



Mutual Fund Transfer-In/Rollover Form For All Plan Accounts Except 403(b)

VALIC Retirement Services Company

Group ID# 53677001

For Financial Advisor Use Only: Approximate Amount of Transfer/Rollover to VALIC Retirement Services Company \$ _____

1. CLIENT INFORMATION

Name: _____ SSN: _____ Date of Birth: _____
Address: _____ Phone Numbers: (1) _____
City: _____ State: _____ ZIP: _____ (2) _____

2. NAME AND ADDRESS OF TRANSFERRING CARRIER

Name: _____ Address: _____
City: _____ State: _____ ZIP: _____
Phone Numbers: _____

3. ACCOUNT & TRANSACTION INFORMATION

Your transfer/rollover will be allocated based on your current investment elections. If you have not enrolled in the Plan, please attach an Enrollment form to this Transfer-In/Rollover form. If an Enrollment form has never been submitted and is not attached to this form, your transfer/rollover will be allocated to the Fixed-Interest OptionSM or the Plan's designated default, if not the Fixed.

Transfer: Transfer processing will not be initiated without an existing account or enrollment form.

Carrier "From" Plan/Account

- 401(a)/403(a) → 401(a)/403(a)
- 401(k) → 401(k)
- 457(b) Deferred Comp* → 457(b) Deferred Comp*
- Other: _____
- _____ → _____

Contract or account #: _____

* If "From" account contains funds subject to 10% penalty, complete the rollover section.

Liquidate and Transfer Entire Account

Liquidate and Transfer Partial Account

Amount: _____ \$ or whole % (circle one)

Are you taking periodic or systematic payments from the transferring account with the prior carrier?

No Yes If yes, please obtain a Mutual Fund Systematic Withdrawal form and complete the requested information to continue periodic or systematic payments.

Name of Employer's Plan (if applicable): _____

Direct Rollover: Rollover processing will not be initiated without an existing account or enrollment form.

For your convenience, a separate record of rollover funds will be maintained from other VALIC Retirement Services Company accounts you have under the plan.

Check one box in each of the "From" Plan and "To" Plan columns below.

Carrier "From" Plan

VALIC Retirement Services "To" Plan

- | | |
|---|---|
| <input type="checkbox"/> 403(b) | <input type="checkbox"/> 401(a)/403(a) |
| <input type="checkbox"/> 401(a)/403(a) | <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> 457(b) Governmental* |
| <input type="checkbox"/> IRA | |
| <input type="checkbox"/> 457(b) Governmental* | |

* If this is a rollover from a 457(b) Governmental to a 457(b) Governmental plan, is any portion of the rollover funds subject to 10% penalty?

No Yes

Liquidate and Rollover Entire Account

Expected Rollover Amount: _____

Liquidate and Rollover Partial Account

Amount: _____ \$ or whole % (circle one)

Are you taking periodic or systematic payments from the transferring account with the prior carrier?

No Yes If yes, please indicate frequency

I have met a distributable event in my transferring account as indicated below (if applicable):

Separation from service Disability Other _____

Name of Employer's Plan: _____

4. CLIENT AUTHORIZATION TO TRANSFER/ROLLOVER FUNDS

(Check a, b, or c and sign below.) Some Carriers also require clients to sign their forms to expedite the transfer/rollover. If your current Carrier requires you to complete its form, please attach the completed form to this request.

By signing on the Client Signature line below, I acknowledge that I have read and understand all of the information on the Information page. I authorize the above transfer/rollover and certify that all statements are complete and accurate to the best of my knowledge and belief.

a. **Transfer** (Check payable to AIG Federal Savings Bank – FBO Client)

b. **Direct Rollover** (Check payable to AIG Federal Savings Bank – FBO Client)

c. **Rollover** (Check payable to Client)

Client Signature _____

Client Name (Print) _____

Date _____




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5. AIG FEDERAL SAVINGS BANK ACCEPTANCE OF TRANSFER

In accepting the cash value from the above described Plan, AIG Federal Savings Bank hereby assumes responsibility for the future administration of such funds and agrees that payment to and receipt by AIG Federal Savings Bank of the cash value shall fully discharge _____ (Name of Transferring Company/Carrier) from all responsibility and liability that may accrue with respect to such funds after the transfer or rollover.

