



VALIC Retirement Services Company
P.O. Box 15648
Amarillo, TX 79105

Group/Plan ID: 69472/001

Dear Valued Client:

As requested, enclosed is a Request for Hardship Withdrawal form. Carefully read the Information pages before completing the form. Also note that any distributions from your retirement account may be subject to income taxes and Internal Revenue Service early withdrawal tax penalties.

If you have funds invested with other investment providers under this plan, or any other plan sponsored by a participating employer under the ARP, please complete section 4 – Investment Provider Information and submit the Hardship Distribution Supplement form to each of your other investment providers. By signing the Supplement form, you will authorize your employer to confirm the information you provided on the form with other providers and for those providers to disclose the necessary information to your employer and VALIC.

To ensure accurate and prompt processing of your request, the form must be completed in its entirety, including sections noted below:

- 1. Client Information:** All information in this section must be completed.
- 2. Distribution Request:** Indicate the account number and dollar or percentage amount. Choose one distribution option. Fill out the fund code(s) and amount of percentage if the distribution selection is from a specific fund(s). Please attach documentation that supports your need for a Hardship Distribution.
- 3. Hardship Requirement/
Client Approval:** Initial and provide the requested information. To ensure you are qualified, carefully read the requirements listed under Instructions – Request for Hardship Withdrawals.
- 4. Investment Provider
Information:** The Adventist Retirement Plan is a 403(b) plan, and that account type has already been checked for you. If you have funds invested with other providers, the Hardship Distribution Supplement for Investment Providers (page 4) is required.
- 5. Withholding Instructions:** Select the appropriate withholding for Federal and State income taxes. Important notice for non-resident aliens is included in the form. Additional details are listed in the Information pages under the Special Tax Notice section.
- 6. Mailing Instructions:** Provide mailing instructions. If your check is to be mailed to a third party's address, please provide a Signature Guarantee from a financial institution.
- 7. Spousal Consent:** Check the box indicating your marital status. If you are married, your spouse must sign this section. Your spouse's signature must be notarized or witnessed by your local employer.

- 8. Client Signature:** To process this request, you must sign and date this form.
- 9. Employer Signature:** Your local employer must sign and date this form.
- 10. Plan Administrator Approval:** Your Plan Administrator must sign and date this form.

The Plan requires taking a loan as a prerequisite for a hardship withdrawal unless taking a loan would in itself constitute a hardship. You may be eligible for a loan against your account. Plan loans can generally be taken for a term up to 5 years or up to fifteen (15) years if used for the purchase of a home. There is no tax liability on the amount borrowed unless the loan is not repaid. Loan fees may apply. Please contact us to determine your eligibility for a loan.

Please send the completed Request for Hardship Withdrawal form, supporting documentation and completed Hardship Distribution Supplement forms to the Adventist Retirement Plan office at the mailing address or fax number below:

Adventist Retirement Plan
Attn: Beth Roberts, DC Plan Manager
12501 Old Columbia Pike
Silver Spring, MD 20904

Fax: 1-301-680-6190

We are committed to providing you with quality service and personal attention. Please contact a Client Service Professional if you have questions or need further assistance. We are available Monday through Friday, from 7:00 a.m. to 8:00 p.m. (CT) at 1-800-448-2542 (For hearing and speech impaired access, dial 1-800-248-2542 TDD).

Sincerely,



Calvin L. King
Vice President, Client Care Center

Enclosure: VL 22145

Mutual Fund Request For Hardship Withdrawal

Group ID# 69472001

VALIC Retirement Services Company

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

Daytime Phone: (____) _____ Date of Birth: _____

Use this form if you are currently employed with the employer sponsoring the Plan. If you have separated from service, please complete a Mutual Fund Distribution Request Form.

2. DISTRIBUTION METHOD

Optional: You may specify an amount or percentage to be taken from each fund for the account(s) listed below.

