VALIC

ROLLOVER/TRANSFER OUT FORM

For VALIC Annuity 403(b) Plan Accounts Only Original Form Required for Processing

The Variable Annuity Life Mail Completed Forms to:		npany (VALIC), Hous locument Control			TX 79105-56	U)-448-2542 for as	0
1. CLIENT INFORMATIO					, 17, 75100 00	510		7 110 2012 101 43	1010101100.
Name:					SN or Tax ID:				
Daytime Phone: ()		Date of	Birth:		Group	Name/Number	:		
2. ROLLOVER/TRANSFE					·				
Indicate if you are request Rollover Distributions: Must have met a distribution Generally not restricted to Not taxable Are reported to IRS If you do not indicate a Ro	itable event (Seo by receiving plan	e Information pages)	-	 Transfers to Allowed at ar Transfer pern whom the pla agreement Generally sub Not taxable a 	a Like Plan by time if not nitted only to an sponsor h bject to restri nd not repor	Type: restricted by th vendors appro as entered into ctions of receiv ted to IRS (exc	ne plan wed under an inform	the Plan or wit ation-sharing	:h
 If you indicate that you it If you do not indicate that 	nave met a dist	ributable event, we wi	II default to	o a Rollover.	-				
Indicate Receiving Plan Ty 403(b) 401(a Roth IRA Non-(Transfers to Purchase Serv I elect to transfer funds t Transfers from 403(b) plan: vendor listing is not on file v	a)/403(a) Qualified Deferrer i ce Credit (refer o purchase servi REQUIRED: Mu	401(k) d Annuity to Information pages for ce credit. REQUIRED st attach receiving vend	or additional : Attach Sta or letter of a	l information): Ir ate Defined Benefit authorization or ob	ndicate Retire Plan Docum	ment Date (if kr entation providii	nown) ng the dolla	ar amount of elig	
For withdrawals, be sure t For surrenders, be sure to If you do not specify withd In accounts/contracts conta Option A → Withdrawal Distributes funds as requ Future contributions acce No impact to outstanding Withdrawals not allowed	include each a rawal or surren aining Multi-Yea ested and leave epted, if your co g loans from Non-Quali	ccount number that sh der, we will default to ar Terms, distributions as account open ntract allows fied Deferred Annuities	ould be su surrender. made prior	rrendered. to maturity date Optional: You ma each fund for the the funds will be (FB001), Short-To Option, Second L Enhanced (FB003	may be subj ay specify an e account(s) withdrawn in erm Fixed Ac argest Variab 3) and lastly t	ect to a marked amount or per listed below. If the following o count (FP002), ble Investment (he Multi-Year T	rcentage to fund code order: Fixed Largest Va Option, etc erm(s).	b be taken from s are not specif d Account Plus ariable Investme ., Fixed Account	fied, ent t Plus
Account #		Account	#			Account #			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Account # o \$ o Fund Code	r Amount	% \$ Fund Cod	e	or Amount	%	\$ Fund Code		or Amount	%
\$	or	%	\$	or	%		\$	or	%
\$\$ \$\$\$	or or	%	\$	Or	%		\$	or	%
Option B → Surrender • Automatically closes acc • Future contributions will • If you have an outstanding If you have an outstanding impact to outstanding loans box below under the accound loan termination, the loan(standing the second seco	ount not be accepted ig loan(s), see t loan(s) and re s or loan securit nt number. Term i) will remain int	l pelow q uest a surrender of y y. However, you may ro iination of a loan(s) ma iact.	our accoun t equest your ay result in a	t, a 100% withdra account be close	wal will be p d and any ou ion(s). If all i	rocessed leavin tstanding loan(g your acc s) termina irements a	count open with ted by checking re not met to al	n no g the
							ate my Lo	an	
3. ROLLOVER DISTRIBU			-	niecked "Kollovel		i" above. tributions:			
	Early Retiren	· ,	Retirement			ousal Beneficiar	У		
Did you separate from se	rvice during or a	fter the year you attained						Order (QDRO) Pa	ayment
 In-service Withdrawal Permanent/Total Disabili 			Date:	Attach Doc	ctor's Stateme	nt or Social Secu	urity Admin	istration Docume	entation.
4. SPECIAL INSTRUCTIO	NS								

