

# Transfer/Rollover In Form

For All Plan Accounts

for Use with VALIC Independent Channel

## The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Approximate Amount of Transfer/Rollover to VALIC \$ \_\_\_\_\_

### 1. CLIENT INFORMATION (Name on transferring carrier's account)

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

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

Name on VALIC Account: \_\_\_\_\_ Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### 2. NAME AND ADDRESS OF TRANSFERRING CARRIER (Physical address needed for overnight deliveries.)

Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

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

### 3. ACCOUNT & TRANSACTION INFORMATION (Attach the most recent statement for the Carrier account number listed below.)

Complete section A, B OR C (choose one) AND section D. A separate form must be completed for each contribution source and/or Carrier/VALIC 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.

#### B. Rollover: (You must have met a distributable event in the "From" plan).

(1) Indicate the "From" and "To" account number:

"From" Carrier Account # \_\_\_\_\_ "To" VALIC 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.

#### "From" Plan Type

- 401(a)/(k)/403(a)
- Roth 401(k) (only to Roth 401(k), Roth 403(b), Roth 457(b) gov't or Roth IRA)
- 403(b)
- Roth 403(b) (only to Roth 403(b), Roth 401(k), Roth 457(b) gov't or Roth IRA)
- 457(b) gov't employer
- Roth 457(b) gov't (only to Roth 457(b) gov't, Roth 401(k), Roth 403(b), or Roth IRA)
- SEP, Simple IRA or IRA
- Roth IRA (only to Roth IRA or IRA if reconversion)

#### "To" Plan Type

- 401(a)/(k)/403(a)
- Roth 401(k) (only from Roth 401(k), Roth 457(b) gov't or Roth 403(b))
- 403(b)
- Roth 403(b) (only from Roth 403(b) or Roth 401(k) or Roth 457(b) gov't)
- 457(b) gov't employer
- Roth 457(b) gov't (only from Roth 457(b) gov't, Roth 401(k), Roth 403(b), or Roth IRA)
- SEP, Simple IRA or IRA
- Roth IRA
- Beneficiary or Inherited IRA (rollover from beneficiary inherited funds)

OR

**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 be able to keep the funds free of the receiving plan's withdrawal restrictions. (Check the receiving plan's document for rollover provisions.)

(1) Indicate the "From" and "To" account number. If the "To" account number is a new VALIC account, write the word "new" in the space provided (an application must be submitted.)

"From" Carrier Account #: \_\_\_\_\_ "To" VALIC Account #: \_\_\_\_\_

(2) Choose one:

- Transfer from another 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) annuity*        | <input type="checkbox"/> 457(b) of tax-exempt employer |
| <input type="checkbox"/> 403(b)(7) cust. acct.* | <input type="checkbox"/> SEP, Simple IRA or IRA        |
| <input type="checkbox"/> Roth 403(b)            | <input type="checkbox"/> Roth IRA                      |
|   | <input type="checkbox"/> Beneficiary or Inherited IRA  |

\*403(b) annuities and custodial accounts may be transferred to each other.

(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

#### C. 1035 Exchange: Indicate the "From" and "To" account number.

"From" Carrier Account #: \_\_\_\_\_ "To" VALIC Account #: \_\_\_\_\_

(TDVA/NQDA account to TDVA/NQDA account, an Exchange under Internal Revenue Code section 1035)

\*A client statement from the current provider is required with all 1035 exchange requests.

### D. Required/Additional Transaction Information: (required)

1. Replacement Policy (Check one):  Yes  No Replacement form may be required under state law.

2. Amount to be Transferred/Rolled Over:  Liquidate the entire account  Liquidate a portion of the account (\$ \_\_\_\_\_ or \_\_\_\_\_ %)

3. The funds coming to VALIC are part of a periodic payout from my prior carrier to be paid on a \_\_\_\_\_ frequency.

4. The funds coming to VALIC represent proceeds from a beneficiary claim and  I am  I am not the spouse of the deceased.

5. The funds coming to VALIC are Roth contributions from a 401(k), 403(b), 457(b), or IRA which had a first contribution on: \_\_\_\_\_ (MM/DD/YY).

6. Name of current employer's plan (if applicable): \_\_\_\_\_ and VALIC Group #: \_\_\_\_\_

**4. ACCOUNT INFORMATION**

**Account Contribution Source** (Check one):  Employee Voluntary (1)  Employee Mandatory or Matched (2)  Employer Basic (3)  
 Employer Supplemental or Matching (4)  Roth 401(k) (5)  Roth 403(b) (5)  Roth 457(b) gov't (5)

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

- 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 %	Investment Option Name	Investment Option Number	Percent %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %
_____	_____	_____ %	_____	_____	_____ %

**5. AUTHORIZATION TO RELEASE INFORMATION AND LOST POLICY STATEMENT**

I authorize the transferring company/carrier to release information to VALIC regarding the status of this transfer/rollover.  
 Check one:  I have lost my policy contract. Please accept this form in replacement of my contract.  I have enclosed my policy contract.

**6. CLIENT AUTHORIZATION TO TRANSFER/ROLLOVER FUNDS AND SUBSTITUTE FORM W-9**

**Some Carriers also require clients to sign their forms to expedite the transfer/rollover. If your current Carrier requires its form(s), please attach the completed forms and contract to this request.**

- A. By signing on the Client Signature line below, I acknowledge that I have read and understand all of the information on the Information page. I authorize the above transfer/rollover and certify that all statements are complete and accurate to the best of my knowledge and belief. I understand that I am responsible for providing any evidence that may be required by the IRS to validate any of the information given. 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 VALIC to retain his/her funds while VALIC immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated.
- B. **For Section 1035 Exchange only** – I hereby irrevocably assign the contract or certificate represented by Account # \_\_\_\_\_, in exchange for a new nonqualified annuity contract or certificate issued by VALIC, as part of an exchange of annuity contracts intended to satisfy the requirements of Section 1035(a) of the Internal Revenue Code.

