

**The Variable Annuity Life Insurance Company (VALIC)**

Houston, Texas

For VALIC Annuity 403(b) Plan Accounts Only

Original Form Required for Processing

Mail Completed Forms to:

VALIC Document Control

P.O. Box 15648, Amarillo, TX 79105-5648

Call 1-800-448-2542 for assistance.

**1. CLIENT INFORMATION**

Name: Ricardo Azevedo SSN or Tax ID: 643-84-4476  
Address: 915 Franklin St. #3A City: Houston State: TX ZIP: 77002  
Daytime Phone: (713) 992-2138 Date of Birth: 11/03/1970 Group Name/Number: 01547

**2. ROLLOVER/TRANSFER OUT REQUEST**

Indicate if you are requesting a Rollover or Transfer by checking one of the boxes below. Do not check either box if you are requesting a Transfer to Purchase Credit (complete information below). See Information pages for more details.

- ☐ **Rollover Distributions**
- Must have met a distributable event (See Information pages)
  - Generally not restricted by receiving plan
  - Not taxable if certain conditions are met
  - Are reported to IRS
- ☒ **Exchange: Moving assets from one investment provider to another investment provider within the same employer's plan.**
- Permitted only to investment providers approved by the plan
  - Not a plan distribution
- ☐ **Transfer: Moving assets from one employer's plan to a different employer's like plan.**
- Must have met a distributable event
  - Generally subject to restrictions of receiving plan
  - Not taxable and not reported to IRS

Indicate Receiving Plan Type for Rollover/Transfer or Exchange:

☒ 403(b) ☐ 401(a)/403(a) ☐ 401(k) ☐ SEP or Traditional IRA ☐ 457(b) Governmental Deferred Compensation ☐ Roth IRA ☐ Non-spousal Inherited IRA

Transfers to Purchase Service Credit (refer to Information pages for additional information): Indicate Retirement Date (if known) \_\_\_\_\_

☐ I elect to transfer funds to purchase service credit. REQUIRED: Attach State Defined Benefit Plan Documentation providing the dollar amount of eligibility.

Transfers/Exchange to 403(b) plan: REQUIRED: Must attach receiving vendor letter of authorization or obtain signature in section 5 below. In addition, if an approved vendor listing is not on file with VALIC, must obtain Plan Administrator signature in section 8.

Choose from one of the following distribution types below.

For withdrawals, be sure to include each account number and the amounts/percentages for each account.

For surrenders, be sure to include each account number that should be surrendered.

If you do not specify withdrawal or surrender, we will default to surrender.

In accounts/contracts containing Multi-Year Terms, distributions made prior to maturity date may be subject to a market value adjustment.

**Option A → Withdrawal**

- Distributes funds as requested and leaves account open
- Future contributions accepted, if your contract allows
- No impact to outstanding loans

Optional: You may request we distribute the amount pro-rata against all funds or specify an amount or percentage to be taken from each fund for the account(s) listed below. If neither option is specified, the funds will be withdrawn in the following order: Fixed Account (FB001/FB004/FB009), Short Term Fixed (FP002), Largest Variable Investment Option, Second Largest Variable Investment Option, etc., Fixed Account Plus Enhanced (FB003) and lastly the Multi-Year Term(s).

Account # _____	Account # _____	Account # _____
\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %
<b>Choose One:</b>	<b>Choose One:</b>	<b>Choose One:</b>
<input type="checkbox"/> Distribute the amount pro-rata against all funds	<input type="checkbox"/> Distribute the amount pro-rata against all funds	<input type="checkbox"/> Distribute the amount pro-rata against all funds
<input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:	<input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:	<input type="checkbox"/> Distribute the amount or percentage from each fund as specified below:
Fund Code      Amount	Fund Code      Amount	Fund Code      Amount
_____ \$ _____ or _____ %	_____ \$ _____ or _____ %	_____ \$ _____ or _____ %
_____ \$ _____ or _____ %	_____ \$ _____ or _____ %	_____ \$ _____ or _____ %
_____ \$ _____ or _____ %	_____ \$ _____ or _____ %	_____ \$ _____ or _____ %

**Option B → Surrender**

- Automatically closes account
- Future contributions will not be accepted
- If you have an outstanding loan(s), see below

If you have an outstanding loan(s) and request a surrender of your account, a 100% withdrawal will be processed leaving your account open with no impact to outstanding loans or loan security. However, you may request your account be closed and any outstanding loan(s) terminated by checking the box below under the account number. Termination of a loan(s) may result in a taxable distribution(s). If all regulatory requirements are not met to allow a loan termination, the loan(s) will remain intact.