5. PAYEE ROLLOVER/TRANSFER COMPANY INSTRUCTIONS						
Payee Rollover/Transfer Company Name Attention Line/Internal Mail Code						
Address	City	State ZIP				
Amounts will not be transferred to vendors unless vendors' products an information-sharing agreement with the employer. Attach a letter of au	e approved under the employer's plan thorization on vendor letterhead or obt	or vendors have entered into an ain authorized signature below.				
I affirm that the Payee/Transfer Company noted in this section is either approved under the employer's plan or has entered into an information-sharing agreement with the employer, and that the transferred amounts will be invested in a product that has been approved by the employer and meets the requirements of Internal Revenue Code 403(b) and the regulations thereunder for maintaining the tax-preferred status of these amounts.						
Authorized Signer's Name Title						
Authorized Signature	Date					
6. SPOUSAL CONSENT						
ERISA covered and certain other employer plans require the client to s	tate his/her marital status and the spou	use to consent to this distribution.				
Please check the appropriate box below: REQUIRED FOR CLIENT: Client Marital Status Not Married Married Missing Spouse: I hereby affirm that I have made reasonable a	n Court Order of Legal Separation (petition tempts to locate my spouse and have not					
 REQUIRED FOR SPOUSE: Spousal Consent Under federal law for ERISA plans and the terms of some employer plans, as the spouse of the contract owner, you have the right to receive a survivor benefit of at least 50% of the amount in this contract if your spouse dies before you. As a result, your spouse must have written consent before making withdrawals from this contract. If you consent to the withdrawal, you will not receive a survivor benefit payment from VALIC for the amount withdrawn. If you agree to the withdrawal, please read and sign the statement below and have your signature witnessed. I agree to the payment of funds from the contract(s) listed in Section 2. I understand and agree that I am giving up my right to receive a survivor benefit payment from VALIC for the amount being paid and I release VALIC from all liability for making this payment. 						
i i i i i i i i i i i i i i i i i i i						
		Date				
Spouse's Signature SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC	a of the Spousal Consent <i>in absence of</i> i					
Spouse's Signature	g of the Spousal Consent <i>in absence of</i> i	the Plan Administrator's Witness.				
Spouse's Signature SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC This section is only to be used for a Notary Public's witnessin State of County of	g of the Spousal Consent <i>in absence of t</i>	<i>the Plan Administrator's Witness.</i> , year of				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On this day of (name of	<i>the Plan Administrator's Witness.</i> , year of spouse) known to me to be the person				
Spouse's Signature SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC This section is only to be used for a Notary Public's witnessin State of County of Before me personally appeared who executed the SPOUSAL CONSENT and I	g of the Spousal Consent <i>in absence of a</i> On this day of (name of he/she acknowledged to me that he/she of	<i>the Plan Administrator's Witness.</i> , year of spouse) known to me to be the person executed the same.				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On this day of (name of he/she acknowledged to me that he/she o	<i>the Plan Administrator's Witness.</i> , year of spouse) known to me to be the person executed the same.				
Spouse's Signature SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC This section is only to be used for a Notary Public's witnessin State of County of Before me personally appeared who executed the SPOUSAL CONSENT and I	g of the Spousal Consent <i>in absence of i</i> On this day of On this day of (name of he/she acknowledged to me that he/she of G OURCES	the Plan Administrator's Witness. , year of 'spouse) known to me to be the person executed the same.				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On this day of (name of he/she acknowledged to me that he/she e OURCES lan if VALIC is NOT providing full plan ac Employer Supplemental/Matching %	the Plan Administrator's Witness, year of spouse) known to me to be the person executed the same. dministration services. Vested%				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On this day of (name of he/she acknowledged to me that he/she e OURCES lan if VALIC is NOT providing full plan ad Employer Supplemental/Matching % or plan to calculate benefits. Indicate mo	the Plan Administrator's Witness. , year of spouse) known to me to be the person executed the same. dministration services. Vested% onths worked if Elapsed Time is				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On thisday of (name of(name of he/she acknowledged to me that he/she e OURCES lan if VALIC is NOT providing full plan ad Employer Supplemental/Matching % Ir plan to calculate benefits. Indicate mo	the Plan Administrator's Witness, year of spouse) known to me to be the person executed the same. dministration services. Vested% onths worked if Elapsed Time is e counted as a month worked.				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On thisday of (name of he/she acknowledged to me that he/she of OURCES lan if VALIC is NOT providing full plan ad Employer Supplemental/Matching % Ir plan to calculate benefits. Indicate mo was compensated for one hour must be	the Plan Administrator's Witness, year of spouse) known to me to be the person executed the same. dministration services. Vested% onths worked if Elapsed Time is e counted as a month worked.				
