

Mutual Fund Intra Plan Transfer Out

VALIC Retirement Services Company

Group ID# 53677002

1. CLIENT INFORMATION

Name: _____ SSN: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: (____) _____ Phone (Other): (____) _____ Date of Birth: _____

2. TRANSFER OUT REQUEST

A surrender of your account will result in automatic termination of any outstanding loans.

[] Total Withdrawal (Surrender) [] Partial Withdrawal Amount: \$ _____ or _____ %

3. TRANSFER TO CARRIER

Indicate the name of the carrier to which you wish to transfer your account. Your employer's plan may restrict you to authorized carriers only.

Name of Carrier: _____

4. PAYEE TRANSFER COMPANY MAILING INSTRUCTIONS

Payee Transfer Company Name: _____
Client Name/Internal Mail Code/Account Number (SSN): _____
Address: _____ City: _____ State: _____ ZIP: _____

5. CLIENT APPROVAL

- I authorize the above transfer distribution and certify that all statements are complete and accurate to the best of my knowledge and belief.
I certify that the payee is eligible to accept this transfer on my behalf.

Client Signature

Date

6. PLAN ADMINISTRATOR'S APPROVAL (If applicable)

I approve this transaction in accordance with the current plan provisions and all applicable laws and regulations.

Plan Administrator or Authorized Representative (Print Name) Plan Administrator or Authorized Representative Signature Date

Please fax this form and any documentation to 1-877-202-0187 or mail 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

Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. - 8 p.m. Central Time.