

The Variable Annuity Life Insurance Company (VALIC)

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: _____ Phone #: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 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, B, or C (choose one) and section D below. A separate form must be completed for each contribution source (see Section 4) and/or Carrier/VALIC account.

A. External Capital Transfer (Same Plan): (If you are moving from one employer sponsored plan to another or have separated from service with your employer, complete section B.) Indicate the "From" and "To" account number. If the "To" account number to be listed in Sections A, B or C below is a **new** VALIC account, write the word "new" in the space provided (an application must be submitted).

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

The Carrier "From" Plan/Account and the VALIC "To" Plan/Account are the same as the Plan/Account checked below:

- 403(b)TSA(Voluntary) 403(b)(with plan document)
- 401(a)/403(a) 401(k)
- 457(b) Deferred Comp* SEP or IRA
- Roth IRA

* If "From" account contains funds subject to 10% penalty, complete Section B.

B. Rollover/Distributable Event Transfer: Indicate the "From" and "To" account number.

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

Check one box in each of the "From" Plan and "To" Plan columns below.

- | Carrier "From" Plan | VALIC "To" Plan |
|---|---|
| <input type="checkbox"/> 403(b)TSA(Voluntary) | <input type="checkbox"/> 403(b)TSA(Voluntary) |
| <input type="checkbox"/> 403(b)(with plan document) | <input type="checkbox"/> 403(b)(with plan document) |
| <input type="checkbox"/> 401(a)/403(a) | <input type="checkbox"/> 401(a)/403(a) |
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> IRA | <input type="checkbox"/> IRA |
| <input type="checkbox"/> 457(b) Governmental* | <input type="checkbox"/> 457(b) Governmental* |

I have met a distributable event in my Employer's plan:

- Separation from service Disability Other

C. 1035 Exchange: Indicate the "From" and "To" account number.

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

(TDVA/NQDA account to TDVA/NQDA account, an Exchange under Internal Revenue Code section 1035)

D. Required/Additional Transaction Information:

- Amount to be Transferred/Rolled Over: Liquidate the entire account Liquidate a portion of the account (\$ _____ or _____ %)
- The funds coming to VALIC are part of a periodic payout from my prior carrier to be paid on a _____ frequency.
- The funds coming to VALIC represent proceeds from a beneficiary claim and I am I am not the spouse of the deceased.
- The funds coming to VALIC are from a Roth 401(k) or 403(b) which had the first contribution on: _____ (MM/DD/YY).
- 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)/403(b) (5)
 Employee Mandatory or Matched (2) Employer Supplemental or Matching (4)

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.

A. 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. I acknowledge that VALIC participates in this transaction as an accommodation to me, and that VALIC does not give tax advice and assumes no responsibility or liability for my tax treatment under the Internal Revenue Code or otherwise. Under penalties of perjury, I certify that the tax payer identification number shown on this form is my correct Social Security Number and I am not subject to backup withholding due to failure to report interest and dividend income and I am a U.S Citizen.
B. For Section 1035 Exchange only – I hereby irrevocably assign the contract or certificate represented by Account # _____, in exchange for a new non-qualified annuity contract or certificate issued by VALIC, as part of a single integrated exchange of annuity contracts intended to satisfy the requirements of section 1035(a) of the Internal Revenue Code.

Client Signature _____ Date _____ Spousal Signature (if applicable) _____ Date _____

7. VALIC ACCEPTANCE OF TRANSFER

In accepting the cash value from the above described (Plan/Contract), 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 _____ (Name of Transferring Company/Carrier) from all responsibility and liability that may accrue with respect to such funds, after the transfer or rollover.

The Variable Annuity Life Insurance Company Tony Festerwand
Treasurer _____ Date _____

VALIC Financial Advisor Signature _____
Licensed Agent/Financial Advisor's Signature _____ Date _____

Licensed Agent/Financial Advisor(Print Name) _____ Agent # _____ Region # _____

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 (Print Name) _____ Title _____ Plan Administrator'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)(TDA) Portion of the Transfer:
Adjusted 12/31/88 Cash Value/Balance U \$ _____
December 31, 1986 Cash Value/Balance CV \$ _____
Post 12/31/86 accruals (deferrals/contributions and interest/earnings)..... PA \$ _____

C. After Tax Information:
Pre-TEFRA (prior to August 14, 1982) cost basis (TDVA-1035 Exchange) \$ _____
Total cost basis including Pre-TEFRA (TDVA-1035 Exchange)..... \$ _____
After tax contribution amount for any other plan \$ _____

D. Roth Accounts:
Date Account Established: _____ After Tax Amount..... \$ _____

AIG VALIC is the marketing name for the group of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a member company of American International Group, Inc.

Information

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

EXTERNAL CAPITAL TRANSFERS – (Generally defined as Transfers between carriers to like plans within the employer's retirement plan.)

The account value to be transferred may have been subject to sales and/or administration charges. The amount transferred may become 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 of a Section 403(b) account is governed by Internal Revenue Service Revenue Ruling 90-24. Under this ruling, 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 – (Generally defined as rollovers between carriers to like or different plans under a new employer's retirement plan.)

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.

ROLLOVERS BY BENEFICIARY

Only spousal beneficiaries are allowed to roll over distributions to an IRA or another plan. The receiving plan must accept such rollovers.

Non-spousal beneficiaries are not allowed to roll over distributions.

DIRECT EXTERNAL DISTRIBUTABLE EVENT 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 to non-spousal beneficiaries, 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 only be rolled over to an IRA or to a like plan.

INVESTMENT OPTIONS

See Prospectus for fund information.