Spouse's Signature SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC This section is only to be used for a Notary Public's witnessin State of County of Before me personally appeared who executed the SPOUSAL CONSENT and I Notary Public 7. VESTING DETERMINATION FOR EMPLOYER CONTRIBUTION S Vesting Information: To be completed by the employer sponsoring the p Employer Basic Vested% All Employers: Indicate hours worked if Hours of Service is used by you used by your plan to calculate benefits. Any month in which an employee Hours Worked or Months Worke 8. PLAN ADMINISTRATOR APPROVAL	g of the Spousal Consent <i>in absence of i</i> On thisday of(name of the she acknowledged to me that he she a	the Plan Administrator's Witness, year of spouse) known to me to be the person executed the same. dministration services. Vested% onths worked if Elapsed Time is e counted as a month worked.				
Spouse's Signature	g of the Spousal Consent <i>in absence of it</i> On thisday of(name of the she acknowledged to me that he/she erest in the she erest in the sh	the Plan Administrator's Witness, year of spouse) known to me to be the person executed the same. dministration services. Vested% onths worked if Elapsed Time is e counted as a month worked.				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On thisday of (name of he/she acknowledged to me that he/she ac	the Plan Administrator's Witness, year of spouse) known to me to be the person executed the same dministration services. Vested% onths worked if Elapsed Time is e counted as a month worked				
Spouse's Signature SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC This section is only to be used for a Notary Public's witnessin State of County of Before me personally appeared who executed the SPOUSAL CONSENT and I Notary Public 7. VESTING DETERMINATION FOR EMPLOYER CONTRIBUTION S Vesting Information: To be completed by the employer sponsoring the p Employer Basic Vested% All Employers: Indicate hours worked if Hours of Service is used by you used by your plan to calculate benefits. Any month in which an employee Hours Worked or Months Worke 8. PLAN ADMINISTRATOR APPROVAL To be completed where required as indicated in Section 2 above or un I approve this distribution in accordance with current plan provisions a I verify that the information provided on this form for purposes of this	g of the Spousal Consent <i>in absence of i</i> On thisday of(name of he/she acknowledged to me that he/sh	the Plan Administrator's Witness, year of spouse) known to me to be the person executed the same dministration services. Vested% onths worked if Elapsed Time is e counted as a month worked				
Spouse's Signature	g of the Spousal Consent <i>in absence of it</i> On this day of methods a cknowledged to me that he/she of (name of he/she acknowledged to me that he/she of (name of 	the Plan Administrator's Witness, year of				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On thisday of(name of the she acknowledged to me that he she ac	the Plan Administrator's Witness, year of				
Spouse's Signature	g of the Spousal Consent <i>in absence of i</i> On thisday of(name of the she acknowledged to me that he she ac	the Plan Administrator's Witness, year of				
Spouse's Signature SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC This section is only to be used for a Notary Public's witnessin State ofCounty of Before me personally appeared who executed the SPOUSAL CONSENT and I Notary Public 7. VESTING DETERMINATION FOR EMPLOYER CONTRIBUTION S Vesting Information: To be completed by the employer sponsoring the p Employer Basic Vested% All Employers: Indicate hours worked if Hours of Service is used by you used by your plan to calculate benefits. Any month in which an employee Hours Worked or Months Worke 8. PLAN ADMINISTRATOR APPROVAL To be completed where required as indicated in Section 2 above or un I approve this distribution in accordance with current plan provisions a I verify that the information provided on this form for purposes of this If applicable, the client has established to my satisfaction that spousal I affirm that any signature of a client's spouse in Section 6 of this form I affirm that in the event of a transfer that the Payee noted in Section 5 information-sharing agreement with the employer.	g of the Spousal Consent <i>in absence of i</i> On thisday of(name of the she acknowledged to me that he she ac	the Plan Administrator's Witness, year of				

