



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

October 30, 2009

CLIENT NAME  
1234 A STREET  
HOUSTON, TX 77060

Mutual Fund Account Number: XXXXXXXX  
Group/Plan ID: 69472/001

Dear CLIENT NAME:

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. 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. Please indicate your plan type in this section. If you are requesting a hardship distribution and the Plan Administrator or Third Party Administrator (TPA) signature is required in Section 9, skip this section. ~~If you have funds invested with other providers, -answer “Yes” to the question in this section,~~ The Hardship Distribution Supplement for Investment Providers (page 4) ~~will be 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 you 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 ~~Plan Administrator~~ employer.
8. **Client Signature:** To process this request, you must sign and date this form.
9. **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 five years or up to ten years if used for the purchase of a home. There is not 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, and any required documents 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 Specialist  
12501 Old Columbia Pike  
Silver Spring, MD 20904

Fax: 1-301-680-6190

~~VRSCO~~  
~~P.O. Box 15648~~  
~~Amarillo, TX 79105 5648~~

~~Fax: 1-877-202-0187~~

We are committed to providing you with quality service and personal attention. Please contact a Client Service Professional if you have any 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

# Adventist Retirement Plan



Mutual Fund Request For Hardship Withdrawal  
Group/Plan ID: 69472/001

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.

Account# _____ \$ _____ or _____ % Choose one: <input type="checkbox"/> Distribute the amount pro-rata against all funds excluding PCRA/Schwab (default) <input type="checkbox"/> Distribute the amount pro-rata against all funds including PCRA/Schwab <input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:	Account# _____ \$ _____ or _____ % Choose one: <input type="checkbox"/> Distribute the amount pro-rata against all funds excluding PCRA/Schwab (default) <input type="checkbox"/> Distribute the amount pro-rata against all funds including PCRA/Schwab <input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:	Account# _____ \$ _____ or _____ % Choose one: <input type="checkbox"/> Distribute the amount pro-rata against all funds excluding PCRA/Schwab (default) <input type="checkbox"/> Distribute the amount pro-rata against all funds including PCRA/Schwab <input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:
Fund Code                      Amount _____ \$ _____ or _____ % _____ \$ _____ or _____ % _____ \$ _____ or _____ %	Fund Code                      Amount _____ \$ _____ or _____ % _____ \$ _____ or _____ % _____ \$ _____ or _____ %	Fund Code                      Amount _____ \$ _____ or _____ % _____ \$ _____ or _____ % _____ \$ _____ or _____ %

## 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 59 ½     Age 59 ½ and older
- B. \_\_\_\_\_ The nature of my immediate and heavy financial need.  
(Select from Items 4-7-1-6 only in Part 1, 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 ~~(Skip this section if your plan has only one provider or you are not in a 403(b) plan.)~~

Plan type of my account:  403(b)     401 (a) or 401 (k) (If 401(a) or 401 (k), skip to Section 5)

~~This section is applicable to hardship distributions from 403 (b) plans. If you are requesting a hardship distribution from a 403 (b) plan and Plan Administrator or Third Party Administrator (TPA) signature is required in Section 9, skip this section. Contact your employer to determine if Plan Administrator or TPA signature is required.~~

I have funds in this plan with other investment providers:  Yes     No (If no, skip to Section 5)

If you answered "Yes" to the question above, the Hardship Distribution Supplement for Investment Providers (of page 4) will be required.

List all other investments 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 information.

# Adventist Retirement Plan



Mutual Fund Request For Hardship Withdrawal  
Group/Plan ID: 69472/001

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. In addition, any distribution to you will be taxable in the year received and may be subject to an additional 10% tax penalty if you are under age 59½. If you choose not to have taxes withheld, interest and penalties may be imposed by the IRS for any under-withholding. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. Should your state of domicile require a specific state withholding form, your state income tax withholding election will not occur until the required form is received by our office.
- 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

~~ERISA covered and certain other employer plans require the client to state his/her marital status and the spouse to consent to this distribution. Please check the appropriate box below. 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.~~

~~Under federal law, you have the right to receive a survivor benefit of at least 50% of the amount in this account if your spouse dies before you. As a result, your spouse must have written consent before making withdrawals from his or her retirement account. If you consent to the withdrawal, you will not receive a survivor benefit from the amount withdrawn. If you agree to the withdrawal, please read and sign the statement below and have your signature witnessed.~~

