

### **Form 3: Mutual 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 NAD Adventist Retirement Plan VALIC Account.

#### **Instructions for this form:**

##### **Hospital Mutual Fund**

- 1. Participant needs to complete all information in section 1 and sign/print name and date in section 4.**
- 2. SDA needs to fill in the participant name in section 7 A (FBO: \_\_\_\_\_) and send the form and check to the address indicated in 7 B.**

Mutual Fund Transfer-In/Rollover Form For All Plan Accounts

VALIC Retirement Services Company

Group ID# 69472001

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

1. CLIENT INFORMATION

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

2. NAME AND ADDRESS OF TRANSFERRING CARRIER

Name: SDA Hospital Retirement Plan Address: 12501 Old Columbia Pike City: Silver Spring State: MD ZIP: 20904 Phone Numbers: (301) 680-6249

3. ACCOUNT & TRANSACTION INFORMATION

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

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

(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.

Table with 2 columns: "From" Plan Type and "To" Plan Type. Rows include 401(a)(k)/403(a), Roth 401(k), 403(b), Roth 403(b), 457(b) gov't, and 457(b) of tax-exempt employer.

B. Direct Rollover: (You must have met a distributable event in your plan). Rollover processing will not be initiated without an existing account or enrollment form.

(1) Indicate the "From" and "To" account number: "From" Carrier Account #: Ret Allow/Lump Sum "To" VALIC Account #: CS-6

(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.

Table with 2 columns: "From" Plan Type and "To" Plan Type. Rows include 401(a)(k)/403(a), Roth 401(k), 403(b), Roth 403(b), 457(b) gov't employer, and SEP or 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 ID #:

[Enter Group Name]



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4. CLIENT AUTHORIZATION TO TRANSFER/ROLLOVER FUNDS

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

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

- a. Transfer (Check payable to AIG Federal Savings Bank - FBO Client)
b. X Direct Rollover (Check payable to AIG Federal Savings Bank - FBO Client)
c. Rollover (Check payable to Client)

Client Signature Client Name (Print) Date

5. AIG FEDERAL SAVINGS BANK ACCEPTANCE OF TRANSFER

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

- 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.

AIG Federal Savings Bank

SVP & Chief Operating Officer

Date

6. EMPLOYER'S AUTHORIZATION TO TRANSFER FUNDS

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

Employer Name:

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

7. CHECK AND MAILING INFORMATION

A. Make Transfer/Rollover payable as follows:

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

B. Mail check to:

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

C. Please mail this form to:

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

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

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

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

B. 403(b) Portion of the Transfer:
Adjusted 12/31/88 Cash Value/Balance \$
Elective Deferrals/Contributions after 12/31/88 \$
Adjusted Non-elective pre 01/01/89 Contributions (for 403(b)(7) custodial accounts only) \$
December 31, 1986 Cash Value/Balance \$
Post 12/31/86 accruals (deferrals/contributions and interest/earnings) \$

C. After-Tax Information: After-tax contribution amount for any other plan \$

D. Roth Accounts: Date Account Established: Date of first Roth Contribution:
After-tax Amount \$

E. Elective Deferral Account -OR- Other Contributions

F. Minimum distribution grandfathering:
Adjusted 12/31/1986 balance \$

[Enter Group Name]



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9. MUTUAL FUND DISCLOSURE

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

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

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

10. TRANSACTION DISCLOSURE

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

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

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

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

If a statement is not available, please explain:

C. Name of investment liquidated/sold/redeemed/surrendered:

D. When did you purchase your current investment:

E. Purchased from Company and name of Representative:

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

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

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

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

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

Client's Name (Print) Client's Signature Date

Not Agent Assisted
Licensed Agent/Registered Representative (Print Name) Licensed Agent/Registered Representative's Signature Date

Agent # Region #

Reviewed and Approved By: (Print Name)

Signature Date

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

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

**Transfers**

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

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

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

**Eligible Rollovers**

Most withdrawals from tax-favored retirement plans are eligible for roll over either to an IRA or to another plan if the receiving plan accepts such rollovers. Some plans do not accept rollovers of certain types of distributions. Check with the administrator of that plan about whether the plan accepts rollovers and, if so, the types of distributions it accepts.

Funds rolled into existing accounts will become subject to current plan withdrawal restrictions and will not be available for withdrawal until your elective deferrals are available for withdrawal. If you do not choose an option in section B.(3), the funds will be deposited into the current account and will become subject to the withdrawal restrictions applicable to your elective deferrals.

**Rollovers of Beneficiary Accounts**

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

**Direct Rollover**

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

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

**Distributions Paid Directly to You**

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

**Amounts Not Eligible For Rollover**

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

**Investment Options**

See Prospectus for fund information.

**Please mail this form to:**

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

Overnight delivery:

VALIC Retirement Services Company  
2271 S.E. 27th Avenue  
Amarillo, Texas 79103