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

<p>Account # _____</p> <p>\$ _____ or _____ %</p> <p>Choose one:</p> <p><input type="checkbox"/> Distribute the amount pro-rata against all available funds <i>excluding</i> PCRA/Schwab (default)</p> <p><input type="checkbox"/> Distribute the amount pro-rata against all available funds <i>including</i> PCRA/Schwab</p> <p><input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Fund Code</td> <td style="width: 10%;">Amount</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> </table>	Fund Code	Amount					_____	\$ _____	or	_____ %			_____	\$ _____	or	_____ %			_____	\$ _____	or	_____ %			<p>Account # _____</p> <p>\$ _____ or _____ %</p> <p>Choose one:</p> <p><input type="checkbox"/> Distribute the amount pro-rata against all available funds <i>excluding</i> PCRA/Schwab (default)</p> <p><input type="checkbox"/> Distribute the amount pro-rata against all available funds <i>including</i> PCRA/Schwab</p> <p><input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Fund Code</td> <td style="width: 10%;">Amount</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> </table>	Fund Code	Amount					_____	\$ _____	or	_____ %			_____	\$ _____	or	_____ %			_____	\$ _____	or	_____ %			<p>Account # _____</p> <p>\$ _____ or _____ %</p> <p>Choose one:</p> <p><input type="checkbox"/> Distribute the amount pro-rata against all available funds <i>excluding</i> PCRA/Schwab (default)</p> <p><input type="checkbox"/> Distribute the amount pro-rata against all available funds <i>including</i> PCRA/Schwab</p> <p><input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Fund Code</td> <td style="width: 10%;">Amount</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>or</td> <td>_____ %</td> <td></td> <td></td> </tr> </table>	Fund Code	Amount					_____	\$ _____	or	_____ %			_____	\$ _____	or	_____ %			_____	\$ _____	or	_____ %		
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3. HARDSHIP REQUIREMENTS AND CLIENT APPROVAL

_____ (Initial)

I understand that proof of hardship is required for all in-service withdrawals of funds. I have indicated the hardship reason in the section below.

I have an immediate and heavy financial need as described below and in the Instructions to this form.

Please refer to the Instructions pages to complete the following:

A. **Choose one:** under age 59½ age 59½ or older

B. _____ The nature of my immediate and heavy financial need.
(Select from Items 1-6 only in Part I, General Instructions, of the Instructions page.)

C. \$ _____ The amount of my immediate and heavy financial need.

D. \$ _____ Distribution amount requested.

Any discrepancy between the amount shown in C and the amount in D should reflect only taxes that you reasonably expect to be payable on the distribution you are requesting in an amount not to exceed 40% of your hardship need.

4. INVESTMENT PROVIDER INFORMATION

Plan type of my account: 403(b)

I have funds in this plan with other investment providers: Yes No

If you answered "Yes" to the question above, the Hardship Distribution Supplement for Investment Providers (on page 4) must be completed. If you answered "no" to the question above, the Hardship Distribution Supplement for Investment Providers (on page 4) does not need to be completed, but the blank form must be submitted with the entire hardship distribution application.

List all other investment providers and account number(s) under this Plan where contributions have been made at any time:

Investment Provider	Customer Service Phone Number	Account Number

Use a separate sheet for additional accounts.

Mutual Fund Request For Hardship Withdrawal

Group ID# 69472001

VALIC Retirement Services Company

5. WITHHOLDING INFORMATION AND INSTRUCTIONS

- Any amount that you could withdraw without requesting a hardship withdrawal may be eligible for rollover to another eligible retirement plan or IRA, and will be subject to mandatory 20% withholding.
Any amounts that are not eligible for rollover will be subject to 10% federal tax withholding of any taxable amount by VALIC Retirement Services Company unless you request otherwise below.
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 amount is 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)

6. 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

7. SPOUSAL CONSENT

This plan requires disclosure of marital status.

REQUIRED FOR CLIENT: Client Marital Status

- Not Married Married Legally Separated: Attach Court Order of Legal Separation (petition not acceptable)
Missing Spouse: I hereby affirm that I have made reasonable attempts to locate my spouse and have not been able to do so.

REQUIRED FOR SPOUSE: Spousal Consent

This plan requires spousal consent.

- I understand that the Plan requires spousal consent and I hereby consent to this loan.

Spouse's Signature: _____ Date: _____

WITNESS BY NOTARY PUBLIC OR LOCAL EMPLOYER

STATE OF _____ COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Spousal Consent as a free and voluntary act.

IN WITNESS THEREOF, I have signed my name and affixed my official notarial seal/stamp this _____ day of _____, 20____.
(SEAL/STAMP)

Notary Public: _____

My commission expires: _____

Local Employer _____ Date _____

Mutual Fund Request For Hardship Withdrawal

Group ID# 69472001

VALIC Retirement Services Company

8. CLIENT SIGNATURE

I have attached proof of the event giving rise to the need. In making this request I declare that (i) these funds are needed to meet a financial hardship resulting from the need stated herein, for which no other financial resources are reasonably available to me; and (ii) the amount of the withdrawal does not exceed the amount needed to meet the hardship plus anticipated tax liabilities from the distribution. I further declare that the funds received will be used solely for such need.