- ~~I have read and understand the "Joint and Survivor Annuity and Qualified Annuity Benefit" section of the Information pages and I agree to the payment of funds from my spouse's retirement account.~~
- ~~I understand and agree that I am giving up my right to receive a survivor benefit payment from VALIC Retirement Services Company for the amount being paid and I release VALIC Retirement Services Company from all liability for making this payment.~~

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

# Adventist Retirement Plan



Mutual Fund Request For Hardship Withdrawal  
Group/Plan ID: 69472/001

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 read and understand the "Joint and Survivor Annuity and Qualified Annuity Benefit" section applicable to plans subject to ERISA. If my plan is subject to ERISA, by signing below I am agreeing to waive any benefit or right described in that section that would have been provided with respect to the amount that I am withdrawing. I also understand that I have the right to revoke any waiver if a distribution has not already been made.~~
- 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's Signature

\_\_\_\_\_  
Date

## 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.

\_\_\_\_\_  
Employer Name (Print)

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

## 9. PLAN ADMINISTRATOR'S APPROVAL – IF APPLICABLE

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.

~~Check One If Spousal Consent Required:~~

- ~~The Plan Administrator's signature serves as witness of the Client's Spouse's signature under the SPOUSAL CONSENT section of this form (unless spouse's signature is notarized on page 2).~~
- ~~The Plan Administrator's signature does NOT serve as witness of the Client's Spouse's signature under the SPOUSAL CONSENT section of the form.~~

\_\_\_\_\_  
Plan Administrator or Authorized Representative Name (Print)

\_\_\_\_\_  
Plan Administrator or Authorized Representative Signature

\_\_\_\_\_  
Date

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

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

If overnight delivery: VALIC Retirement Services Company  
2271 S.E 27<sup>th</sup> Avenue  
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.

Hardship Distribution Supplement for Investment Providers  
 (For use with decentralized multi-investment provider 403(b) plans)  
 (Skip this page if your plan has only one provider or you are not in a 403(b) Plan.)



VALIC Retirement Services Company

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 for 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 requirements that the information provided herein is authorized for use by VALIC solely for the purpose 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.

	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.

## Information

### Instructions – Request For Hardship Withdrawal

#### 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 ~~not allow hardship distributions or may~~ restrict the hardship reasons available to you. Please contact your financial advisor with VALIC, 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 Letter (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:

- ~~• Items 1 through 6 are "deemed," or automatically valid, hardship reasons. Your employer's plan may limit you to these hardship reasons. You should consult your Plan Administrator or employer.~~
- ~~• If Item 7 applies to you, you must attach written documentation regarding your circumstances that have required you to take a hardship withdrawal. VALIC Retirement Services Company cannot process your request without this documentation.~~
- 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, ~~room and board~~, 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 to 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 home due to ~~theft, events that would qualify for the casualty deduction (i.e. damage caused by catastrophic events such as floods, hurricanes, or tornados)~~ fire, storm or other casualty
- (7) Other hardship. ~~None of the above items accurately describes the immediate and heavy financial need that is the basis of your hardship withdrawal request. Your Plan Administrator must review the hardship withdrawal and approve by signature on this form. (Available only for certain governmental, church and ERISA plans.)~~

- 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 YOU ARE UNABLE** to satisfy the immediate and heavy financial need identified in Part I, above, from other reasonably available resources, including, but not limited to, the resources listed below. To be eligible for a hardship distribution, you should have already satisfied as much of your immediate and heavy financial need as possible from any reasonably available resources. Your employer's plan may require you to stop voluntary salary deferrals to all available plans for 6 months or more and to limit your deferrals in the following calendar year. If so, you will generally also lose any associated matching contributions, if applicable. The following resources, if available, must be exhausted before taking a hardship withdrawal:

- (a) Cessation of deferrals to all plans of the employer.
- (b) Liquidation of savings or investment, including sale of property, and permitted withdrawals from all retirement plans.
- (c) Loans available from life insurance policies, retirement plans of your employer (including the plan from which you are requesting this distribution), or commercial lenders on commercially reasonable terms, if repayment of such loans would not itself create a financial hardship.
- (d) Insurance proceeds (particularly with respect to reason 6 above).
- (e) Other reasonably available resources

DRAFT

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