

Teachers' Retirement System of Louisiana Optional Retirement Plan Enrollment Form

Welcome to AIG Retirement Services

- Enclosed are your enrollment documents.
- Please complete and return the Teachers' Retirement System of Louisiana Retirement Plan Enrollment Form (pages 1 - 2) to your financial advisor.

Teachers' Retirement System of Louisiana Optional Retirement Plan Enrollment Form

Group ID# 45000001 CS: 9 CS:C

VALIC Retirement Services Company (VRSCO)

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: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____
 Business Personal Business Mobile Personal Mobile Business Personal Business Mobile Personal Mobile

Mailing Address* (if different from residence): _____

City: _____ State: _____ ZIP: _____

* All accounts will be updated with these addresses.

Location Code (See attached location codes):

2. BENEFICIARY DESIGNATION

- To ensure that all beneficiaries are identified, list each by name.
- If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
- Refer to the Beneficiary Designation section in the Information for examples of acceptable designations.
- Percentage total must equal 100%.
- If a Beneficiary is a minor, please complete and attach a Beneficiary Designation Form.

PRIMARY BENEFICIARIES: Primary beneficiaries receive death benefits upon the participant's death. (This section must be completed even if there are designations for other accounts on file.)

Beneficiary Name:

1. Name: _____ Phone: (____) _____ SSN or Tax ID: _____

E-mail: _____ Relationship: _____ DOB or Trust Date: _____ Percent: _____ %

Address: _____ City: _____ State: _____ ZIP: _____

2. Name: _____ Phone: (____) _____ SSN or Tax ID: _____

E-mail: _____ Relationship: _____ DOB or Trust Date: _____ Percent: _____ %

Address: _____ City: _____ State: _____ ZIP: _____

- Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form.
Print your name and social security number at the top of each separate sheet attached.

CONTINGENT BENEFICIARIES: Contingent beneficiaries receive death benefits if all the primary beneficiaries are deceased at the time of the participant's death. (This section must be completed even if there are designations for other accounts on file.)

1. Name: _____ Phone:(____) _____ SSN or Tax ID: _____

E-mail: _____ Relationship: _____ DOB or Trust Date: _____ Percent: _____ %

Address: _____ City: _____ State: _____ ZIP: _____

2. Name: _____ Phone:(____) _____ SSN or Tax ID: _____

E-mail: _____ Relationship: _____ DOB or Trust Date: _____ Percent: _____ %

Address: _____ City: _____ State: _____ ZIP: _____

- Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form.
Print your name and social security number at the top of each separate sheet attached.

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3. INVESTOR PROFILE

Has the Client 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 Moderately Aggressive Moderately Conservative Cautious
 Aggressive Moderate Conservative

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

4. DELIVERY OPTION ELECTION

E-mail Address: _____ Business Personal

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 transaction confirmations and account statements are available for viewing and/or printing online. Customize your selections online at aig.com/RetirementServices

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

5. INVESTMENT ELECTIONS

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

_____ % American AMCAP R6 (RAFGX)	_____ % Vanguard Explorer Adm (VEXRX)
_____ % American EuroPacific Growth R6 (RERGX)	_____ % Vanguard Federal M Mkt Inv (VMFXX)
_____ % Blackrock Hi Yld BND Blackrock (BRHYX)	_____ % Vanguard Inst Idx (VINIX)
_____ % DFA Inflation Protected SEC I (DIPSX)	_____ % Vanguard Midcap Index Ins (VMCIX)
_____ % DFA US Small Cap Value I (DFSVX)	_____ % Vanguard Tgt Rtmt 2020 (VTWNX)
_____ % DFA US Sustainability Core I (DFSIX)	_____ % Vanguard Tgt Rtmt 2030 (VTHRX)
_____ % Invesco Developing Markets R6 (GTDFX)	_____ % Vanguard Tgt Rtmt 2040 (VFORX)
_____ % Invesco Stable Value Trust (TRSSV)	_____ % Vanguard Tgt Rtmt 2050 (VFIFX)
_____ % JP Morgan Discipl Equity R6 (JDEUX)	_____ % Vanguard Tgt Rtmt 2060 (VTTSX)
_____ % Pimco L/T US Govt Instl (PGOVX)	_____ % Vanguard Tgt Rtmt Inc (VTINX)
_____ % Pimco Total Ret Instl (PTRRX)	_____ % Vanguard Total Bond Index I (VBTIX)
_____ % Principle Real Estate Sec Inst (PIREX)	_____ % Vanguard Windsor Admiral (VWNEX)
_____ % Vanguard Developed Mkt Ind Fund Inst (VTMNX)	100% Total