AIG Federal Savings Bank  _____
VP & Treasurer Date

Financial Advisor Signature

Licensed Agent/Registered Representative (Print Name) Agent # Region # Licensed Agent/Registered Representative's Signature Date

6. EMPLOYER'S AUTHORIZATION TO TRANSFER FUNDS

(This section is to be completed by the employer if required under the plan.) This is notification and authorization to you to issue a check payable to AIG Federal Savings Bank pursuant to the above referenced client's authorization to transfer the investment medium under the above-mentioned plan to AIG Federal Savings Bank. Please send the check along with this form to the mailing address referenced below in Section 7.

Employer Name: _____

Plan Administrator (Print Name) Title Plan Administrator's Signature Date

7. CHECK AND MAILING INFORMATION

A. Make Transfer/Rollover payable as follows:

AIG Federal Savings Bank
FBO: _____ (client name)
VALIC Retirement Services Company Group ID #: **53677001**

C. Please mail this form to:

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

B. Mail check to:

AIG Federal Savings Bank
Attention: VALIC Retirement Services Company
P.O. Box 203628
Houston, TX 77216-3628

8. TO BE COMPLETED BY THE PREDECESSOR CARRIER (COMPLETE THIS SECTION AND RETURN THE REQUESTED INFORMATION WITH THE CHECK MADE PAYABLE TO AIG FEDERAL SAVINGS BANK)

If you are unable to provide this information or if you have any questions, please contact us at _____.

A. 457(b) Governmental Plan Transfers: If this is a transfer/rollover from a 457(b) Governmental plan to another 457(b) Governmental plan, is any portion of the transfer/rollover funds subject to 10% penalty: No Yes
If "Yes," enter the amount (principal and interest/earnings) subject to 10% penalty \$ _____

B. After-Tax Information

Pre-TEFRA (prior to August 14, 1982) cost basis..... \$ _____
Total cost basis including Pre-TEFRA..... \$ _____
After-tax contribution amount for any other plan..... \$ _____



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9. MUTUAL FUND DISCLOSURE

It is VALIC Financial Advisors' (VFA) policy not to recommend the sale and subsequent purchase of a mutual fund unless a person's financial or personal objectives can better be served.

I acknowledge that I am purchasing mutual fund shares and by my initials below I acknowledge that I understand the following:

- _____ (a) This investment is a securities product subject to fluctuation in market value. It involves risk, including possible loss of principal, and future performance will fluctuate and is not guaranteed. Upon redemption of my shares I may receive more or less than I paid for them due to contingent deferred sales charge and/or fluctuation in market value.
- _____ (b) I understand that this investment is of a long-term nature and should not be considered for short-term investment goals.
- _____ (c) I understand that if I am liquidating an investment to make this purchase there may be tax consequences.
- _____ (d) I understand that generally I can exchange among funds within the plan without fees and charges.

10. TRANSACTION DISCLOSURE

This section must be completed if you are liquidating any account (i.e., mutual fund, annuity, life insurance, stocks, bonds, etc.) to reinvest into mutual funds. This includes Qualified and Non-Qualified investments. If you are liquidating more than one account to reinvest into mutual funds, you must complete a separate form for each transaction.

A. Is this purchase made with the proceeds of any of the following liquidations?

- Mutual Fund Redemption The contingent deferred sales charge on the mutual fund redemption is _____% or \$_____.
Share Class: A ___ B ___ C ___ Other _____
- Stock, Non-Matured Bonds, Non-Matured unit investment trusts. The termination and/or closing fee on the existing account is _____% or \$_____.
- Money Market, CD The surrender charge on the existing (old) annuity contract is _____% or \$_____.
- Other _____
- Annuity Surrender is _____% or \$_____.
 - Fixed Index Variable

B. Please provide a copy of the existing investment's most recent statement.

If a statement is not available, please explain: _____

C. Name of Investment liquidated/sold/redeemed/surrendered: _____

D. When did you purchase your current investment: _____

E. Purchased from Company and name of Representative: _____

11. AFFIRMATIONS AND SIGNATURES (MUST be completed regardless of source of funds)

A. The primary reason(s) this mutual fund transaction meets the applicant's investment needs and goals is (are): _____

B. The existing investment does not meet the applicant's objectives because: _____

C. Please provide all other material facts relevant to this transaction: _____

I acknowledge that, before signing this form, I have read and reviewed it completely with my financial advisor. I understand all of the statements contained in this form, and I have completed it knowingly and voluntarily.