9. CLIENT APPROVAL

- I authorize the above rollover/transfer and certify that all statements, including marital statements, are complete and accurate to the best of my knowledge and belief.
- I certify that the payee is eligible to accept this rollover/transfer on my behalf.
- I have read and understood the "Joint and Survivor Annuity and Qualified Annuity Benefit" section of the Special Tax Notice. By signing below I am agreeing to waive any benefit or right described in that section that would have been provided with respect to the amount that I am withdrawing. I also understand that I have the right to revoke any waiver if a distribution has not already been made.
- I have read and understand the information provided in the Information pages of this form, including IncomeLOCK Option, if applicable, and acknowledge that distributions may be subject to surrender charges as provided in the contract.
- I understand that I will be responsible for providing evidence to the IRS, if required, to verify distribution reason.

•	If this rollover/transfer will result in a total surrender of my account(s), I have attached my Contract/Certificate to this form, or alternatively, I certify that my
	Contract/Certificate has been lost or destroyed. If my Contract/Certificate is not attached, I agree to indemnify VALIC against any claims that may be asserted
	on the basis of the Contract/Certificate being found and presented for payment.

Client's Name (Print Name)	Client's Signature	Date
10. SIGNATURE GUARANTEE OR FINANCIAL ADVISOR SIG	NATURE	
For requests of \$25,000 or more, either a Signature Guarantee or	your financial advisor's signature is requ	ired.
Signature Guarantee:		
 You may obtain a signature guarantee from an eligible guarantor broker, dealer, municipal securities dealer, government securities union (if authorized under state law), national securities exchange securities association, clearing agency or savings association. 	broker, credit	For Signature Guarantee Stamp
• The Guarantor should be informed of the approximate amount of distribution and must affix a stamp in the box to the right.	the	
• A notarization by a notary public is not acceptable.		
Financial Advisor's Name (Print Name)	Financial Advisor's Number	r
Financial Advisor's Signature (Must be appointed with VALIC)	Date	_

Information

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 403(b) or 401(k) accounts may be rolled over only to another Roth account or to a Roth IRA. However, Roth IRAs may not be rolled over to a Roth 403(b) or Roth 401(k) account.

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).

DISTRIBUTABLE EVENT

Generally a distributable event includes attainment of age 59½ (age 70½ for governmental 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 to another 403(b) account to funds from your VALIC 403(b) account to another 403(b) account to another 403(b) account to another 403(b) account via a transfer distribution may retain the status. For more information, please call 1-800-448-2542.

ROLLOVER/TRANSFER

Rollover Distributions: If you have met a distribute 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, regulations restrict transfers to approved vendors under the plan or vendors with whom the employer has entered into an information-sharing agreement, if applicable. 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)
 VL 20568 VER 5/2009

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 591/2 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 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 10% federal income tax withholding unless you indicate differently.

LOANS

If you request a total surrender of your tax-favored retirement plan account and you have an outstanding loan, the account balance will be reduced by the outstanding loan balance and outstanding loan security will be returned to the account. The offset loan amount will be reported as a taxable distribution and will be taxable to you unless you roll over an equal amount to an employer-sponsored plan or IRA. You may also choose to pay off the outstanding loan balance prior to the surrender by submitting payment in full to the Loan Department.

INCOMELOCK OPTION

If you have chosen the IncomeLOCK living benefit option, withdrawals from the contract will reduce the account value and all benefits of the IncomeLOCK living-benefit option. Withdrawals exceeding the Maximum Annual Withdrawal Amount may reduce future Maximum Annual Withdrawal Amounts. Minimum distribution amounts calculated for each year will include the value of the IncomeLOCK benefit. One year's required minimum distribution based solely on the value of each individual account will not be treated as an excess withdrawal, but may reduce the Maximum Withdrawal Period. See your contract endorsement.

10% PENALTY

Unless an exception applies, the IRS may also assess a 10% federal tax penalty for early distributions if you are younger than age 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. Please contact your plan administrator for more information.

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 or a pre-tax eligible retirement plan to a Roth IRA are taxable in the year of the distribution. Earnings which accumulate in a Roth IRA or Roth Account are not taxed currently and are not taxed upon a "gualified"

Information (continued)

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 $70\frac{1}{2}$ unless you are still working for the plan's sponsor. Please contact your plan administrator for more information.

PURCHASE OF SERVICE CREDIT

If allowed by both your State law and your State Defined Benefit Plan, you may request a withdrawal or surrender to purchase service credit*. VALIC will waive any applicable surrender charge if the following requirements are met:

- 1. VALIC has received all required paperwork in good order.
- 2. You are no more than 180 days from your specified retirement date.
- 3. You are age 55 or older.

4. Your account has been in effect for 5 years or longer.

Additionally, VALIC will waive the 20% Fixed Account Plus withdrawal restriction if you meet requirements 1 and 2 above.