VALIC is participating in this transaction at your specific request and as an accommodation to you and makes no representations or warranties and has no responsibility or liability for the validity of this transaction or its tax treatment under Section 1035(a) of the Internal Revenue Code or otherwise. If this is a partial exchange, it is subject to applicable tax rules and requirements, including but not limited to IRS Revenue Procedure 2011-38. That guidance includes specific rules intended to prevent the use of partial exchanges to avoid tax obligations, and provides that any distribution from either the surrendering or receiving contract involved in a partial exchange within 180 days from the date of the exchange may result in the partial exchange being treated as a taxable withdrawal from the original contract rather than a tax-free exchange. VALIC does not provide tax or legal advice and recommends that you seek the advice of your tax or legal advisor before entering into this transaction.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Spousal Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature Guarantee (if applicable)


**7. VALIC ACCEPTANCE OF TRANSFER (See information page for mailing/overnight of VALIC paperwork only)**

In accepting the cash value from the above described (Plan/Contract), and in reliance on any plan representative approvals in Section 8, VALIC hereby assumes responsibility for the future administration of such funds and agrees that payment to and receipt by VALIC 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, provided however that:

- 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, VALIC certifies that funds will only be deposited into accounts where VALIC 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.

  
 Treasurer/The Variable Annuity Life Insurance Company \_\_\_\_\_ Date \_\_\_\_\_

**8. 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 payable to VALIC pursuant to the above referenced client's authorization to transfer the investment medium under the above-mentioned plan to VALIC. Please send the check along with this form to the mailing address referenced below in Section 9.

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

Plan Administrator or TPA (Print Name) \_\_\_\_\_

Title \_\_\_\_\_

Plan Administrator's or TPA's Signature \_\_\_\_\_

Date \_\_\_\_\_

**9. CHECK AND MAILING INFORMATION (Please provide employer/employee contribution breakdown with remittance.)**

**A. Make Transfer/Rollover check payable**

as follows:

VALIC

FBO: \_\_\_\_\_

VALIC Account #: \_\_\_\_\_

**B. Mail to:** VALIC

C/O JP MORGAN CHASE

PO BOX 301700

Dallas, TX 75303-1700

**C. Overnight check:**

JP MORGAN CHASE (TX1-0029)

VALIC

Lockbox number 301700

14800 Frye Rd

Fort Worth, TX 76155

**10. COST BASIS AND TAX REFORM ACT OF 1986 INFORMATION (To be completed by Predecessor Carrier.)**

(Complete this section and return the requested information with the check made payable to VALIC.)

If you are unable to provide this information or if you have any questions, please contact us at 877-486-8421.

**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 ..... U \$ \_\_\_\_\_

Elective Deferrals/Contributions after 12/31/88 ..... R \$ \_\_\_\_\_

Adjusted Non-elective pre 01/01/89 Contributions (for 403(b)(7) custodial accounts only) ..... R \$ \_\_\_\_\_

December 31, 1986 Cash Value/Balance ..... CV \$ \_\_\_\_\_

Post 12/31/86 accruals (deferrals/contributions and interest/earnings) ..... PA \$ \_\_\_\_\_

**C. After-Tax Information:**

Pre-TEFRA (prior to August 14, 1982) cost basis (TDVA-1035 Exchange) ..... \$ \_\_\_\_\_

Total cost basis including Pre-TEFRA (TDVA-1035 Exchange) ..... \$ \_\_\_\_\_

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

**11. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES**

Licensed Agent (Print Name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

VALIC Agent #/Location: \_\_\_\_\_ State License #: \_\_\_\_\_

Licensed Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Broker-Dealer (Print Name): \_\_\_\_\_

Branch Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Licensed Principal of Broker-Dealer Signature \_\_\_\_\_ Date \_\_\_\_\_

# Information

The information in this notice applies to qualified plans, tax-deferred annuity arrangements, IRAs, and governmental 457 deferred compensation plans.

## EXTERNAL CAPITAL 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 contract. You are responsible for any taxes or penalties due should this transaction not comply with the applicable IRC provisions. Please consult with qualified tax 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 tax payments if you do not have enough federal income tax withheld from income.

The transfer or exchange of a Section 403(b) account is governed by Internal Revenue Code and related Treasury regulations. Under these rules, VALIC must maintain and enforce the withdrawal restrictions that existed prior to the transfer. In the event that VALIC does not receive the information requested in Section 10 of this form from the prior carrier, all of your funds will be subject to withdrawal restrictions and minimum distribution rules.

## EXTERNAL DISTRIBUTABLE EVENT 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.

## DIRECT EXTERNAL DISTRIBUTABLE EVENT 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 funds 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.

## ROLLOVERS OF BENEFICIARY/ALTERNATE PAYEE 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).

## LIVING BENEFIT OPTIONS

If you have chosen a living benefit option, withdrawals from the contract will reduce the account value and may reduce or cancel benefits of the living benefit option. Withdrawals exceeding the Maximum Annual Withdrawal Amount may reduce future Maximum Annual Withdrawal Amounts and reduce or eliminate any eligible income credit. Minimum distribution amounts calculated for each year will include the value of the living 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 and reduce or eliminate any eligible income credit. See your contract endorsement.

## Please send completed forms to:

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

Overnight Delivery:

VALIC Document Control  
1050 N. Western St.  
Amarillo, TX 79106-7011