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6. 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 their 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 SALARY REDUCTION AGREEMENT MUST BE SUBMITTED WITH THIS 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 Document Control
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

AIG Retirement Services represents AIG member companies - The Variable Annuity Life Insurance Company (VALIC) and its subsidiaries, VALIC Financial Advisors, Inc. (VFA) and VALIC Retirement Services Company (VRSCO). All are members of American International Group, Inc. (AIG).

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INFORMATION

BENEFICIARY DESIGNATION (Primary and/or Contingent)

A beneficiary should always be designated. Beneficiary categories are:

PRIMARY BENEFICIARY -One who receives any benefits after the Participant dies.

CONTINGENT BENEFICIARY - One who receives any benefits if the primary beneficiary dies before the Participant dies.

A beneficiary can be an **INDIVIDUAL**, an **INSTITUTION**, an **ENTITY**, or a **TRUSTEE**.

INDIVIDUAL as beneficiary: Jane A. Doe

INSTITUTION or **ENTITY** as beneficiary (state whether the institution is a corporation):

The Evergreen Company, a Texas Corporation

The ABC Charity, a Texas non-profit Corporation

TRUSTEE as beneficiary:

XYZ Bank and Trust Company or its successors, as Trustee under trust agreement dated January 31, 1982; or The Trustee under my will.

If you wish to designate as beneficiaries your current children, and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided between the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

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

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Amarillo, TX 79105-5648

Overnight delivery:

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1050 N. Western St.
Amarillo, Texas 79106-7011

Teachers' Retirement System of Louisiana Location Codes

Location Code	Location Name	Location Code	Location Name
1	ACADIA PSB	57	VERMILION PSB
2	ALLEN PSB	58	VERNON PSB
3	ASCENSION PSB	59	WASHINGTON PSB
4	ASSUMPTION PSB	60	WEBSTER PSB
5	AVOUELLES PSB	61	WEST BATON ROUGE PSB
6	BEAUREGARD PSB	62	WEST CARROLL PSB
7	BIENVILLE PSB	63	WEST FELICIANA PSB
8	BOSSIER PSB	64	WINN PSB
9	CADDO PSB	65	BOGALUSA CITY SCHOOLS
10	CALCASIEU PSB	67	MONROE CITY SCHOOLS
11	CALDWELL PSB	68	LA DEPT OF EDUCATION
12	CAMERON PSB	69	LA TECH UNIVERSITY
13	CATAHOULA PSB	70	NORTHWESTERN STATE UNIV
14	CLAIBORNE PSB	71	LSU-BATON ROUGE
15	CONCORDIA PSB	72	UNIV OF NEW ORLEANS
16	DESOTO PSB	74	LSU MEDICAL CENTER-NO
17	EAST BATON ROUGE PSB	75	NICHOLLS STATE UNIV
18	EAST CARROLL PSB	76	SOUTHEASTERN LA UNIV
19	EAST FELICIANA PSB	77	UNIV OF SOUTHWESTERN LOUISIANA
20	EVANGELINE PSB	78	GRAMBLING STATE UNIV
21	FRANKLIN PSB	79	SOUTHERN UNIV-BR
22	GRANT PSB	80	SOUTHERN UNIV-NO
23	IBERIA PSB	83	LA SCH FOR VISUALLY IMPAIRED
24	IBERVILLE PSB	84	LA SCHOOL FOR THE DEAF
25	JACKSON PSB	86	DELGADO COMM COLLEGE
26	JEFFERSON PSB	91	SOWELA TECHNICAL COMMUNITY
27	JEFFERSON DAVIS PSB	96	LA ASSOC OF EDUCATORS
28	LAFAYETTE PSB	97	TEACHERS' RETIREMENT SYSTEM OF LA
29	LAFOURCHE PSB	98	MCNEESE STATE UNIV
30	LASALLE PSB	99	THE UNIVERSITY OF LA AT MONROE
31	LINCOLN PSB	100	L.E. FLETCHER TECHNICAL COMMUNITY
32	LIVINGSTON PSB	106	LA SPECIAL EDUCATION CENTER
33	MADISON PSB	107	LA SCHOOL FOR MATH, SC, & ARTS
34	MOREHOUSE PSB	119	LA HIGH SCH ATHLETIC ASSOC
35	NATCHITOCHES PSB	123	ST TAMMAY FED OF TEACHERS
36	ORLEANS PSB	127	BD OF ELEM & SEC EDUCATION
37	OUACHITA PSB	129	LSU-SHREVEPORT
38	PLAQUEMINES PSB	136	SOUTHERN UNIV-SHRVPT/BOSSIER
39	POINTE COUPEE PSB	138	LA DEPT OF SOCIAL SERVICES
40	RAPIDES PSB	140	LA DEPARTMENT OF CORRECTIONS
41	RED RIVER PSB	144	HAMMOND DEV CENTER
42	RICHLAND PSB	145	SOUTHWEST LA DEVEL CENTER
43	SABINE PSB	146	PINECREST DEVEL CENTER
44	ST BERNARD PSB	147	UNITED TEACHERS OF NO
45	ST CHARLES PSB	149	LSU MEDICAL CTR-SHRVPRT
46	ST HELENA PSB	151	RUSTON DEVELOPMENTAL CENTER
47	ST JAMES PSB	156	BD. OF SUPERVISORS-UNIV. OF LA. SYSTEM
48	ST JOHN THE BAPTIST PSB	159	ELAINE P NUNEZ COMM COLLEGE
49	ST LANDRY PSB	186	LA FED OF TEACHERS
50	ST MARTIN PSB	191	LA DEPT OF AG & FORESTRY
51	ST MARY PSB	192	SPECIAL ED DISTRICT #1
52	ST TAMMANY PSB	194	LA DEPT OF PUBLIC SAFETY
53	TANGIPAHOA PSB	195	RAPIDES FED OF TEACHERS/SCHOOL EMP
54	TENSAS PSB	196	LA STATE SENATE
55	TERREBONNE PSB	197	LA HOUSE OF REPRESENTATIVES
56	UNION PSB	198	LA DIV OF ADMINISTRATION

