



Mutual Fund Intra Plan Transfer Out

VALIC Retirement Services Company

Group ID# 53677001 Group ID# 54107001 Group ID# 53924001

1. CLIENT INFORMATION

Name: _____ SSN: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: (_____) _____ Phone (Other): (_____) _____ Date of Birth: _____

2. TRANSFER OUT REQUEST

A surrender of your account will result in automatic termination of any outstanding loans.

Total Withdrawal (Surrender) Partial Withdrawal Amount: \$ _____ or _____%

3. TRANSFER TO CARRIER

Indicate the name of the carrier to which you wish to transfer your account. Your employer's plan may restrict you to authorized carriers only.

Name of Carrier: _____

4. PAYEE TRANSFER COMPANY MAILING INSTRUCTIONS

Payee Transfer Company Name: _____
Client Name/Internal Mail Code/Account Number (SSN): _____
Address: _____ City: _____ State: _____ ZIP: _____

5. CLIENT APPROVAL

- I authorize the above transfer distribution and certify that all statements are complete and accurate to the best of my knowledge and belief.
- I certify that the payee is eligible to accept this transfer on my behalf.

Client Signature

Date

6. PLAN ADMINISTRATOR'S APPROVAL (If applicable)

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

Plan Administrator Signature

Date

Please fax this form and any documentation to 1-877-202-0187 or mail to:

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

Overnight Delivery:

VALIC Retirement Services Company
2271 S.E. 27th Avenue
Amarillo, Texas 79103

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