

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

VALIC Retirement Services Company (VRSCO)

For Financial Advisor Use Only: Approximate Amount of Transfer/Rollover to VRSCO \$ \_\_\_\_\_

**1. CLIENT INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**2. NAME AND ADDRESS OF TRANSFERRING CARRIER**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

**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/VRSCO account. For distributions occurring after January 1, 2015, under federal tax rules individuals cannot make more than one nontaxable 60-day IRA rollover within any one-year period, even if the rollovers involve different IRAs. The one-rollover per year limitation does not apply to a rollover to or from a qualified plan nor does it apply to IRA trustee-to-trustee transfers. IRA owners requesting a distribution for a rollover should be advised that they have the option to request a trustee-to-trustee transfer from one IRA to another IRA.

If you have not enrolled in the Plan, please attach an Enrollment form to this Transfer-In/Rollover form.

**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 choose the rollover Option (B) instead of the transfer option you may keep those funds free of the receiving plan's withdrawal restrictions. (Check the receiving plan's document for rollover provisions.) 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 VRSCO account, write the word "new" in the space provided (an application must be submitted).

\_\_\_\_\_"From" Carrier Account # \_\_\_\_\_ "To" VRSCO Account #

(2) Choose one:

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

(3) Mark the box for Plan Type. (Choose one, as both the transferring "From" and "To" plans must be the same Plan Type.)

- |   |  |
|---|--|
| <input type="checkbox"/> 401(a)(k)/403(a) | <input type="checkbox"/> 457(b) gov't                  |
| <input type="checkbox"/> Roth 401(k)      | <input type="checkbox"/> Roth 457(b) gov't             |
| <input type="checkbox"/> 403(b)           | <input type="checkbox"/> 457(b) of tax-exempt employer |
| <input type="checkbox"/> Roth 403(b)      |  |

**B. Direct Rollover:** (You must have met a distributable event in the "From" 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 # \_\_\_\_\_ "To" VRSCO Account #

**Information regarding your rollover:** If the "To" account indicated is a rollover account, funds will be placed in that account. If the "To" account indicated is a contributory account, a new rollover account will be established with the current product available in the plan.

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

- | <b>"From" Plan Type</b>  | <b>"To" Plan Type</b>  |
|--|--|
| <input 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 457(b) gov't) | <input type="checkbox"/> Roth 401(k) (only from Roth 401(k), Roth 403(b) or Roth 457(b) gov't)       |
| <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 457(b) gov't) | <input type="checkbox"/> Roth 403(b) (only from Roth 403(b), Roth 401(k) or Roth 457(b) gov't)       |
| <input type="checkbox"/> 457(b) gov't employer   | <input type="checkbox"/> 457(b) gov't employer   |
| <input type="checkbox"/> Roth 457(b) gov't (only to Roth 403(b))                             | <input type="checkbox"/> Roth 457(b) gov't (only from Roth 457(b) gov't, Roth 401(k) or Roth 403(b)) |
| <input type="checkbox"/> SEP, Simple IRA or IRA  |  |

(3) I have met a distributable event in the "From" plan:

- Separation from service (**must answer 4**)
- Disability  Other

(4) Did you separate from service during or after the year you attained age 55:  
 Yes  No

**OR**

**C. Required Additional Transaction Information: (required)**

- Amount to be Transferred/Rolled Over:  Liquidate the entire account  Liquidate a portion of the account (\$ \_\_\_\_\_ or \_\_\_\_\_ %)
- The funds coming to VRSCO are part of a periodic payout from my prior carrier to be paid on a \_\_\_\_\_ frequency.
- The funds coming to VRSCO are from a Roth 401(k), 403(b), or 457(b) which had the first contribution on: \_\_\_\_\_ (MM/DD/YY).
- Name of current employer's plan (if applicable): \_\_\_\_\_ and Group ID #: \_\_\_\_\_

**4. ACCOUNT INFORMATION**

**Choose one: If allocations are not entered below, funds will default to current allocation on file for future deposits. Allocations for future deposits may differ from how your funds are currently invested. Allocations can be verified by accessing your account at [corebridgefinancial.com/retire](http://corebridgefinancial.com/retire).**

- Transfer/rollover funds into my existing allocations designated for future deposits.
- 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 %
		%
		%
		%
		%
		%
		%
		%