* Withdrawals are allowed from 403(a), 403(b), 401(a), 401(k), governmental 457(b) and 408(a) plans.

QUALIFIED JOINT AND SURVIVOR ANNUITY AND QUALIFIED ANNUITY BENEFIT: FOR ERISA PLANS ONLY

This notice should be provided to you at least 30 days, but no more than 180 days, before your proposed distribution date.

If you are married, your retirement plan distributions will be paid to you in the form of a Qualified Joint and Survivor Annuity ("QJSA") unless you elect a different form of distribution. Under your QJSA, if your spouse survives you, the plan will pay him or her at least 50% of the amount the plan had been paying to you, on the same frequency as the payments to you. If you are not married, your benefit will be paid monthly over your life and will end upon your death unless you elect a different form of distribution. This benefit is referred to as a Qualified Annuity Benefit ("QAB").

The plan may satisfy the QJSA or QAB by using your vested account balance to purchase an annuity contract from an insurance company. The actual monthly payments made under the annuity contract will depend on the value of your account balance, annuity purchase rates used by the insurance company, your age, and if you are married, your spouse's age at the time the distribution begins. The following table reflects the relative values of monthly payments from a Joint and Survivor Annuity and a Life Annuity, assuming a vested account balance of \$5,000 and an interest rate of 6%. This table is based on the Annuity 2000 Mortality table.

Annuity 2000 Mortality tables. The table is hypothetical and does not reflect the value of your individual benefit or the actual payments you or your beneficiaries would receive. Please note that as the ages change, the payment amount will change. If none of the examples closely approximates your situation, you may obtain a more accurate value specific to your situation from your plan administrator or from your financial advisor.

Age at Benefit Starting Date

Ago at Donont of	unding De	110						
Annuitant	70	65	60	55	50	45	40	35
Spouse	65	70	55	60	45	50	35	40
Monthly Paymen	t							
Annuitant Life Only	39.62	35.35	32.38	30.27	28.75	27.61	26.76	26.13
Joint and 50% Survivor	35.47	33.65	30.21	29.26	27.53	26.99	26.07	25.76
Joint and 75% Survivor	33.71	32.86	29.23	28.78	26.95	26.70	25.73	25.58

This QJSA or QAB requirement may not apply to smaller account balances (generally below \$5,000) and will not apply if you have elected another form of benefit. A partial withdrawal would be considered another form of benefit for this purpose. Other alternate forms of benefits that may be available under your employer's plan and under your plan investments may include:

Annuity

An annuity can provide you with payments for your life or for your life and that of your beneficiary; payments for a specified period; payments for your lifetime with a minimum guaranteed period; or a continuation of payments to your surviving spouse that is different from the plan's percentage of the payments made to you. Generally, the more that the form of payment guarantees, such as a minimum period of payments, or payments to your surviving spouse or to another beneficiary, the more that specified benefit amount will cost. There are IRS rules that may limit the period during which payments may be made.

Lump Sum Distribution

If you elect a lump sum distribution, your benefit will be paid to you in one payment. The amount of your benefit is the vested portion of your account balance as of the valuation date used to calculate your distribution.

Installments

If you elect to receive your benefits in installments, you may specify the dollar amount and frequency of your payments. The period of time over which you receive these installments cannot be greater than your life expectancy or the joint life and last survivor expectancy of you and your designated beneficiary. There are other IRS rules that may further limit the period over which you receive payments.

In order to elect one of these alternative forms of benefits you must waive your right to the QJSA or QAB, and if you are married, your spouse must also consent in writing. In addition, this written consent must be witnessed by a Notary Public or by your Plan Administrator. You are entitled to 30 days (but no more than 180 days) within which to make this decision. Although you have at least 30 days to make this decision, under some circumstances, you may waive this minimum 30-day period, and if you submit a waiver of the QJSA or QAB less than 30 days after it is signed we will assume that you are waiving this notice period. Unless a waiver of the QJSA or QAB is made irrevocably, you have the right to revoke the waiver and execute another waiver at a later time, up to the time when the benefit payments have started. You also have the right to defer receiving a distribution, subject to the terms of your employer's plan as well as legal requirements that generally require distributions to commence upon the later of attainment of age 70½ or retirement.

The investment options available to you, the right to change investment options, and the fees imposed under the investment options will not be affected by your decision to defer distributions.

Please send completed forms to:

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

Call 1-800-448-2542 for assistance.