I certify that all statements on this form are complete and accurate, to the best of my knowledge and belief, and that the following statements are true:

I have read the Instructions pages. I am unable to obtain the amount needed from other reasonably available resources, as described in Part II of the Instructions.

I have already reduced the amount of my hardship by other resources that are reasonably available to me, including (a) amounts available to me under any retirement plan of my employer(s); and (b) any loans where repayment would not itself create a hardship.

I agree to maintain supporting documentation for this hardship withdrawal request and make such documentation available to the IRS, my employer, or VALIC Retirement Services Company, as may be necessary to verify the qualification of the withdrawal requested.

If my distribution request amount is greater than my financial need, I certify that the difference in amounts reflects the federal, state, and/or local income taxes that I expect will be payable on account of my hardship distribution.

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 VALIC Retirement Services Company or any fiduciaries. All decisions regarding this payout are my own. I hereby authorize VALIC Retirement Services Company to take the necessary actions to complete my request as indicated above.

I hereby authorize VALIC or my local employer to confirm the accuracy of all information provided in Section 4 and I understand that my request will not be processed until confirmed. I also authorize VALIC or my local employer to confirm with the listed providers, and I authorize those listed providers to confirm the information provided in this section regarding my account balance, prior hardship withdrawals and the ability to obtain a loan from the plan, subject to the requirement that the information provided herein is authorized for use by VALIC solely for the purposes of satisfying the restrictions under the plan.

Client Signature

Date

9. LOCAL EMPLOYER SIGNATURE

I certify that I have confirmed the information disclosed on the Hardship Supplemental form with the respective providers and have reviewed all providers to whom current contributions are being made on behalf of this employee.

Local Employer (Print)

Local Employer Signature

Date

10. PLAN ADMINISTRATOR'S APPROVAL

I approve this distribution in accordance with the current plan provisions and all applicable laws and regulations. I verify that the information provided on this form for purposes of this distribution is correct to the best of my knowledge.

Plan Administrator or Authorized Representative Name (Print)

Plan Administrator or Authorized Representative Signature

Date

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

Hardship Distribution Supplement for Investment Providers



(For use with decentralized multi-investment provider 403(b) plans.)

VALIC Retirement Services Company

Group ID# 69472001

Employee: Your request for hardship distribution from your 403(b) account and answering "Yes" to the question in Section 4 also requires the submission of this supplemental form to your other investment providers to ensure compliance with the federal tax rules governing these withdrawals. You should complete Box A (below) and provide a copy of this form to each of the other investment provider(s) for completion of Box B. Upon completion of this form, the supplemental form should then be submitted along with the Hardship Distribution Form and any required documentation to support the request such as medical bills, notice of eviction or foreclosure, etc.

Remit this page to each of the investment providers listed in Section 4 for completion of required information:

PARTICIPANT INFORMATION

Name: _____ Daytime Phone: (_____) _____
 SSN: _____ Contract or Account: _____
 Address: _____ City: _____ State: _____ ZIP: _____

BOX A:

Name of Investment Provider:			
Employer Name:			
Plan Name:			
Participant's Name:			
Participant's Address:			
Provide Account #:		Provide Account #:	

- I certify that the information I have provided is true and correct to the best of my knowledge.
- I hereby authorize VALIC or my local employer to confirm the accuracy of all information provided in Section 4 and understand that my request will not be processed until confirmed. I also authorize VALIC or my local employer to confirm with the listed providers, and I authorize those listed providers to confirm the information provided in this section regarding my account balance, prior hardship withdrawals and the ability to obtain a loan from the plan, subject to the requirement that the information provided herein is authorized for use by VALIC solely for the purposes of satisfying the restrictions under the plan.

Participant's Signature

Date

Investment Providers: Client has authorized VALIC to collect the following information.

Complete the following table for each 403(b) account where contributions have been made at any time.

Return to client upon completion.

BOX B:

Account #1

Account #2

	Account #1	Account #2
Account Number(s):		
Account Balance(s):		
Account Balance(s) On 12/31/1988:		
Amount in account(s) that is not restricted (e.g., rollovers, unrestricted employer contributions):		
Amount available for loan:		
Amount of this hardship that has been satisfied by distribution from this provider:		
Date of hardship distribution(s):		

Signature of Investment Provider

Date

Printed Name of Investment Provider

Title of Investment Provider

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

Instructions**Section 3: Hardship Requirements**

Part I: General Instructions. To request a hardship withdrawal, you must complete each of the items, according to the instructions below. Hardship distributions are not permitted from post-1988 earnings or interest amounts. Your employer's plan may restrict the hardship reasons available to you. Please contact your financial advisor, Plan Administrator, or your employer regarding plan provisions.

