

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 UNDERSTAND ITS CONTENTS.

➤

Signature of Principal *(Annuitant)*

--

Date *(month, day, year)*

➤

Signature of Joint Principal *(Joint Annuitant, if applicable)*

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Date *(month, day, year)*

2. Appointment of Agents/Attorneys

I, , and ,
 Name of Annuitant Name of Joint Annuitant (if applicable)

of at do
 County Address of Annuitant

hereby appoint (limit 2) , and , whose
 Name of Agent Name of Co-Agent (if applicable)

addresses are , and ,
 Address of Agent Address of Co-Agent (if applicable)

whose telephone numbers are --, and --,
 Telephone Number of Agent Telephone Number of Co-Agent (if applicable)

and whose specimen signatures are (limit 2)

➤
 Signature of Agent Date (month, day, year)

➤
 Signature of Co-Agent (if applicable) Date (month, day, year)

representing , to be my true and
 Name of Company (if applicable)

lawful attorneys for me 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.

5. Agent's Acknowledgment

We, and ,
 Name of Agent 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.

➤ --
Signature of Agent Date (month, day, year)

➤ --
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.