



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

October 30, 2009

CLIENT NAME
1234 A STREET
HOUSTON, TX 77060

Account Number: XXXXXXXX

Dear CLIENT NAME:

Thank you for your recent request for a loan on your VALIC Retirement Services Company (VRSCO) account. Enclosed is a Loan Application, which reflects the principal amount and term you requested. Please read the *Loan Application and Disclosure Statement* carefully. Additionally, please read the enclosed brochure, *Borrowing from Your Retirement Plan*, which contains critical information about taking a loan against your retirement plan account.

The loan interest rate is derived from your prime rate as published in *The Wall Street Journal*, and the annual percentage rate for your loan is XX%. Under a current federal tax law, interest paid on this loan is not tax deductible. The loan amount will be withdrawn pro-rata from the investments in your account. Loan repayments are made to accounts according to current investment elections.

This loan is being quoted with the assumption that you have no loan(s) under this or any other tax-deferred retirement savings plan ~~sponsored by this employer (or under a plan sponsored by any other employer related to the employer sponsoring this plan)~~. If you do have outstanding loan(s) from other tax-deferred retirement savings plans under this plan, please complete section 7) Account Verification and submit the Loan Supplement form to each of your other investment providers. ~~provide us with the name of the other carrier who is administering the loan, the current balance, the status (active or defaulted), and the maximum loan balance over the last 12 months.~~ By signing the enclosed loan agreement you have authorized VALIC your employer to confirm the information you provided on the form with other providers and for those providers to disclose this necessary information to your employer and VALIC.

For accurate and prompt processing of your request, please follow the guidelines below to complete this form.

- 1. Client Information:** Please verify the information is correct.
- 2. Terms of Loan Request:** To change the principal sum reflected on the Loan Application, mark through and indicate the new amount. The maximum amount available is \$50,000.00 and the minimum amount is \$1,000.00.

If ACH is available to you, provide the bank account information needed to have funds debited from your financial institution. Please provide a blank "voided" check.
- 3. Mailing Instructions:** Check the box indicating your mailing instructions.

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- 4. 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~~ local employer.
- 5. Vesting Determination:** This section is not required to complete your request.
- 6. ~~Plan Administrator~~ Employer Approval:** Your ~~Plan Administrator~~ local employer must sign and date this form.
- 7. Account Verification:** ~~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 have ~~a 403(b) plan, please indicate whether or not you have funds invested in another plan sponsored by this employer with another carrier (or under a plan sponsored by any other employer related to the employer sponsoring this plan).~~ If you do, please complete this section AND submit the enclosed Loan Supplement ~~for Investment Providers~~ form to all other investment providers.
- 8. Security and Approval:** Please review the entire application and sign it to indicate you have read and understand all the terms and conditions of the loan. **We must have your signature to process your request.**

NOTE: If you have not already done so, **please complete a transfer of value moving funds under your contract into a fixed option in order to secure the loan.**

The completed form should be returned to VALIC Retirement Services Company (VRSCO) in the enclosed return envelope or to the following address:

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

Enclosure(s): VL 22120
VL 19508
VL 14423

Adventist Retirement Plan

Mutual Fund Non-ERISA REA Loan Application

VALIC Retirement Services Company

1. CLIENT INFORMATION

Name: **CLIENT NAME**

Daytime Phone: **XXX-XXX-XXXX**

SSN:

Contract of Account#: **XXXXXXXX**

2. TERMS OF LOAN REQUEST

The minimum loan amount is \$1,000, and the maximum loan amount is \$50,000. Your loan amount may not exceed the lesser of \$50,000 (reduced by the highest total outstanding loan balance you had during the past 12 months under all tax-qualified plans ~~sponsored by the employer~~) or 50% of the present value of your vested accrued benefit under all such ~~tax-deferred retirement savings plans of the employer~~.

Borrower is requesting a loan in the amount of \$10,000.00 over a period of 5 years* with interest at a rate of XX% per annum.

Repayments in the amount of approximately \$XXX will be made through payroll deduction on a bi-weekly basis.

Borrower's estimated first payment due date is 12/01/2009. Refer to the attached Loan Disclosure Statement for additional information.

Subject to approving your request, VALIC Retirement Services Company (VRSCO) will send a Loan Note and Agreement and Federal Truth-In-Lending Disclosure Statement along with your loan check. Your endorsement of this check is subject to all terms and conditions in those documents.

If payment is made through payroll deduction, Borrower authorizes his/her employer to deduct from Borrower's paychecks (including vacation paycheck(s)) an amount not exceeding the payment amount provided on the Truth-In-Lending Disclosure Statement per payroll period (not less frequently than quarterly) until all principal and accrued interest on this loan is paid in full and to transmit such deducted amounts to the Plan as repayments of the loan. If Borrower's pay period changes, Employer may, at its option, adjust the amount deducted accordingly so that proper repayment of the loan occurs; however, the Plan Administrator may, at its option, reamortize the loan (over its remaining term), and Employer shall adjust the amount deducted accordingly.