- A. Choose the appropriate response based on your current age.
- B. To qualify for a hardship, you must identify the nature of your immediate and heavy financial need on page one of this form. You will do that by entering the item (1-6) from the list below, that corresponds to the type of need that best describes your own hardship situation, after you have read the following Instructions:
- Life events, such as a death in the family, a divorce, or a spouse's sudden unemployment, while clearly hardships, are usually not financial hardships, by themselves. However, they will often result in financial hardships, such as the need to pay for funeral expenses, the need to obtain a new principal residence, or a very real possibility of the loss of a principal residence. In the list below, you will generally not find life events listed. However, you will find listed many of the immediate and heavy financial needs that can arise from those life events.

Items to Describe Nature of Need. Use the following list of items to describe the nature of your immediate and heavy financial need.

- (1) Uninsured, deductible medical expenses for you, your spouse, or your dependent
 - (2) Expenses directly related to the purchase of your principal residence, excluding mortgage payments
 - (3) Tuition, fees, for post-secondary education for the next 12 months for you, your spouse, your children, or your dependents
 - (4) Amounts required to prevent eviction from, or foreclosure on, your principal residence (notices of late mortgage payments or lender letters offering refinancing/restructuring debt options or remedy delinquent mortgage payments do NOT qualify)
 - (5) Burial or funeral expenses for your deceased parent, spouse, children or dependents
 - (6) Repairs for uninsured or underinsured damage to your principal residence due to events that would qualify for the casualty deduction (i.e. damage caused by catastrophic events such as floods, hurricanes, or tornados)
- C. Enter in the next blank the exact dollar amount of your immediate and heavy financial need that cannot be met from other reasonably available resources.
- **Please note:** A mandatory 20% federal income tax withholding may apply to all or a portion of your distribution amount if your distribution is not made solely from post-1988 employee elective deferrals.

- D. After you have indicated your financial need amount in C, above, enter the amount of your distribution request in the next blank (D). You may, at your option, request a distribution amount in D that includes federal, state, and/or local income taxes that you reasonably expect will be payable on account of your hardship distribution. However, you may not enter an amount in D that exceeds 40% of your financial need, or VALIC Retirement Services Company cannot process your request. If you do not expect to pay taxes on this distribution, or do not otherwise wish to withdraw an amount to pay for expected taxes on the distribution, enter the same amount in D as you entered in C above to indicate the amount of your financial need.

PART II. Hardship Withdrawal Additional Requirements.

You are permitted to take a hardship distribution only if the distribution is deemed necessary to satisfy an immediate and heavy financial need. A distribution is deemed necessary to satisfy an immediate and heavy financial need of a Participant if all of the following requirements are satisfied:

- (1) The distribution is not in excess of the amount of the immediate and heavy financial need. The amount of an immediate and heavy financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution.
- (2) You have obtained all other distributions and nontaxable loans currently available under this plan, if any, or any other plans maintained by the your participating employer; provided, however, that you are not required to take counterproductive actions the effect of which would be to increase the amount of need.
- (3) If you receive a hardship distribution, your plan requires that you cease making any Elective Deferrals and After-Tax Contributions under this Plan and elective contributions and employee contributions under any other plan of your employer (including all qualified and non-qualified deferred compensation plans maintained by such employer, but not including health or welfare benefit plans or the mandatory employer contribution portion of any defined benefit plan) for 6 months following receipt of the hardship distribution.

SPECIAL TAX NOTICE

You have the right to at least 30 days to consider your alternatives after receiving this notice. You may waive this review period. Your signature on this form will indicate that either you have had this 30-day review or that you have chosen to waive it, and you are requesting an immediate distribution.

ELIGIBLE ROLLOVER DISTRIBUTIONS

The information in this notice applies to qualified plans, tax-deferred annuity arrangements, IRAs, and governmental 457(b) deferred compensation plans. Generally, the rules below that apply to payments to employees also apply to surviving spouses and alternate payees. Most withdrawals from tax-favored retirement plans are eligible for rollover 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 rollover distributions it accepts. Roth 403(b) and 401(k) accounts may be rolled over to other Roth accounts or to a Roth IRA. However, Roth IRAs may not be rolled over to a Roth 403(b) or 401(k) account.

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).

