



Mutual Fund Unforeseeable Emergency Withdrawal Form

Group ID# 53677001

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

Daytime Phone: _____ Date of Birth: _____

2. DISTRIBUTION METHOD

Please indicate Account(s) you wish to withdraw from.

Account # _____	Account # _____	Account # _____
\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %

Choose one:

- Distribute the amount pro-rata against all funds *excluding* PCRA/Schwab (default)
- Distribute the amount pro-rata against all funds *including* PCRA/Schwab
- Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %

Choose one:

- Distribute the amount pro-rata against all funds *excluding* PCRA/Schwab (default)
- Distribute the amount pro-rata against all funds *including* PCRA/Schwab
- Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %

Choose one:

- Distribute the amount pro-rata against all funds *excluding* PCRA/Schwab (default)
- Distribute the amount pro-rata against all funds *including* PCRA/Schwab
- Distribute the amount or percentage from each fund as specified below:

Fund Code	Amount
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %

- a. What is the current amount being deferred for each pay period? \$ _____
- b. Indicate the amount requested for the unforeseeable emergency. \$ _____
- c. Would discontinuation of the deferrals relieve the financial hardship? Yes No
- d. Do you wish to continue to elect to defer compensation to the Plan? Yes No

(Note: If you have checked "NO" please contact your payroll center to cease the deductions. The change will become effective with your first available pay period, subject to the payroll center's processing schedule.)

- e. Please provide information regarding the unforeseeable event that has occurred and has caused the need for an unforeseeable emergency withdrawal.

Please check if an attempt has been made to gain the needed funds from any of the applicable sources listed below. For all responses, please provide brief comments for each option. For example, if "Yes" was chosen, indicate if and how much was made available or if "No" was chosen, please indicate why it was not considered.

- Bank Yes No _____
- Credit Union Yes No _____
- Savings/Loan Yes No _____
- IRA Yes No _____
- Sale of assets Yes No _____
- Stop deferral Yes No _____
- Other Yes No _____
(e.g., investments, mutual funds)



Mutual Fund Unforeseeable Emergency Withdrawal Form

VALIC Retirement Services Company

Group ID# 53677001

3. WITHHOLDING INSTRUCTIONS

- An unforeseen emergency distribution is subject to 10% federal tax withholding by VALIC Retirement Services Company unless you request otherwise below. In addition, any distribution to you will be taxable in the year received. If you choose not to have taxes withheld, interest and penalties may be imposed by the IRS for any under-withholding. For Private Tax-Exempt 457 Deferred Compensation Plans where consistent with your employer's Plan, VALIC Retirement Services Company will apply wage bracket withholding based on information you provide on your IRS Form W-4. A current IRS Form W-4 must be attached to this request. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated.
- Notice to non-residents: A payment to an address outside of the United States may be withheld at a 30% rate unless the payee submits a completed IRS Form W-8BEN and the payments are eligible for reduced withholding.

Federal Withholding Instructions

DO NOT withhold any federal income taxes unless mandated by law. **DO** withhold federal taxes in the amount of _____ %
(cannot be less than any mandatory withholding)

State Withholding Instructions

DO NOT withhold any state taxes unless mandated by law. **DO** withhold state taxes in the amount of _____ %
(cannot be less than any mandatory withholding)

4. MAILING INSTRUCTIONS

Choose one option only. If you have changed your address of record within the past 15 business days or if your check is to be mailed to a third party's address, please provide a Signature Guarantee from a financial institution.

- Mail the distribution to my permanent address as indicated on my quarterly statement.
- Mail the distribution to the address indicated below. The address below is my new permanent address (check one):
 Yes No

Street Address: _____ City: _____ State: _____ ZIP: _____

Send check by overnight delivery. I understand, by providing my credit card number below, that there will be a charge billed to my credit card for this service and that a street address is required. If the credit card charge is not approved, the check will be sent by regular mail.

Card # _____ Expiration Date: _____ Master Card Visa
 American Express

5. CLIENT SIGNATURE

I hereby certify that the statements and figures shown on this Unforeseeable Emergency Withdrawal Form are true and accurate to the best of my knowledge. I also understand that I will be responsible for providing evidence to the IRS, if required, to verify distribution reason. I am aware that if I choose an unforeseeable emergency withdrawal, it will be reported to the IRS and must be bona fide; or it may subject my account to adverse tax consequences and penalties.

I have received and read the "Special Tax Notice" provided to me. I understand that my distribution may not be paid until this form has been completed and all necessary information has been submitted. No tax advice has been provided by the Company or any fiduciaries. All decisions regarding this payout are my own. I hereby authorize the Company to take the necessary actions to complete my request as indicated above.

Client Signature _____ Date

6. PLAN ADMINISTRATOR'S APPROVAL — IF APPLICABLE

I approve this distribution in accordance with the current plan provisions and all applicable laws and regulations.

Plan Administrator, Trustee, Authorized Representative,
or Deferred Compensation Plan Employer Signature _____ Date

All information must be completed and supporting documents provided in order for this Unforeseeable Emergency Withdrawal Form to be processed.

Please fax this form to 1-877-202-0187 or mail to the address below for processing:

VALIC Document Control If overnight delivery: VALIC Retirement Services Company
P.O. Box 15648 2271 S.E. 27th Avenue
Amarillo, TX 79105-5648 Amarillo, Texas 79103

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

VALIC represents The Variable Annuity Life Insurance Company and its subsidiaries VALIC Financial Advisors, Inc. and VALIC Retirement Services Company.

GUIDELINES FOR UNFORESEEABLE EMERGENCIES

IRS Regulations state that an unforeseeable emergency is a severe financial hardship to the participant resulting from:

1. A sudden and unexpected illness or accident of the participant or dependent of the participant.
2. Loss of the participant’s property due to casualty.
3. Other similar extraordinary and unforeseeable circumstances as a result of events beyond the control of the participant.

(Certain items are generally not considered a “severe financial hardship” and are foreseeable personal expenses normally budgeted, e.g., purchase of a home, normal monthly bills, loan payment, automobile purchase and/or repairs, educational or college expenses, elective surgery and taxes.)

Other key points regarding withdrawal requests: A distribution may only be requested for the amount needed to satisfy the emergency need.

An attempt to relieve the financial hardship must be made first by funds through:

1. Liquidation of the participant’s assets, to the extent that such liquidation would not itself cause severe financial hardship.
2. Cessation of plan deferrals.
3. Insurance reimbursements and/or compensation by other sources.

REQUIRED FORMS AND PROCEDURES

In order to qualify for a withdrawal of funds, the following forms must be completed. Forms not filled out in their entirety will be returned, thereby creating a delay in consideration.

- Unforeseeable Emergency Withdrawal Form (see Form VL 19549)
- State withholding forms, where applicable (For assistance, check with your employer’s payroll office or your financial advisor)
- Any supporting documentation (e.g., copies of medical bills and insurance statements, death certificate, doctor’s statement, separation or divorce agreement, police or fire accident report)

MAILING INSTRUCTIONS

Completed forms and supporting documentation should be sent to:

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

For a request to be considered for approval, supporting documentation must be submitted with this form. The withdrawal request information will be reviewed by a committee and the participant will be notified of whatever action has been taken regarding the request. Any supporting documentation as well as the form will be treated with the utmost confidentiality. If you have any further questions regarding required documents and/or assistance with the request, please contact your local financial advisor.