

Form 4: Annuity Fund Rollover Form for Hospital Retirement Plan

When to use this form:

Use this form to rollover NAD Hospital Retirement Plan Lump Sum Benefits to the individual's personal VALIC annuity account. (Requires individual's annuity account number)

Instructions for this form:

Hospital Annuity

- 1. Participant needs to complete all information in section 1, their VALIC account number in section 3 B (1), "To" Plan Type in 3 B (3) and sign/date the form in section 6.**
- 2. SDA needs to fill in the participant name in section 9 (FBO: _____) and send the form and check to the address indicated in 9 B.**

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

1. CLIENT INFORMATION (Name on transferring carrier's account)

Name: _____ SSN or Tax ID: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Name on VALIC Account: _____ Daytime Phone #: (____) _____ Date of Birth: _____

2. NAME AND ADDRESS OF TRANSFERRING CARRIER (Physical address needed for overnight deliveries.)

Name: SDA Hospital Retirement Plan Phone #: (301) 680-6249
 Address: 12501 Old Columbia Pike City: Silver Spring State: MD ZIP: 20904
 Replacement Policy (Check one): Yes No Replacement form may be required under state law.

3. ACCOUNT & TRANSACTION INFORMATION (Attach the most recent statement for the Carrier account number listed below.)
 Complete Section A OR B (choose one) AND Section C. A separate form must be completed for each contribution source and/or Carrier/VALIC account.

A. Transfer/Exchange Between Like Plan Types: (Plan may restrict these to in-plan transfers or exchanges and not allow transfers to a different plan.) If these funds are from a different plan from which you have met a distributable event and you would like to keep these funds free of the receiving plan's withdrawal restrictions you must choose the rollover option (B) instead of the transfer option.
 (1) Indicate the "From" and "To" account number. If the "to" account number is a new VALIC account, write the word "new" in the space provided (an application must be submitted.)

"From" Carrier Account #: _____ "To" VALIC Account #: _____

(2) Choose one:
 Transfer from another plan (Both plans must be same plan type.)
 Exchange/transfer within the same plan (can also include transfers from certain pre-2009 accounts including grandfathered accounts.)

(3) Mark the box in the "From" column **AND** in the "To" column that describes this transaction.

"From" Plan Type	"To" Plan Type
<input type="checkbox"/> 401(a)(k)/403(a) (only to 401(a)(k) or 403(a))	<input type="checkbox"/> 401(a)(k)/403(a) (only from 401(a)(k) or 403(a))
<input type="checkbox"/> Roth 401(k) (only to Roth 401(k))	<input type="checkbox"/> Roth 401(k) (only from Roth 401(k))
<input type="checkbox"/> 403(b) annuity (only to 403(b))*	<input type="checkbox"/> 403(b) (only from 403(b))*
<input type="checkbox"/> 403(b)(7) cust. acct. (only to 403(b))*	<input type="checkbox"/> Roth 403(b) (only from Roth 403(b))
<input type="checkbox"/> Roth 403(b) (only to Roth 403(b))	<input type="checkbox"/> 403(b) (only from 403(b) annuity or 403(b)(7))
<input type="checkbox"/> 457(b) gov't (only to gov't 457(b))	<input type="checkbox"/> 457(b) gov't (only from gov't 457(b))
<input type="checkbox"/> 457(b) of tax-exempt employer (only 457(b) plan of tax-exempt employer)	<input type="checkbox"/> 457(b) of tax-exempt employer (only from 457(b) plan of tax-exempt employer)
<input type="checkbox"/> SEP or IRA (only to IRA)	<input type="checkbox"/> SEP or IRA (only from IRA)
<input type="checkbox"/> Roth IRA (only to Roth IRA)	<input type="checkbox"/> Roth IRA (only from Roth IRA)
<input type="checkbox"/> Beneficiary or Inherited IRA (only transfer to Inherited IRA)	<input type="checkbox"/> Beneficiary or Inherited IRA (only transfer from Inherited IRA)

*403(b) annuities and custodial accounts may be transferred to each other.