DISTRIBUTABLE EVENT

Generally a distributable event includes attainment of age 59½ (age 70½ for 457(b) plans), separation from service, disability (does not apply to 457(b) plans) or death. However, the employer's plan may place additional restrictions that must also be met prior to a distribution. If you have met a distributable event, you may request a rollover of funds to any eligible plan type or a transfer to a like plan type. If you wish to move funds from your VALIC 403(b) account to another 403(b) account via a rollover distribution, and have made contributions prior to 01-01-87, those amounts may lose a grandfathered status that can impact future required distributions. However, movement of funds from your VALIC 403(b) account to another 403(b) account via a transfer distribution may retain the status. For more information, please call 1-800-448-2542.

ROLLOVER/TRANSFER

Rollover Distributions: If you have met a distributable event on your eligible account(s) or plan you may roll directly to an eligible retirement plan with another carrier. The distribution will not be taxed but will be reported to the IRS. Rollover amounts due to a distributable event generally can remain

free of withdrawal restrictions after moving to the receiving plan, unless the receiving plan applies restrictions to rollover amounts.

Transfers: Transfers to a like plan will not be taxed or reported to the IRS. Generally, transfers are allowed regardless of employment status. However, your employer's plan may restrict you to authorized carriers. Transferred amounts generally become subject to the requirements of the plan receiving the transfer as though originally contributed to that plan. Exchanges of Non-Qualified Deferred Annuities are not taxed but will be reported to the IRS.

EXAMPLES OF SOME POSSIBLE DIFFERENCES IN PLAN RESTRICTIONS

- The new plan may require spousal consent or plan administrator approval for distributions.
- The new plan may restrict distributions.
- Distributions from a governmental 457(b) deferred compensation plan are generally not subject to the 10% premature withdrawal penalty regardless of your age at the time of the distribution. If you roll your governmental 457(b) deferred compensation plan to another plan that is not a governmental 457(b) deferred compensation plan, or into an IRA, any subsequent distributions may be subject to a 10% premature withdrawal penalty.
- Eligible rollovers into a governmental 457(b) deferred compensation plan that were previously subject to a 10% premature withdrawal penalty will continue to be subject to that penalty at the time of withdrawal unless you are over age 59½ or some other exception applies.
- Amounts rolled over to a governmental 457(b) plan generally cannot be withdrawn prior to separation from service or attainment of age 70½ unless the plan allows.

ELIGIBLE ROLLOVER DISTRIBUTIONS PAID DIRECTLY TO YOU

You can request that we pay you directly. Except for IRA distributions, when we pay you directly, federal law requires us to withhold 20% for federal income taxes.

If a distribution is paid directly to you, you may subsequently roll over any pre-tax contributions 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 subsequently be rolled over to an IRA within 60 days.

If your eligible rollover distribution is paid directly to you and not rolled over (including any amount withheld), the distribution will be taxable to you in the year you receive it. The distribution will not be taxable to the extent you roll other funds to replace the amount distributed and the amount withheld.

AMOUNTS NOT ELIGIBLE FOR ROLLOVER

Some amounts not eligible for rollover include these: amounts paid from a non-qualified (after-tax) annuity that is not part of your employer's plan, financial hardship withdrawals, required minimum distributions, deemed distributions due to loan default, and amounts paid from certain deferred compensation plans. If you direct us to pay the distribution to you, and it is not an eligible rollover distribution, we will apply 10% federal income tax withholding unless you indicate differently.

LOANS

If your plan specifies and you request a 100% withdrawal, the account balance will be reduced by the outstanding loan balance. The offset loan amount will be reported as a taxable distribution to you and will be taxable to you unless you roll over an amount equal to the outstanding loan balance to an employer-sponsored plan or IRA. An amount equal to 20% of the outstanding loan balance will be withheld from your distribution for federal taxes. You may choose to pay off the outstanding loan balance prior to the 100% withdrawal.

10% PENALTY

Unless an exception applies, the IRS may also assess a 10% federal tax penalty for early distributions if you are younger than age 59½.

TAXATION OF ROTH IRAS AND ROTH ACCOUNTS

Contributions to Roth IRAs and Roth accounts are not deductible and therefore are distributed tax-free at any time. Rollovers or conversions from a traditional IRA or a pre-tax eligible retirement plan to a Roth IRA are taxable in the year of the distribution. Earnings which accumulate in a Roth IRA or Roth Account are not taxed currently and are not taxed upon a “qualified” distribution (1) made after the end of the five year period beginning with the tax year in which the first contribution or conversion to a Roth IRA was made, and (2) made after the date you attain age 59½, upon your death or disability, or as a qualified first time home buyer distribution (not applicable to Roth accounts). Distributions of earnings that do not meet the requirements above are taxable, and are generally subject to the 10% penalty tax.

Please send completed forms 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

Call 1-800-448-2542 for assistance.