06	Money Market I Fund
14	Small Cap Index Fund
12	Social Awareness Fund
10	Stock Index Fund
22	Vanguard Long-Term Investment-Grade Fund
23	Vanguard Long-Term Treasury Fund
25	Vanguard Wellington Fund
24	Vanguard Windsor II Fund

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit www.aigvalic.com or call **1-800-428-2542** (press 1, then 3) to request a prospectus.

Please send completed forms to:

AIG VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

Call **1-800-448-2542** for assistance.

Overnight:

AIG VALIC Document Control
2261 S.E. 27th Avenue
Amarillo, Texas 79103