OR

B. Rollover: (You must have met a distributable event in your plan).
 (1) Indicate the "From" and "To" account number:
Ret Allow/Lump Sum _____
 "From" Carrier Account #: _____ "To" VALIC Account #: _____

(2) Instructions for your rollover:
 Create separate account for my rollover funds (**funds will remain free of withdrawal restrictions if plan allows**).
 Put rollover in existing account. (See Information page.)

(3) Mark the box in the "From" column **AND** in the "To" column that describes this transaction.

"From" Plan Type	"To" Plan Type
<input checked="" type="checkbox"/> 401(a)(k)/403(a)	<input type="checkbox"/> 401(a)(k)/403(a)
<input type="checkbox"/> Roth 401(k) (only to Roth 401(k), Roth 403(b) or Roth IRA)	<input type="checkbox"/> Roth 401(k) (only from Roth 401(k) or Roth 403(b))
<input type="checkbox"/> 403(b)	<input type="checkbox"/> 403(b)
<input type="checkbox"/> Roth 403(b) (only to Roth 403(b), Roth 401(k) or Roth IRA)	<input type="checkbox"/> Roth 403(b) (only from Roth 403(b) or Roth 401(k))
<input type="checkbox"/> 457(b) gov't employer	<input type="checkbox"/> 457(b) gov't employer
<input type="checkbox"/> SEP or IRA	<input type="checkbox"/> SEP or IRA
<input type="checkbox"/> Roth IRA (only to Roth IRA or IRA)	<input type="checkbox"/> Roth IRA (only from Roth 403(b), Roth 401(k), IRA or Roth IRA)
<input type="checkbox"/> Beneficiary or Inherited IRA (only rollover to Inherited IRA)	<input type="checkbox"/> Beneficiary or Inherited IRA (only rollover from Inherited IRA)

I have met a distributable event in my Employer's plan:
 Separation from service Disability Other

C. Required Additional Transaction Information:

1. Amount to be Transferred/Rolled Over: Liquidate the entire account Liquidate a portion of the account (\$ _____ or _____%)
 2. The funds coming to VALIC are part of a periodic payout from my prior carrier to be paid on a _____ frequency.
 3. The funds coming to VALIC represent proceeds from a beneficiary claim and I am I am not the spouse of the deceased.
 4. The funds coming to VALIC are from a Roth 401(k) or 403(b) which had the first contribution on: _____ (MM/DD/YY).
 5. Name of current employer's plan (if applicable): _____ and VALIC Group #: _____

4. ACCOUNT INFORMATION

Account Contribution Source (Check one): Employee Voluntary (1) Employer Basic (3) Roth 401(k) (5)
 Employee Mandatory or Matched (2) Employer Supplemental or Matching (4) Roth 403(b) (5)

Choose one: If allocations are not entered below, funds will default to existing allocations.
 Transfer/rollover funds into my existing allocations.
 Allocate my transfer/rollover funds as follows: (List investment option name and number followed by the percentage – percents must be whole and total 100%.) (If more space is needed, use a separate sheet of paper.)

Investment Option Name	Investment Option Number	Percent %	Investment Option Name	Investment Option Number	Percent %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %

5. AUTHORIZATION TO RELEASE INFORMATION AND LOST POLICY STATEMENT

I authorize the transferring company/carrier to release information to VALIC regarding the status of this transfer/rollover.
Check one: I have lost my policy contract. Please accept this form in replacement of my contract. I have enclosed my policy contract.

6. CLIENT AUTHORIZATION TO TRANSFER/ROLLOVER FUNDS AND SUBSTITUTE FORM W-9

Some Carriers also require clients to sign their forms to expedite the transfer/rollover. If your current Carrier requires its form(s), please attach the completed forms and contract 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. I understand that I am responsible for providing any evidence that may be required by the IRS to validate any of the information given.

