

# State of Iowa Employer Match Plan

## Mutual Fund 401(a) Enrollment Form

Group ID# 02228004 CS: 9 CS: E

**VALIC Retirement Services Company (VRSCO)**

This Enrollment Form should be used for initial enrollment and contribution allocation only. Future investment election changes may be made by calling VALIC Retirement Services Company at 1-800-448-2542 or by going online at [aig.com/RetirementServices](http://aig.com/RetirementServices). Investment election changes via paper forms will not be accepted.

### 1. CLIENT INFORMATION

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

Mr.  Mrs.  Ms.  Dr.  Rev.

Gender:  Male  Female Marital Status:  Married  Not Married Date of Birth: \_\_\_\_\_

Residence Address\*: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address\* (if different from residence): \_\_\_\_\_

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

\*All accounts will be updated with these addresses.

### 2. INVESTOR PROFILE

Have you previously purchased mutual funds or other securities?  No  Yes If yes, number of years: \_\_\_\_\_

Investment Objective (check one):  Safety of Principal  Long-Term Growth  Income

Risk Profile:  Higher Risk  Aggressive  Moderately Aggressive  Moderate  Moderately Conservative  Conservative  Cautious

#### Financial Situation:

Annual Household Income  Under \$50,000  \$50,000 - \$100,000  Over \$100,000 list amount:\$ \_\_\_\_\_

Net Worth(excluding value of primary residence)  Under \$50,000  \$50,000 - \$100,000  Over \$100,000 list amount:\$ \_\_\_\_\_

Life Insurance (face amount)  Under \$50,000  \$50,000 - \$100,000  Over \$100,000 list amount:\$ \_\_\_\_\_

Tax Bracket: \_\_\_\_\_% Dependents: Number: \_\_\_\_\_ Age(s): \_\_\_\_\_

Client Occupation: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Is the Client employed by or registered with an FINRA member firm?  Yes  No

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### 3. INVESTMENT ELECTIONS

Indicate investment elections below for all future contributions to the Plan. Use whole increments of 1% (no fractions) to total 100%.

- |  |   |
|--|---|
| ____% ALLNCE BRNSTEIN DISC GRWTH Z (CHCZX)       | ____% AMER CAP WORLD GROWTH & INC R6 (RWIGX)  |
| ____% AMERICAN AMCAP R6 (RAFGX)                  | ____% AMERICAN EUROPACIFIC GROWTH R6 (RERGX)  |
| ____% AMERICAN FUNDS AMR BALANCED R6 (RLBGX)     | ____% DFA INFLATION PROTECTED SEC I (DIPSX)   |
| ____% DFA US SUSTAINABILITY CORE 1 (DFSIX)       | ____% DFA US TARGETED VALUE I (DFFVX)         |
| ____% FIXED-INTEREST OPTION (FB125) <sup>1</sup> | ____% INVESCO HIGH YIELD FUND R6 (HYIFX)      |
| ____% JP MORGAN DISCIPL EQUITY R6 (JDEUX)        | ____% LEGG MASON CLRBRG SM CP GRW IS (LMOIX)  |
| ____% PIMCO TOTAL RET INSTL (PTTRX)              | ____% SCHWAB PCRA (SPCRA)                     |
| ____% VANGUARD EQUITY INC ADM (VEIRX)            | ____% VANGUARD FEDERAL M MKT (VMFXX)          |
| ____% VANGUARD INST IDX (VINIX)                  | ____% VANGUARD MIDCAP INDEX INS (VMCIX)       |
| ____% VANGUARD PRIME M MKT (VMMXX)               | ____% VANGUARD REAL ESTATE INDEX ADM (VGS LX) |
| ____% VANGUARD SM CP IDX ADM (VSMAX)             | ____% VANGUARD TARGET RETIRE 2065 (VLXVX)     |
| ____% VANGUARD TGT RTMT 2015 (VTXVX)             | ____% VANGUARD TGT RTMT 2020 (VTWNX)          |
| ____% VANGUARD TGT RTMT 2025 (VTTVX)             | ____% VANGUARD TGT RTMT 2030 (VTHR X)         |
| ____% VANGUARD TGT RTMT 2035 (VTTHX)             | ____% VANGUARD TGT RTMT 2040 (VFORX)          |
| ____% VANGUARD TGT RTMT 2045 (VTIVX)             | ____% VANGUARD TGT RTMT 2050 (VFIFX)          |
| ____% VANGUARD TGT RTMT 2055 (VFFVX)             | ____% VANGUARD TGT RTMT 2060 (VTTSX)          |
| ____% VANGUARD TGT RTMT INC (VTINX)              | ____% VANGUARD TL BD MK IDX ADM (VBTLX)       |
| ____% VANGUARD TOT INTL STOCK INST (VTSNX)       | ____% WELLSFARGO SP MD CP VAL R6 (WFPRX)      |
- 100% Total

<sup>1</sup> Policy Form GFUA-398 or GFUA-12, a group fixed unallocated annuity, issued by The Variable Annuity Life Insurance Company, Houston, Texas.

### 4. DOCUMENT DELIVERY CHOICES

E-mail Address: \_\_\_\_\_

**By providing my e-mail address above, I elect to enroll in Personal Deliver-e®, VALIC's electronic document delivery service**

Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. VALIC will send e-mail notices when regulatory disclosures, transaction confirmations and account statements are available for viewing and/or printing online. You may customize your selections at [aig.com/RetirementServices](http://aig.com/RetirementServices).

**I elect to continue receiving account information and related materials in a printed format.**

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### 5. CLIENT SIGNATURE

I understand that transfers from the Fixed-Interest Option may be restricted. I understand that mutual fund investment return and principal value will fluctuate so that when redeemed any shares in my Plan account may be worth more or less than the original cost. I affirm that the information on this form is accurate and complete, to the best of my knowledge.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Signed At: City/State

**Upon completion of this form, a Beneficiary Designation Form must be submitted with document to VALIC Retirement Services Company.**

Please fax this form and any documentation to 1-877-202-0187 or mail to the address below for processing:

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

If overnight delivery:

VALIC Retirement Services Company  
1050 N. Western St.  
Amarillo, TX 79106-7011

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

### For Home Office Use Only

\_\_\_\_\_  
Financial Advisor Name (Print)

\_\_\_\_\_  
Financial Advisor Signature Date

Agent#: \_\_\_\_\_ Region Code: \_\_\_\_\_

\_\_\_\_\_  
Principal Approval Date