

# Group Information Sheet

Independent Channel

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

For Annuity Products Only

## 1. EMPLOYER INFORMATION

Employer (Print Name) \_\_\_\_\_ TIN \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail address \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Organization:  Public Education  State and local government  Dual status governmental and 501(c)(3)  
 Private For Profit  Self Employed Individuals  501(c)(3)  
 Church or Church Affiliate  Other non-profit

Nature of your business:  K-12  Healthcare  Church (non-School Related)  College and Universities  Other: \_\_\_\_\_

Product:  Portfolio Director®

### Existing VALIC Client/New Plan Request:

Existing VALIC Group Number: \_\_\_\_\_ Primary VALIC Agent: \_\_\_\_\_  
(If applicable) (Name/VALIC FA #)

Have you attached a copy of the written plan for this new plan?  Yes  No

If No, please complete Section 4 of this form. Plan document is required for 457(f) and for-profit deferred compensation plans.

### New to VALIC:

Do you maintain the services of a Broker-Dealer and/or TPA to administer your plan?  Yes  No If Yes, please complete Section 2 below.

Is a copy of your most recent plan document(s) attached?  Yes  No

If No, please complete Section 4 of this form. Plan document is required for 457(f) and for-profit deferred compensation plans.

## 2. THIRD PARTY ADMINISTRATOR OR BROKER-DEALER INFORMATION (IF APPLICABLE)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Number Fax Number

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Group Contract/Service Agreement maintained by:  VALIC  Broker-Dealer and/or TPA

Who is responsible for approving all distributions from your Plan (e.g. Loans, Hardships)? (Check one):

TPA  Broker-Dealer  Employer  Indicate Other: \_\_\_\_\_

NOTE: For voluntary-only Non-ERISA 403(b) Plans sponsored by a private tax-exempt entity, the appointment of a Broker-Dealer or TPA for the purpose of approving plan disbursements may be construed as an exercise of discretion in violation of 29 C.F.R. § 2510.3-2(f). (Refer to DOL FAB No. 2010-01.)

## 3. SIGNATURE(S) OF AUTHORIZED PLAN REPRESENTATIVES FOR DISBURSEMENT (Include all authorized signers or attach a separate Authorized Signers List.)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name and Title (Indicate Broker-Dealer TPA or ER) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name and Title (Indicate Broker-Dealer TPA or ER) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name and Title (Indicate Broker-Dealer TPA or ER) \_\_\_\_\_

**4. PLAN INFORMATION (This information is required to facilitate the proper administration of your plan.)**

NOTE: If you have attached a copy of your most recent written plan, you may proceed to Section 5 of this form. **Please note that if the plan is a 457(f) or a for-profit deferred compensation plan you must attach a copy of the most recent plan document and complete this section.**

By completing the plan information section below, you hereby warrant that you have implemented a written plan in accordance with applicable legislative and regulatory requirements and that the information provided is consistent with the terms of your written plan. In addition you authorize VALIC to rely on this information to establish your plan requirements on our record-keeping system. You hereby acknowledge that it is your responsibility to notify VALIC of any changes to your plan and/or its provisions.

Plan Legal Name: \_\_\_\_\_

Plan Type:  403(b)  401(a)/403(a)  401(k)  457(b)  457(f)  For Profit deferred compensation

Is this plan subject to ERISA:  Yes  No (NOTE: If the plan is subject to ERISA you must complete the Information for Plan Fiduciary form.)

