Vanguard Lifetime Income Program®

American General Life Insurance Company of Delaware American International Life Assurance Company of New York *(in New York State only)*

Limited Power of Attorney Authorization And Indemnification Agreement For One or More Agents or Annuitants



Use this form to authorize others to verify and/or correct information, and make exchanges but not withdrawals (if variable payout is selected) on your Vanguard Lifetime Income Program annuity.

- You may authorize no more than two registered agents to conduct transactions on your account. If a corporation wishes
 to designate one or two of its officers or principals to act on the account, the names of those individuals should be listed
 here. Corporate names are not a sufficient designation.
- This Vanguard Power of Attorney Agreement must be notarized and bear the notary stamp or seal in the spaces provided.
- For help in completing this form, call us at 800-462-2391 on business days from 8 a.m. to 8 p.m., Eastern time. Most forms are available for download from our website at www.vanguard.com.
- Please mail this form to Vanguard, P.O. Box 1105, Valley Forge, PA 19482-1105.

Print in capital letters, preferably in black ink.

1 NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ THIS NOTICE OR HAD IT EXPLAINED TO ME AND I UNE	DERSTAND ITS CONTENTS.
SIGNATURE Signature of Principal (Annuitant)	Date (month, day, year)
SIGNATURE Signature of Joint Principal (Joint Annuitant, if applicable)	Date (month, day, year)

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2. Appointment of Agents/Attorneys

I, Name of Annuitant		, and Name of	of Joint Annuitant <i>(if applicable)</i>
Name of Annutant			
of	at		C
County	Address of A	Annuitant	
hereby appoint (limit 2)		, and	, whos
	Name of Agent		Name of Co-Agent (if applicable)
addresses are		, and	
Address	of Agent	A	Address of Co-Agent (if applicable)
whose telephone numb	pers are	ent	, and
and whose specimen s	ignatures are (limit 2)		
SIGNATU	JRE		
Signature of Agent			Date (month, day, year)
SIGNATU	JRE		
Signature of Co-Agent (i	f applicable)		Date (month, day, year)
representing			, to be my true and
	company <i>(if applicable)</i>		
lawful attorneys for me	e and my name. As my agents, [Name of Agent	
and			may

Name of Co-Agent (if applicable)

(1) transmit to Vanguard Annuity and Insurance Services (VAIS)—either orally or in writing in accordance with procedures established by VAIS from time to time—instructions for the exchanges among the funds available in my Vanguard Lifetime Income Program annuity and (2) receive copies of statements and transaction confirmations, but my Agents shall not have the authority to change my address or designate beneficiaries.

Exchanges shall be completed in accordance with the terms of the request and the exchange procedures in effect at the time the exchange request is received. The Vanguard Group, Inc., and VAIS shall have no responsibility for the investment recommendations of the Agents or my investment decisions. I understand that the buying and selling of the annuity units may be executed independently by the Agents. The Agents hereby certify to VAIS that they will advise me of the tax consequences of any transaction.

VAIS is to treat all transaction requests with the same force and effect as if the requests had come from me personally. These transactions may include exchanges.

I agree to defend, indemnify, and hold The Vanguard Group, Inc., VAIS, American General Life Insurance Company of Delaware, American International Life Assurance Company of New York, and their respective affiliates (and their respective directors, officers, employees, and agents) harmless from any claim or expense arising from reliance upon instructions, either oral or written, believed by them to have originated from my Agents, and from any and all acts of my Agents involving my annuity.

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This Agreement is to remain in full force and effect until revoked by me in writing. This revocation is to be delivered to VAIS and will become effective as soon as VAIS has had a reasonable amount of time to act upon my revocation. The revocation will not affect any liability resulting from transactions initiated before VAIS has had a reasonable amount of time to act upon my revocation.

In the case of my death, disability, or incapacity, this Agreement shall continue in full force and effect until properly authorized written notification is received by VAIS. The Vanguard Group, Inc., VAIS, American General Life Insurance Company of Delaware, American International Life Assurance Company of New York, and their respective affiliates (and their respective directors, officers, employees, and agents) will not be held responsible for any actions taken before VAIS has had a reasonable amount of time to act upon written notice of any change.

The following identically registered Vanguard Lifetime Income Program annuity contracts are affected by this Agreement:

Contract / Certificate Numbers:

V	G			, V	G				V	G				,
V	G			V	G				V	G				

3. Your Signature

>

The undersigned has read the foregoing Agreement in its entirety before signing. To this, I have agreed and placed my

signature this				
0	Data (manth	day	. r.l	

Date (month, day, year)

SIGNATURE

Signature of Annuitant (Please note that each annuitant must sign.) **Signature of Joint Annuitant** (*if applicable*)

SIGNATURE

4. Signature of Notary Public						
On this, Date <i>(month, day, year)</i>						
	and		of			
Name of Annuitant		Name of J	loint Annuitant <i>(if applicable)</i>			
	and					
County / State						
has appeared before me, has proven to be the indivi- or her wish.	dual de	escribed, a	nd has acknowledged that this Agreement is his			
► SIGNATURE			Authorized Officer to Place Stamp Here			
Signature of Notary Public						
Commission Expiration Date <i>(month, day, year)</i>						
Note: We cannot accept a signature guarantee in pl notary stamp.	ace of	а	Notary expiration date must be valid.			

5. Agent's Acknowledgment

We,

Name of Agent

and

Name of Co-Agent (if applicable)

have read the attached power of attorney and are the persons identified as the Agents for the principal. We hereby acknowledge that, in absence of a specific provision to the contrary in the power of attorney or in 20 Pa.C.S., when we act as Agents:

We shall exercise the powers for the benefit of the principal.

We shall keep the assets of the principal separate from our assets.

We shall exercise reasonable caution and prudence.

We shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.

► S I G N A T U R E Signature of Agent	Date (month, day, year)
SIGNATURE Signature of Co-Agent (if applicable)	Date (month, day, year)

Please check here if you are authorized above as an Agent with limited power and you wish to receive duplicate mailings of contract statements and transaction confirmations for the contracts identified above.