Account Holder (Print Name) _____ Account Holder's Signature _____ Date _____

Licensed Agent/Registered Representative (Print Name) _____ Licensed Agent/Registered Representative's Signature _____ Date _____

Agent # _____ Region # _____

Reviewed and Approved By: _____
(Print Name)

Signature _____ Date _____

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

The information in this notice applies to qualified plans, tax-deferred annuity arrangements, IRAs, and governmental 457(b) deferred compensation plans.

Transfers

The account value to be transferred may have been subject to sales and/or administration charges. The amount transferred may be subject to such charges as are appropriate under the terms of the VALIC Retirement Services Company contract. You are responsible for any taxes or penalties due should this transaction not comply with the applicable IRC provisions. Please consult with qualified tax counsel prior to electing this transaction.

Although the amount transferred is in general not subject to withholding requirements because it is not includible in your gross income for the year of transfer, if this transfer does not comply with applicable legal requirements, you may be responsible for estimated tax payments if you do not have enough federal income tax withheld from income.

The transfer of a Section 403(b) account is governed by Internal Revenue Code and related Treasury Regulations. Under these rules, VALIC Retirement Services Company must maintain and enforce the withdrawal restrictions that existed prior to the transfer. In the event that VALIC Retirement Services Company does not receive the information requested in Section 8 of this form from the prior carrier, all of your funds will be subject to withdrawal restrictions and minimum distribution rules.

Eligible Rollovers

Most withdrawals from tax-favored retirement plans are eligible for roll over either to an IRA or to another plan if the receiving plan accepts such rollovers. Some plans do not accept rollovers of certain types of distributions. Check with the administrator of that plan about whether the plan accepts rollovers and, if so, the types of distributions it accepts. Funds rolled into existing accounts will become subject to current plan withdrawal restrictions and will not be available for withdrawal until your elective deferrals are available for withdrawal. If you do not choose an option in section B.(3), the funds will be deposited into the current account and will become subject to the withdrawal restrictions applicable to your elective deferrals.

Rollovers of Beneficiary Accounts

Only (1) the participant, or, (2) in the case of the participant's death, the participant's surviving spouse, or (3) in the case of a domestic relations order, the participant's spouse or ex-spouse may roll over a distribution into a plan of the participant's own. An exception to this rule is that a non-spousal beneficiary may, subject to plan provisions, roll inherited funds from an eligible retirement plan into a Beneficiary IRA. A Beneficiary IRA is an IRA created for the sole purpose of receiving funds inherited by non-spousal beneficiaries of eligible retirement plans. The distribution must be transferred to the Beneficiary IRA in a direct "trustee-to-trustee" transfer. Beneficiary IRAs must meet the distribution requirements relating to IRAs inherited by non-spousal beneficiaries under Code sections 408(a)(6) and (b)(3) and 401(a)(9).

Direct Rollover

Any amounts under your employer-sponsored plan that will not be subject to federal income tax when distributed may be rolled over directly to an employer-sponsored plan, if such plan accepts such rollovers, or to an IRA.

Rollovers may be subject to the plan restrictions of the receiving plan. The new plan restrictions may be different, or more or less restrictive, than the plan from which the plans were rolled. Check with the administrator of the receiving plan prior to making your decision in order to clearly understand what restrictions may apply.

Distributions Paid Directly to You

If the distribution you are rolling over was paid directly to you, you may roll over any pre-tax amounts to another employer-sponsored plan or to an IRA within 60 days. Any distributions of after-tax contributions paid directly to you may not be rolled over to another employer-sponsored plan. However, they may be rolled over to an IRA within 60 days.

Amounts Not Eligible For Rollover

Some amounts not eligible for rollover include amounts paid from a non-qualified (after-tax) annuity that is not part of your employer's plan, financial hardship withdrawals, and amounts paid from certain deferred compensation plans. After-tax contributions may not be rolled over to a governmental 457(b) plan or from an IRA to any other plan type.

Investment Options

See Prospectus for fund information.

Please mail this form 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