~~ACH Loan Repayment Service may be available to some clients under certain employer plans and conditions. If applicable, please complete the below information.**~~

~~Borrower authorizes the Trustee or Custodian and its successors and assigns to initiate debit entries or, if necessary, credit entries as adjustments for any entries in error, to or from his checking or savings account indicated below, and authorizes the financial institution indicated below to debit or credit these entries to his/her account on the date(s) indicated on the loan payment schedule in the Truth In Lending Disclosure Statement until all principal and accrued interest on the loan is paid in full. Borrower acknowledges that if this debit authorization is cancelled by Borrower or a joint bank account owner that the entire amount of the loan together with interest accrued thereon will become immediately due and payable. Borrower understands and acknowledges that it is Borrower's responsibility to notify the Trustee or Custodian of a change in Borrower's bank or account number. Borrower agrees that notification of a change in Borrower's bank or account number must be received by Trustee or Custodian in writing and in such time and manner to afford Trustee or Custodian with reasonable opportunity to act on such notice.~~

~~Bank Name: _____ Bank Phone Number: (____) _____~~

~~ABA Routing Number (Obtain from Bank): _____ Bank Account Number: _____~~

Savings Checking (Attach blank voided check)

* Loans may be made from 1-5 years. For a loan used to acquire your principal residence only, you may extend the term to up to 15 years.

** To determine if this service is available, please call 1-800-448-2542.

There may be a loan initiation fee and an annual loan maintenance fee charged to the Borrower's account. The Borrower's account will be charged the annual loan maintenance fee for each calendar year (or portion thereof) in which the loan is outstanding.

~~Please indicate your employment status for the employer sponsoring the plan:~~

~~Separated from service~~ _____ (Date) ~~In service~~

3. MAILING INSTRUCTIONS

- Send the check to the address of record indicated on my statement
- Send the check to the address indicated below. If your check is to be mailed to any address other than your address of record, please provide a Signature Guarantee from a financial institution.

Address: _____

City: _____ State: _____ ZIP: _____

Check if the address indicated is a new address of record.

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

MasterCard Visa American Express

Card # _____

Expiration Date: _____

Adventist Retirement Plan

~~Mutual Fund Non-ERISA REA Loan Application~~

VALIC Retirement Services Company

4. SPOUSAL CONSENT:

~~ERISA covered and certain other employer plans require the client to state his/her marital status and the spouse, if any, to consent to this distribution. Please check the appropriate box below. (Note: Power of Attorney may not be used to provide 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.~~

~~Under federal law for ERISA plans and the terms of some employer plans, as the spouse of the Plan Participant, 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 this account. If you consent to the withdrawal, you will not receive a survivor benefit payment from VRSCO for the amount withdrawn. If you agree to the withdrawal, please read and sign the statement below and have your signature witnessed.~~

- ~~I hereby consent to the pledge of up to 50% of my spouse's vested accrued benefit as security for and as a condition to the receipt of a participant loan.~~
- ~~I certify I understand the execution by the Plan on the pledge may reduce the amount, if any, distributable to me from my spouse's accrued benefit under the Plan, if I survive my spouse.~~

Spouse's Signature _____ Date _____

SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC OR LOCAL EMPLOYER

This section is only to be used for a Notary Public's witnessing of the Spousal Consent in absence of the ~~Plan Administrator's~~ employer's Witness

State of _____ County of _____ On this _____ day of _____ year of _____

Before me personally appeared _____ (name of spouse) known to me to be the person who executed the SPOUSAL CONSENT and he/she acknowledged to me that he/she executed the same.

Notary Public _____

Local Employer _____

~~5. VESTING DETERMINATION FOR EMPLOYER CONTRIBUTION SOURCES: (To be completed by employer sponsoring the plan.)~~

~~Employee Service (Complete if VRSCO IS providing full pension services.)~~

~~Service is based on (check one):~~

Last plan
year-end

Last employment
anniversary

Calendar year

~~All Employers Indicate hours worked if Hours of Service is used by your plan to calculate benefits. Indicate months worked if Elapsed Time is used by your plan to calculate benefits. Any month in which an employee was compensated for one hour must be counted as a month worked.~~

~~Hours Worked _____ or Months Worked _____~~

~~Vesting Information (Complete if VRSCO IS NOT providing full pension services.)~~

~~Employer Basic %~~

~~Employer Supplemental/Matching %~~

~~Non-Vested _____ %~~

~~Vested _____ %~~

~~Non-Vested
_____ %~~

~~Vested _____ %~~

6. PLAN ADMINISTRATOR- LOCAL EMPLOYER APPROVAL SIGNATURE

To be completed ~~where required under your employer's plan.~~

~~• I approve this loan in accordance with 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.