**5. 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. If this is a rollover from an IRA into an employer sponsored plan, I certify that no after-tax amounts and no required minimum distributions from the IRA are included in this rollover. The undersigned further agrees, in the event his/her transaction is not complete, to permit VRSCO to retain his/her funds while VRSCO immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated. 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 VRSCO on behalf of Trustee/Custodian - FBO Client)
- b.  **Direct Rollover** (Check payable to VRSCO on behalf of Trustee/Custodian - FBO Client)
- c.  **Indirect 60-day Rollover** (Check payable to Client)

Name: \_\_\_\_\_

\_\_\_\_\_  
 Client Signature Date

**6. ACCEPTANCE OF TRANSFER**

In accepting the cash value from the above described Plan, and in reliance on any plan representative approvals in section 7, Trustee/Custodian hereby assumes responsibility for the future administration of such funds and agrees that payment to and

receipt by Trustee/Custodian 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 accepting the transfer or rollover Trustee/Custodian is relying on the following:

- 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, that required minimum distributions, if applicable, have not been included in the rollover, and that no after-tax amounts from an IRA are being rolled over into an employer sponsored plan.

Additionally, if the receiving plan is a code section 403(b) plan, VRSCO certifies that funds will only be deposited into accounts where VRSCO 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.



Trustee/Custodian \_\_\_\_\_  
 CEO and Trust Officer, VALIC Trust Company Inc. Date

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

VALIC Retirement Services Company (VRSCO)

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

Employer Name: \_\_\_\_\_

Plan Administrator (Print Name) \_\_\_\_\_ Title \_\_\_\_\_

Plan Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**8. CHECK AND MAILING INFORMATION**

- |  |   |  |
|--|---|--|
| <p><b>A. Make Transfer/Rollover payable as follows:</b><br/>                 VRSCO on behalf of Trustee/Custodian<br/>                 FBO: _____<br/>                 (client name)<br/>                 VALIC Retirement Services Company<br/>                 Group ID #: _____</p> | <p><b>B. Mail check to:</b><br/>                 VALIC Retirement Services Company<br/>                 C/O JP Morgan Chase<br/>                 P.O. Box 301465<br/>                 Dallas, TX 75303-1465</p> | <p><b>C. Mail overnight check to:</b><br/>                 JP MORGAN CHASE (TX1-0029)<br/>                 VALIC Retirement Services Company<br/>                 Lockbox number 301465<br/>                 14800 Frye Road<br/>                 Fort Worth, TX 76155</p> |
|--|---|--|

**9. TO BE COMPLETED BY THE PREDECESSOR CARRIER (COMPLETE THIS SECTION AND RETURN THE REQUESTED INFORMATION WITH THE CHECK REFERENCED ABOVE).**

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 ..... \$ \_\_\_\_\_

**10. AFFIRMATIONS AND SIGNATURES (MUST BE COMPLETED REGARDLESS OF SOURCE OF FUNDS)**

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.

_____	_____	_____
Name	Client Signature	Date
_____	_____	_____
Licensed Agent/Registered Representative (Print Name)	Licensed Agent/Registered Representative's Signature	Date
_____	_____	
Agent #	Region #	
_____	_____	_____
Reviewed and Approved By (Print Name):	Signature	Date

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 Internal Revenue Code (Code) provisions. Please consult with your tax advisor or 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 403(b) account is governed by the 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 Sections 8 and 9 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.

Rollover funds will be deposited into a new or, if available, an existing rollover account. Funds rolled into current plan may be subject to current plan withdrawal restrictions and will not be available for withdrawal until such withdrawal restrictions are satisfied.

### 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

Eligible rollover distributions 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 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 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.

For distributions occurring after January 1, 2015, under federal tax rules individuals cannot make more than one nontaxable 60-day IRA rollover within any one-year period, even if the rollovers involve different IRAs. The one-rollover per year limitation does not apply to a rollover to or from a qualified plan nor does it apply to IRA trustee-to-trustee transfers. IRA owners requesting a distribution for a rollover should be advised that they have the option to request a trustee-to-trustee transfer from one IRA to another IRA.

### Amounts Not Eligible For Rollover

Some amounts not eligible for rollover include, but are not limited to, amounts paid from a nonqualified (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. Also, see Distributions Paid Directly to You paragraph above.

### Investment Options

See Prospectus for fund information.

### Please mail this form to:

Overnight delivery: