

1. PARTICIPANT INFORMATION

Please print clearly.

SSN: _____

Name (first, middle, last): _____

Date of Separation from Service (MMDDYY): _____

Phone Numbers: (1) _____

(2) _____

2. ALTERNATE PAYEE/BENEFICIARY INFORMATION

Complete if Payee is a beneficiary or former spouse.

SSN: _____

Name (first, middle, last): _____

Date of Birth (MMDDYY): _____

Relationship: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

3. DISTRIBUTION REASON

Choose one option only.

Termination of Employment

Retirement

Permanent and Total Disability of Participant

Death of Participant

Attach an original or certified copy of the Participant's death certificate.

Qualified Domestic Relations Order (if applicable)

Attach an original or certified copy of the Order.

4. DISTRIBUTION METHOD

Choose one option only. Please review the enclosed "SPECIAL TAX NOTICE" carefully.

Option 1: Full or partial distribution to you (Check the appropriate box below to indicate full or partial distribution, then proceed to Section 5.)

If you elect a full or partial distribution of your benefit, the requested withdrawal will be paid directly to you. The amount of your benefit is the vested portion of your account balance as of the close of the market the day before your distribution is processed.

Pay me my entire vested account balance.

Pay me \$ _____ / _____ %
 (fill in dollar amount OR percentage) of my **vested** account balance.

Option 2: Installments (Check the appropriate boxes below to indicate the installment payment frequency, then proceed to Section 5.)

If you elect to receive your benefit in installments, you must specify the dollar amount or percentage of your account to be paid in each installment as well as the frequency of your payments. The period of time over which you receive these payments cannot be greater than your life expectancy. Other IRS rules exist that may further limit the time period over which you receive payments.

Payment Start Date _____ / _____ * / _____

*Date must be between the 5th and 24th day of the month.

Electronic Funds Transfer

Bank Name _____

Bank Account Number _____

Bank Phone Number _____

ABA Routing Number (Obtain from Bank) _____

Type of Bank Account

Savings Checking*

*Attach a blank "voided" check

Frequency

Monthly Quarterly Semi-annually Annually

Method of Payment

Fixed Dollar Amount \$ _____ (until account is exhausted).

Percentage of Account Balance _____ % (until account is exhausted).

Option 3: Annuity if available under the Plan
 (Please complete VALIC's Annuity Benefits Form.)

5. WITHHOLDING INSTRUCTIONS

- Any amount that you could withdraw without requesting a hardship withdrawal may be eligible for rollover to a like plan or IRA, and will be subject to mandatory 20% withholding.
- Any amounts that are not eligible for rollover will be subject to 10% federal tax withholding of any taxable amount by VALIC Retirement Services Company unless you request otherwise below. In addition, any distribution to you will be taxable in the year received and may be subject to an additional 10% tax penalty if you are under age 59½. If you choose not to have taxes withheld, interest and penalties may be imposed by the IRS for any under-withholding.
- Notice to non-residents: A payment to an address outside of the United States may be withheld at a 30% rate unless the payee submits a completed IRS Form W-8BEN and the amount is eligible for reduced withholding.
- For any 457 plan except Governmental 457(b) plans, where consistent with your employer's plan, VALIC will apply wage bracket withholding based on the information you provide on your IRS Form W-4. A current IRS Form W-4 must be attached to this request. Wage bracket withholding does not apply to beneficiary accounts.

Federal Withholding

- DO NOT withhold any federal income taxes unless mandated by law.
- DO withhold federal income taxes in the amount of _____% or \$_____ (cannot be less than mandatory withholding).

State Withholding

- DO NOT withhold any state taxes unless mandated by law.
- DO withhold state taxes in the amount of _____% or \$_____ (cannot be less than any mandatory or employer-imposed withholding).

6. MAILING INSTRUCTIONS

Complete if any portion of your distribution is to be paid directly to you. Choose one option only. If you have changed your address of record within the past 15 business days or if your check is to be mailed to a third party's address, please provide a Signature Guarantee from a financial institution.

- Mail the distribution to my permanent address as indicated on my quarterly statement.
- Mail the distribution to the address indicated below. The address below is my new permanent address (check one):
 Yes No

Street Address: _____

City: _____ State: _____ ZIP: _____

- Send check by overnight delivery.** I understand, by providing my credit card number below, that there will be a charge billed to my credit card for this service and that a street address is required. If the credit card charge is not approved, the check will be sent by regular mail.

MasterCard Visa American Express

Card # _____

Expiration Date: _____

7. PARTICIPANT/ALTERNATE PAYEE/BENEFICIARY SIGNATURE

- I authorize the above distribution and certify that all statements, including marital statements, are complete and accurate to the best of my knowledge and belief.
- I have read and understand the information provided in the Special Tax Notice in the Information page of this form.

 Participant Signature

 Date

8. PLAN ADMINISTRATOR'S APPROVAL — IF APPLICABLE

I approve this distribution in accordance with the current plan provisions and all applicable laws and regulations. I verify that the information provided on this form for purposes of this distribution is correct to the best of my knowledge.

UNLESS OTHERWISE SPECIFIED in the plan document, the Plan Administrator authorizes a participant who has terminated employment to leave his or her vested portion of the account(s) listed on this form under the Plan as a deferred benefit, and to receive a distribution or make a qualified rollover from these account(s) at any time in the future.

 Plan Administrator or
 Authorized Representative Signature

 Date

Please fax this form to 1-877-202-0187 or mail to the address below for processing.

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

Overnight delivery:

VALIC Retirement Services Company, Inc.
 2261 S.E. 27th Avenue
 Amarillo, TX 79103

Questions about this form may be directed to 1-888-568-2542, Monday through Friday, 7 a.m. to 8 p.m. Central Time.

SPECIAL TAX NOTICE

You have the right to at least 30 days to consider your alternatives after receiving this notice. You may waive this review period. Your signature on this form will indicate that either you have had this 30-day review or that you have chosen to waive it, and you are requesting an immediate distribution.

ELIGIBLE ROLLOVER DISTRIBUTIONS

The information in this notice applies to qualified plans, tax-deferred annuity arrangements, IRAs, and governmental 457(b) deferred compensation plans. Generally, the rules below that apply to payments to employees also apply to surviving spouses and alternate payees.

Most withdrawals from tax-favored retirement plans are eligible for rollover 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 rollover distributions it accepts. Roth accounts may only be rolled over to another Roth account or to a Roth IRA.

ROLLOVERS OF BENEFICIARY ACCOUNTS

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.

DISTRIBUTABLE EVENT

Generally a distributable event includes attainment of age 59½ (age 70½ for 457(b) plans), separation from service, disability or death. However, the employer's plan may place additional restrictions that must also be met prior to a distribution. If you have met a distributable event, you may request a rollover of funds to any eligible plan type or a transfer to a like plan type. If you wish to move funds from your VALIC 403(b) account to another 403(b) account via a rollover distribution, and have made contributions prior to 01-01-87, those amounts may lose a grandfathered status that can impact future required distributions. However, movement of funds from your VALIC 403(b) account to another 403(b) account via a transfer distribution may retain the status. For more information, please call 1-888-568-2542.

ROLLOVER/TRANSFER

Rollover Distributions: If you have met a distributable event on your eligible account(s) or plan you may roll directly to an eligible retirement plan with another carrier. The distribution will not be taxed but will be reported to the IRS. Rollover amounts due to a distributable event generally can remain free of withdrawal restrictions after moving to the receiving plan, unless the receiving plan applies restrictions to rollover amounts.

Transfers: Transfers to a like plan will not be taxed or reported to the IRS. Generally, transfers are allowed regardless of employment status. However, your employer's plan may restrict you to authorized carriers. Transferred amounts generally become subject to the requirements of the plan receiving the transfer as though originally contributed to that plan. Exchanges of Non-Qualified Deferred Annuities are not taxed but will be reported to the IRS.