Is this an Owner Only Plan?  Yes  No

NOTE: An Owner Only Plan is defined as a plan that covers:

- The 100% owner of the business (sole proprietorship or corporation) only, or the business owner and his/her spouse, **AND there are no non-owner employees covered by the plan;** or
- One or more partners in a business partnership, or partners and their spouses in a business partnership, **AND there are no non-partner employees covered by the plan.**

Owner Only Plans are not subject to ERISA

Employee Contributions (Check all that apply):  Pre-Tax deferrals (unmatched)  Pre-Tax deferrals (matched)  Roth after-tax  
 After-tax (Non-Roth)  414(h) pick up contributions  No Employee contributions

Employer Contributions (Check all that apply):  Employer Match  Employer Discretionary  Employer Non-discretionary  No Employer Contributions

Vesting: Are Employer contributions subject to a vesting schedule?  Yes  No

If yes, please indicate the applicable vesting schedule:  3 year cliff vesting  5 year graded vesting  
 Other (please so indicate): \_\_\_\_\_

Is vesting the same for all Employer sources?  Yes  No If No, use Other to specify applicable schedule for each Employer source.  
(Include attachment if necessary.)

Disbursements/Distributions: Are loans permitted from the Plan?  Yes  No

If Yes, is there a limit on the number of outstanding loans any participant may have?  Yes  No If Yes, please provide the number of outstanding loans permitted: \_\_\_\_\_

Are loans allowed for employees that have separated from service?  Yes  No

If Non-ERISA, does the plan permit loans in an amount equal to the greater of 50% of the vested account balance or \$10,000?  Yes  No

If No, loans will be limited to 50% of the vested account balance.

NOTE: If the plan is ERISA, only the 50% rule will apply.

Are withdrawals for a financial hardship permitted from the Plan (note: not applicable for 457 plans)?  Yes  No

If Yes, are withdrawals limited to safe harbor reasons?  Yes  No

If Yes, are contributions to the Plan required to be suspended for a participant that receives a financial hardship?  Yes  No

If Yes, please indicate the required suspension period and the applicable sources: \_\_\_\_\_

Are withdrawals for unforeseeable emergency permitted (note: applies only to 457 plans)?  Yes  No

Are in-service withdrawals permitted from the plan?  Yes  No

If Yes, from what sources?  Employee Contributions Only  Employee and Employer Contributions

Please indicate any conditions for in-service distributions: \_\_\_\_\_

(Note: cannot be earlier than age 59½ for Employee sources)

NOTE: These are in addition to those conditions normally required by applicable legislative and regulatory requirements for your plan type.

Exchanges Within the Plan (403(b) plans only): Are exchanges permitted within the plan?  Yes  No If Yes, please attach an Authorized Provider List.

Transfers Into the Plan: Are transfers into the plan from another like plan permitted?  Yes  No

Transfers From the Plan: Are transfers from the plan to another like plan permitted?  Yes  No

**5. REMITTANCE INFORMATION (All remittance information must be transmitted electronically to our secure website.)**

Payroll Remittance Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address, if available: \_\_\_\_\_

Indicate the number of payroll remittances that will be sent to VALIC per year: \_\_\_\_\_

Indicate the number of payroll periods the Plan Sponsor pays the employees per year: \_\_\_\_\_

Indicate the first payroll period to be remitted to VALIC, if known: \_\_\_\_\_

Funding Method:  Debit ACH  Credit ACH  Wire Transfer

**6. SIGNATURE OF EMPLOYER, THIRD PARTY ADMINISTRATOR AND/OR BROKER-DEALER**

By signing below the Employer, Third Party Administrator and/or Broker-Dealer hereby warrants that it is authorized to act on behalf of the Plan in the capacity indicated herein. Further, the signator hereby warrants that Employer has implemented a written plan in accordance with and to the extent required by applicable law and that the information contained herein is consistent with the terms of such written plan. To the extent permitted by law, Signatory and/or the Employer and/or the Third Party Administrator and/or Broker-Dealer hereby indemnify and hold harmless and agree to defend VALIC and its affiliates from any and all liability, costs and expenses, including reasonable attorneys fees with respect to any claims arising out of any acts or omissions committed by VALIC and its affiliates in reliance of the information and representations contained in this form. The Signatory hereby warrants that the information contained herein is true to the best of his/her knowledge and that VALIC may rely on such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name and Title (Indicate Broker-Dealer or TPA or ER) \_\_\_\_\_

Please fax completed form to (713) 831-8953 or mail to: Independent Channel  
2929 Allen Parkway, L14-35  
Houston, TX 77019