Signature (Customer or Representative)

Client Signature _____ Date _____

Spousal Signature (if applicable) _____ Date _____

7. VALIC ACCEPTANCE OF TRANSFER

In accepting the cash value from the above described (Plan/Contract), and in reliance on any plan representative approvals in Section 8, VALIC hereby assumes responsibility for the future administration of such funds and agrees that payment to and receipt by VALIC of the cash value shall fully discharge **SDA Hospital Retirement Plan** (Name of Transferring Company/Carrier) from all responsibility and liability that may accrue with respect to such funds, after the transfer or rollover, provided however that:

- in the case of a plan-to-plan transfer, Transferring Company has confirmed the compatibility of applicable plan restrictions prior to authorizing the transfer; and
- in the case of a rollover from another plan or IRA, the Transferring Company or plan has determined, to the best of its knowledge and belief, that the transferring plan or IRA satisfies applicable qualification requirements.

Additionally, if the receiving plan is a code section 403(b) plan, VALIC certifies that funds will only be deposited into accounts where VALIC is an approved Provider under the plan, or has entered into an information-sharing agreement with the employer sponsoring the plan, or the funds will be returned to the transferring carrier.

Jon McNeal
Treasurer/The Variable Annuity Life Insurance Company _____ Date _____ Agent # _____ Region # _____

Licensed Agent/Financial Advisor's Signature _____ Date _____ **Not Agent Assisted**
Licensed Agent/Financial Advisor (Print Name) _____

8. 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 VALIC pursuant to the above referenced client's authorization to transfer the investment medium under the above-mentioned plan to VALIC. Please send the check along with this form to the mailing address referenced below in Section 9.

Employer Name: _____

Plan Administrator or TPA (Print Name) _____ Title _____ Plan Administrator's or TPA's Signature _____ Date _____

9. CHECK AND MAILING INFORMATION (Please provide employer/employee contribution breakdown with remittance.)

A. Make Transfer/Rollover check payable as follows: VALIC FBO: _____ VALIC Account #: _____
B. Mail to: VALIC C/O CHASE BANK PO BOX 201406 HOUSTON, TX 77216-1406

10. COST BASIS AND TAX REFORM ACT OF 1986 INFORMATION (To be completed by Predecessor Carrier.)

(Complete this section and return the requested information with the check made payable to VALIC)
If you are unable to provide this information or if you have any questions, please contact us at 877-486-8421.
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. 403(b) Portion of the Transfer:
Adjusted 12/31/88 Cash Value/Balance U \$ _____
Elective Deferrals/Contributions after 12/31/88 R \$ _____
Adjusted Non-elective pre 01/01/89 Contributions (for 403(b)(7) custodial accounts only) R \$ _____
December 31, 1986 Cash Value/Balance CV \$ _____
Post 12/31/86 accruals (deferrals/contributions and interest/earnings) PA \$ _____
C. Roth Accounts: Date Account Established: _____ Date of first Roth Contribution: _____
After-tax Amount \$ _____
D. Elective Deferral Account -OR- Other Contributions
E. Minimum distribution grandfathering:
Adjusted 12/31/1986 balance \$ _____

Information

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

EXTERNAL CAPITAL 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 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 or exchange of a Section 403(b) account is governed by Internal Revenue Code and related Treasury regulations. Under these rules, VALIC must maintain and enforce the withdrawal restrictions that existed prior to the transfer. In the event that VALIC does not receive the information requested in Section 10 of this form from the prior carrier, all of your funds will be subject to withdrawal restrictions and minimum distribution rules.

EXTERNAL DISTRIBUTABLE EVENT 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.(2), the funds will be deposited into the current account and will become subject to the withdrawal restrictions applicable to your elective deferrals.

DIRECT EXTERNAL DISTRIBUTABLE EVENT ROLLOVER

Any amounts under your employer-sponsored plan that will be subject to federal income tax when distributed (other than Roth Accounts) 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.

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).

INCOMELOCK OPTION

If you have chosen the IncomeLOCK living-benefit option, withdrawals from the contract will reduce the account value and all benefits of the IncomeLOCK living-benefit option. Withdrawals exceeding the Maximum Annual Withdrawal Amount may reduce future Maximum Annual Withdrawal Amounts. Minimum distribution amounts calculated for each year will include the value of the IncomeLOCK benefit. One year's required minimum distribution based solely on the value of each individual account will not be treated as an excess withdrawal, but may reduce the Maximum Withdrawal Period. See your contract endorsement.