Teachers' Retirement System of Louisiana Location Codes

Location Code	Location Name	Location Code	Location Name
200	LA BOARD OF REGENTS	264	EDUCATION 2000 CHARTER SCHOOL
202	LA DEPT OF CULTURE , REC & TOURISM	265	THE STREET ACADEMY CHARTER SCHOOL
203	LA DEPT OF WILDLIFE & FISHERIES	270	LA OFFICE OF STUDENT FINANCIAL ASSISTANCE
205	LA DEPT OF HEALTH & HOSPITALS	271	DEPT. OF ELECTIONS AND REGISTRATION
206	W O MOSS REGIONAL HOSP	272	SECRETARY OF STATE
207	ASSOCIATED PROF EDUCATORS OF LA	273	LA TECHNICAL COLLEGE SYSTEM
209	CHARITY HOSPITAL - NEW ORLEANS	274	TENSAS CHARTER SCHOOL
210	LA DEPARTMENT OF JUSTICE	275	NEW ORLEANS CENTER FOR CREATIVE ARTS
211	LA UNIVERSITIES MARINE CONSORTIUM	276	AVOYELLES PUBLIC CHARTER SCHOOL INC.
213	COURT OF APPEAL, 4TH CIRCUIT	277	LSU HEALTH SCIENCES CENTER
215	UNIVERSITY MEDICAL CENTER- LAFAYETTE	278	BATON ROUGE CHARTER HIGH SCHOOL
216	JEFFERSON PARISH COUNCIL	279	MONROE FEDERATION OF TEACHERS & SCHOOL EMPLOYEES
217	LA DEPARTMENT OF ENVIRONMENTAL QUALITY	280	DELHI CHARTER HIGH SCHOOL
219	COUNCIL FOR THE DEVELOPMENT/ FRENCH IN LA	281	LOUISIANA DELTA COMMUNITY COLLEGE
221	LOUISIANA SYSTEMIC INITIATIVE PROGRAM	282	VILLA FELICIANA MEDICAL COMPLEX
222	DEPARTMENT OF ISSUANCE	283	EAST BATON ROUGE FEDERATION OF TEACHERS
223	ALLEN PARISH ASSESSORS OFFICE	284	BELLE CHASSE ACADEMY
225	E A CONWAY MEDICAL CENTER	285	CITY OF BAKER SCHOOL BOARD
226	LEONARD J. CHABERT MEDICAL CENTER	286	ZACHARY COMMUNITY SCHOOL BOARD
227	MILITARY DEPARTMENT	288	LA STATE BRD PRACTICAL NURSE EXAMINERS
228	WARE YOUTH CENTER (LA JUVENILE DETENTION CTR)	289	FLORIDA PARISHES HUMAN SERVICES AUTHORITY
229	SOUTHEAST LOUISIANA HOSPITAL	290	METROPOLITAN HUMAN SERVICES DISTRICT
230	LA STATE LAW INSTITUTE	291	RECOVERY SCHOOL DISTRICT
231	DEPARTMENT OF VETERANS AFFAIRS	292	KIPP PHILLIPS ACADEMY CHARTER SCHOOL
232	HUEY P. LONG MEDICAL CENTER	295	ALGIERS CHARTER SCHOOLS ASSOCIATION