~~• If applicable, the client has established to my satisfaction that spousal consent is not required.~~

• I affirm that any signature of a client's spouse in Section 4 of this form has been witnessed either by me or by a Notary Public.

• I certify that I have confirmed the information disclosed on the Loan Supplement form with the respective providers.

~~Plan Administrator or Authorized Representative- Local Employer~~ (Print)

~~Plan Administrator or Authorized Representative- Local Employer~~ Signature

Date

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Adventist Retirement Plan

~~Mutual Fund Non-ERISA REA Loan Application~~

VALIC Retirement Services Company

7. ACCOUNT VERIFICATION ~~(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 8)

~~This section is applicable only to a loan from a 403 (b) plan. If you are requesting a loan from 403 (b) plan and Plan Administrator or Third-Party Administrator (TPA) signature is required in Section 6, skip this section. Contact your employer to determine if Plan Administrator or TPA signature is required.~~

I have funds under this or any other plan ~~sponsored by this employer~~ with other investment providers: Yes No (If no, skip to Section 8)

If you have answered "Yes" to the question above, the Loan Supplement for Investment Providers (on page 4) will be required.

List all other investment providers and account number(s) under this Plan where contributions, transfers or rollovers have been made at any time.

Investment Provider	Customer Service Phone Number	Account Number

Use a separate sheet for any additional accounts and/or loans.

8. SECURITY AND APPROVAL FOR LOAN

- Borrower hereby certifies that Borrower understands Borrower will pledge and grant to the Plan a security interest equal to the lesser of 50% of Borrower's accrued non-forfeitable benefit under the Plan as of the date of loan origination or 100% of the unpaid principal balance of the loan together with accrued but unpaid interest thereon. The Plan's security interest in Borrower's accrued non-forfeitable benefit shall, to the extent permitted by law, be such that under the Plan the security shall at all times be equal to 100% of the unpaid principal balance of the loan together with interest accrued thereon. Upon payment in full of the loan, the Plan's security interest shall terminate without necessity of further authorization, approval, confirmation or consent.
- Borrower certifies that Borrower does not have any loans under this or any other plan ~~sponsored by this employer (or under a plan sponsored by any other employer related to the employer sponsoring this plan)~~ that would cause any amount of this loan to be in excess of the applicable loan limits described under Section 2 of the attached Loan Disclosure Statement.
- ~~Borrower certifies that Borrower does not have any outstanding defaulted loans under this or any other plan sponsored by this employer (or under a plan sponsored by any other employer related to the employer sponsoring the plan.)~~
- Borrower acknowledges that Borrower has read and understands the attached Loan Disclosure Statement
- ~~Borrower is currently employed by employer.~~
- Borrower certifies that the information provided above is true and correct to the best of Borrower's knowledge.
- Borrower authorizes local employer or VALIC to confirm the accuracy of all information provided with listed providers and authorizes such providers to confirm the information herein, subject to the requirement that the information is used solely for purposes of satisfying the restrictions under the Plan. Borrower understands request will not be processed until confirmed.

Borrower's Signature

Date

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

Loan Supplement for Investment Providers

(For use with decentralized multi-investment provider 403(b) plans)
(Skip this section if your plan has only one provider or you are not in a 403(b) Plan.)

VALIC Retirement Services Company

Borrower: Your request for a loan from your 403 (b) account and answering "Yes" to the question in Section 7 also requires the submission of this supplemental form to your other investment providers to determine eligibility for a loan distribution from your employer's plan. 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 full execution of this form, the supplemental form can then be submitted along with the Loan Application form.

Remit this page to each of the investment providers listed in Section 6 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.
- Borrower authorizes local employer or VALIC to confirm the accuracy of information provided with listed providers and authorized such providers to confirm the information herein, subject to the requirement that the information is used solely for the purposes of satisfying the restrictions under the Plan. Borrower understands request will not be processed until confirmed.

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. Do not include accounts only containing transferred amounts transferred prior to 09/25/2007.

Return to Client upon completion.

BOX B:	Account #1	Account #2
Account Number(s):		
Account Balance(s):		
Account Balance(s) On 12/31/1988:		
Total Amount of Outstanding Loan Balance:		
Highest Total Outstanding Loan Balance Over Past 12 months:		
Describe status of Loan: Active, Defaulted or Fully Repaid		

Signature of Investment Provider _____ Date _____

Printed Name of Investment Provider _____ Title of Investment Provider _____

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