



VALIC Retirement Services Company

**P.O. Box 4267
Houston, TX 77210-4267**

Request for Overnight Delivery

If you would like your check sent via overnight mail, please complete the following information and return this form to us with your completed request.

PLEASE PRINT CLEARLY

SSN: _____

Name: _____

Daytime Phone: _____ Alt Phone: _____

Credit Card Information

Card Number: _ _ _ _ _ _ _ _ _ _

Expiration Date ____/____ Visa MasterCard American Express

I understand by providing my credit card number above, that there will be a charge of \$16.50 billed to my credit card for Monday to Friday service and that a street address is required. If the credit card is not approved or street address is not supplied, the check will be sent by regular mail.

Signature _____ Date: _____

Questions about this form may be directed to the AIG VALIC Client Service unit at (888) 568-2542 Monday – Friday, 7:00AM – 8:00PM Central Time