233	EARL K LONG MEDICAL CENTER	296	OFFICE OF JUVENILE JUSTICE
234	LA STATE EMPLOYEES RETIREMENT SYSTEM	297	ADVOCATES FOR ACADEMIC EXCELLENCE
235	OFFICE OF THE LEGISLATIVE AUDITOR	298	FRECH AND MONTESSORI EDUCATION INC
236	DEPARTMENT OF NATURAL RESOURCES	299	ADVOCATES FOR SCIENCE & MATH INC
237	OFFICE OF THE LIEUTENANT GOVERNOR	300	ADVOCATES FOR ARTS - BASED EDUCATION CORP
238	DEPARTMENT OF REVENUE & TAXATION	301	CAPITAL AREA HUMAN SERVICES DISTRICT
239	WASHINGTON-ST TAMMANY REGIONAL MEDICAL CENTER	305	DHH/CITIZENS WITH DEVELOPMENTAL DISABILITIES
240	LOUISIANA DEPARTMENT OF LABOR	307	EINSTEIN CHARTER SCHOOL
241	TREASURY DEPARTMENT	311	THE LEONA LOUISIANA EMPLOYMENT GROUP
242	BOSSIER PARISH COMMUNITY COLLEGE	312	CENTRAL COMMUNITY SCHOOL SYSTEM
243	LA DEPT OF TRANSPORTATION & DEVELOPMENT	314	PRIESTLEY SCHOOL OF ARCHITECTURE/ CONSTR
244	CIVIL SERVICE/DIV. ADMINISTRATIVE LAW	316	LAFAYETTE ACADEMY CHARTER SCHOOL
245	LSU/LALLIE KEMP MEDICAL CENTER	319	100 BLACK MEN CAPITAL CHARTER
246	UTNO HEALTH AND WELFARE FUND	325	ADVANCE BATON ROUGE CHARTER SCHOOL
247	EASTERN LOUISIANA MENTAL HEALTH SYSTEM	326	LOUISIANA BOARD OF PHARMACY
248	JEFFERSON PARISH HUMAN SERVICES AUTHORITY	327	LOUISIANA PUBLIC DEFENDER BOARD
249	CADDO FEDERATION OF TEACHERS	329	NEW ORLEANS CHARTER SCHOOLS FOUNDATION
250	SOUTH LOUISIANA COMMUNITY COLLEGE	331	KENILWORTH SCIENCE & TECHNOLOGY CHARTER
251	ST. BERNARD PORT HARBOR AND TERMINAL DISTRICT		
252	ST LANDRY CHARTER SCHOOL		
253	WEBSTER PARISH SALES TAX COMMISSION		
254	SEVENTEENTH JUDICIAL DISTRICT		
255	NEW VISION LEARNING ACADEMY		
257	BATON ROUGE COMMUNITY COLLEGE		
258	RIVER PARISHES COMMUNITY COLLEGE		
259	LA COMMUNITY & TECHNICAL COLLEGE SYSTEM		
260	GLENCO CHARTER SCHOOL		
261	MILESTONE ACADEMY OF LEARNING		
262	RIGHT STEP ACADEMY OF EXCELLENCE		
263	NORTHWOOD PREPARATORY HIGH SCHOOL		