Mutual Fund Beneficiary Designation Form

VALIC Retirement Services Company (VRSCO)

1. CLIENT INFORMATION

Name: ____________________ SSN or Tax ID:

Account Number(s): Changes made on this form will apply to all of your **Mutual Fund Accounts Only** unless you note specific accounts below.

____________ ____________ ____________

____________ ____________ ____________

Depending on your Plan's role you may have the ability to define and update your beneficiary designation by accessing your account online at corebridgefinancial.com/retire and **Skip this form!**

2. PRIMARY BENEFICIARY DESIGNATION - Primary beneficiaries receive death benefits upon the client's death.

- This beneficiary designation supersedes all previous beneficiary designations for such account(s).
- A beneficiary may be an individual, institution, estate, or trust.
- To ensure that all beneficiaries are identified, list each by name.
- If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
- When there are multiple beneficiaries and one predeceases you, the proceeds will be divided between the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the descendants of the deceased beneficiary to receive the deceased beneficiary's portion.
- **Section 4 must also be completed if you are designating a minor as a beneficiary.**

1. Name: ____________ Phone: (____) ____________ SSN or Tax ID: ____________

   E-mail: ____________ Relationship: ____________ DOB or Trust Date: ____________ Percent: ______ %

   Address: ____________ City: ____________ State: ______ ZIP: ______

2. Name: ____________ Phone: (____) ____________ SSN or Tax ID: ____________

   E-mail: ____________ Relationship: ____________ DOB or Trust Date: ____________ Percent: ______ %

   Address: ____________ City: ____________ State: ______ ZIP: ______

3. Name: ____________ Phone: (____) ____________ SSN or Tax ID: ____________

   E-mail: ____________ Relationship: ____________ DOB or Trust Date: ____________ Percent: ______ %

   Address: ____________ City: ____________ State: ______ ZIP: ______

Total must equal 100%

☐ Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and social security number at the top of each separate sheet attached.

3. CONTINGENT BENEFICIARIES - Contingent beneficiaries receive death benefits if all the primary beneficiaries are deceased at the time of the client's death.

1. Name: ____________ Phone: (____) ____________ SSN or Tax ID: ____________

   E-mail: ____________ Relationship: ____________ DOB or Trust Date: ____________ Percent: ______ %

   Address: ____________ City: ____________ State: ______ ZIP: ______

2. Name: ____________ Phone: (____) ____________ SSN or Tax ID: ____________

   E-mail: ____________ Relationship: ____________ DOB or Trust Date: ____________ Percent: ______ %

   Address: ____________ City: ____________ State: ______ ZIP: ______

3. Name: ____________ Phone: (____) ____________ SSN or Tax ID: ____________

   E-mail: ____________ Relationship: ____________ DOB or Trust Date: ____________ Percent: ______ %

   Address: ____________ City: ____________ State: ______ ZIP: ______

Total must equal 100%

☐ Check here if you have named additional contingent beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and social security number at the top of each separate sheet attached.

4. MINOR AS BENEFICIARY

VALIC Retirement Services Company will only pay claims to a beneficiary who is a minor through a custodian or an alternative guardianship arrangement. If you have named a minor as your beneficiary, **you must** designate a custodian under your states' Uniform Transfers (Gifts) to Minors Act or contact a local attorney regarding other alternatives to guardianship requirements.

________________________________ as Custodian for ________________________________ under the
(name of custodian) (name of beneficiary who is a minor)

__________ Uniform Transfers (Gifts) to Minors Act.
(state)

☐ Check here if you have named custodians for additional minors who are beneficiaries on a separate sheet, signed, dated and attached to this form.

5. CLIENT SIGNATURE

I authorize the Beneficiary designations indicated on this form and attest to the accuracy of the information contained therein.

Client Signature: ____ Date:____________________

BENEFICIARY DESIGNATION

In the event that no Beneficiary is designated, the Plan distribution will be paid to your estate unless the plan document provides otherwise.

Upon the Client's death, payment shall be made to the Primary Beneficiary(ies) if living, otherwise to the Contingent Beneficiary(ies) if living unless otherwise indicated. If there is no Beneficiary living when the Client dies, payment shall be made to the Client's estate unless the plan document provides otherwise.

Only lawful children, born to or legally adopted by the Client, shall be included as a class if the class designation of "children" or "all my children" is named as Beneficiary.

The plan sponsor may rely on an affidavit by any Beneficiary relating to the date of birth, death, marriage or remarriage, names, addresses and other facts concerning all Beneficiaries. The plan sponsor shall incur no liability in relying and acting on such affidavit. Beneficiary Designation will not take effect until the form has been received and accepted in good order.

CHANGE OF BENEFICIARY DESIGNATION

The Client has the right to change the Beneficiary Designation by written request in form satisfactory to the plan sponsor signed while the Client is alive. If you change your beneficiary from your spouse to a non-spouse, a spousal consent will be required before the change becomes effective. When the written request has been recorded, the change shall be effective as of the date the request was signed, even though the Client may have since died.

A change of Beneficiary Designation will have no effect on any action taken by the company before the change is recorded. A change of Beneficiary Designation shall revoke any prior Beneficiary Designation.

INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE

For federal tax law and ERISA purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple's place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, the terms "spouse," "husband and wife," "husband," and "wife" do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.

WHEN TO COMPLETE FORM:

Complete this form to designate a Beneficiary(ies) for your Retirement Plan account. Please fax this form to 1-877-202-0187 or mail to the address below for processing:

Retirement Services Center
P.O. Box 15648
Amarillo, TX 79105-5648

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

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