EXAMPLES OF SOME POSSIBLE DIFFERENCES IN PLAN RESTRICTIONS

- The new plan may require spousal consent or plan administrator approval for distributions.
- The new plan may restrict distributions.
- Distributions from a governmental 457(b) deferred compensation plan are generally not subject to the 10% premature withdrawal penalty regardless of your age at the time of the distribution. If you roll your governmental 457(b) deferred compensation plan to another plan that is not a governmental 457(b) deferred compensation plan, or into an IRA, any subsequent distributions may be subject to a 10% premature withdrawal penalty.
- Eligible rollovers into a governmental 457(b) deferred compensation plan that were previously subject to a 10% premature withdrawal penalty will continue to be subject to that penalty at the time of withdrawal unless you are over age 59½ or some other exception applies.
- Amounts rolled over to a governmental 457(b) plan generally cannot be withdrawn prior to separation from service or attainment of age 70½.

ELIGIBLE ROLLOVER DISTRIBUTIONS PAID DIRECTLY TO YOU

You can request that we pay you directly. Except for IRA distributions, when we pay you directly, federal law requires us to withhold 20% for federal income taxes.

If a distribution is paid directly to you, you may subsequently roll over any pre-tax contributions 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 subsequently be rolled over to an IRA within 60 days.

If your eligible rollover distribution is paid directly to you and not rolled over (including any amount withheld), the distribution will be taxable to you in the year you receive it. The distribution will not be taxable to the extent you roll other funds to replace the amount distributed and the amount withheld.

AMOUNTS NOT ELIGIBLE FOR ROLLOVER

Some amounts not eligible for rollover include these: 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, required minimum distributions, deemed distributions due to loan default, and amounts paid from certain deferred compensation plans. If you direct us to pay the distribution to you, and it is not an eligible rollover distribution, we will apply a 10% federal income tax withholding unless you indicate differently.

LOANS

If your plan specifies and you request a 100% withdrawal, the account balance will be reduced by the outstanding loan balance. The offset loan amount will be reported as a taxable distribution to you and will be taxable to you unless you roll over an amount equal to the outstanding loan balance to an employer-sponsored plan or IRA. An amount equal to 20% of the outstanding loan balance will be withheld from your distribution for federal taxes. You may choose to pay off the outstanding loan balance prior to the 100% withdrawal.

10% PENALTY

Unless an exception applies, the IRS may also assess a 10% federal tax penalty for early distributions if you are younger than 59½.

SPECIAL TAX TREATMENT FOR CERTAIN LUMP-SUM DISTRIBUTIONS

If you were born before January 1, 1936, and if your qualified plan distribution qualified as a "lump-sum distribution," you may be entitled to special tax treatment regarding your payment.

TAXATION OF ROTH IRAS AND ROTH ACCOUNTS

Contributions to Roth IRAs and Roth accounts are not deductible and therefore are distributed tax-free at any time. Rollovers or conversions from a traditional IRA to a Roth IRA are taxable in the year of the distribution from the traditional IRA. Earnings which accumulate in a Roth IRA or Roth Account are not taxed currently and are not taxed upon a "qualified" distribution (1) made after the end of the five year period beginning with the tax year in which the first contribution or conversion to a Roth IRA was made, and (2) made after the date you attain age 59½, upon your death or disability, or as a qualified first time home buyer distribution (not applicable to Roth accounts). Distributions of earnings that do not meet the requirements above are taxable, and are generally subject to the 10% penalty tax.

PRIVATE TAX-EXEMPT EMPLOYER DEFERRED COMPENSATION PLANS

Section 457(b) deferred compensation plans sponsored by private tax-exempt employers require participants to make an irrevocable election regarding the distribution of benefits. Commencement of payments cannot be later than April 1st of the year following the year you attain age 70½ unless you are still working for the plan's sponsor. Please contact your plan administrator for more information.

Please send completed forms to:

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

Overnight delivery:

Valic Retirement Services Company, Inc.
2261 S.E. 27th Avenue
Amarillo, TX 79103

Fax: 1-877-202-0187

Call 1-888-568-2542 for assistance.

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.