Account # 7191618

Account # \_\_\_\_\_

Account # \_\_\_\_\_

☐ DO Terminate my Loan☐ DO Terminate my Loan☐ DO Terminate my Loan**3. ROLLOVER DISTRIBUTION REASON This section is required if you checked "Rollover Distribution" above.**☐ Separation from Service as of \_\_\_\_\_ (date) due to:☐ Termination ☐ Early Retirement ☐ Normal Retirement

Other Distributions:

☐ BeneficiaryDid you separate from service during or after the year you attained Age 55? ☐ Yes ☐ No☐ Qualified Domestic Relations Order (QDRO) Payment☐ In-service Withdrawal of available funds other than hardship.☐ Permanent/Total Disability as of \_\_\_\_\_ (date). Termination Date: \_\_\_\_\_ Attach Doctor's Statement or Social Security Administration Documentation.**4. SPECIAL INSTRUCTIONS****5. PAYEE TRANSFER/EXCHANGE COMPANY INSTRUCTIONS**

Fidelity

Payee Rollover/Transfer Company Name

85603

Receiving Account Number

Attention Line/Internal Mail Code

100 Crosby Parkway KC1E

Address

Covington

City

KY

State

41015

ZIP

Amounts will not be transferred to 403(b) vendors unless vendors' products are approved under the employer's plan or vendors have entered into an information-sharing agreement with the employer. Attach a letter of authorization on vendor letterhead or obtain 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

ERISA covered and certain other employer plans require the client to state his/her marital status and the spouse to consent to this distribution. Please check the appropriate box below:

REQUIRED FOR CLIENT: Client Marital Status

☐ Not Married ☐ Married

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.

Spouse (Print Name): \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPOUSE'S SIGNATURE WITNESSED BY NOTARY PUBLIC**

This section is only to be used for a Notary Public's witnessing of the Spousal Consent *in absence of the Plan Administrator's Witness*.

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ (name of spouse) known to me to be the person who executed the SPOUSAL CONSENT and he/she acknowledged to me that he/she executed the same.

Notary Public \_\_\_\_\_

**7. VESTING DETERMINATION FOR EMPLOYER CONTRIBUTION SOURCES (To be completed by the employer sponsoring the plan)**

Complete if VALIC does not provide full plan administration services to the Plan

Employer Basic Vested 100 %

Employer Matching Vested 100 %

Employer Other Vested \_\_\_\_\_ %

Standard Service Account Only: \$ \_\_\_\_\_

Complete if VALIC does provide full plan administration services to the Plan.

Indicate hours worked if "hours of service" method is used to calculate vesting.

Indicate months worked if "elapsed time" method is used to calculate vesting. Any month in which an employee was compensated for one hour must be counted as a month worked.

Hours of Service Hours Worked: \_\_\_\_\_

Elapsed Time Months Worked: \_\_\_\_\_

**8. PLAN ADMINISTRATOR APPROVAL**

To be completed where required as indicated in section 2 above or under your employer's plan.

- I approve this distribution in accordance with current plan provisions and all applicable laws and regulations\*.
- I verify that the information provided on this form for purposes of this distribution is correct to the best of my knowledge.
- I affirm that in the event of a transfer that the Payee noted in section 5 is either an approved provider under the Plan or has entered into an information-sharing agreement with the employer.

Check One If Spousal Consent Required

- ☐ The Plan Administrator's signature serves as witness of the Client's Spouse's signature under the SPOUSAL CONSENT section of this form (unless spouse's signature is notarized in section 6).
- ☐ The Plan Administrator's signature does NOT serve as witness of the Client's Spouse's signature under the SPOUSAL CONSENT section of the form.
- ☐ The client has established to my satisfaction that spousal consent is not required.

\*PLEASE NOTE: If group plan provisions include an approved vendor list, the vendor noted in section 5 MUST be part of the list on file with VALIC. If the vendor noted in section 5 is NOT one of the approved vendors on file with VALIC, processing will be delayed. Therefore, please provide a current vendor list or letter authorizing VALIC to add the approved vendor.

Deanna Holmes  
Plan Administrator's Name (Print Name)

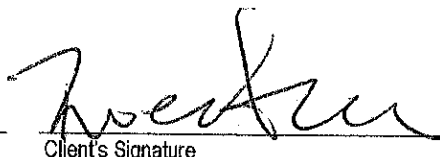
  
Plan Administrator's Signature

01/06/2023  
Date

- 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 Living Benefit 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.
- You may contact VALIC at 1-800-448-2542 to obtain information about your current contract, including but not limited to your current death benefit, cash surrender value, and the amount of any outstanding loan and the impact of a withdrawal.

Ricardo Azevedo

Client's Name (Print Name)

  
Client's Signature

01/01/2023

Date

For requests of \$25,000 or more, either a Signature Guarantee (section 9) or your VFA representative's signature (section 10) is required

**Signature Guarantee:**

- You may obtain a signature guarantee from an eligible guarantor including a bank, broker-dealer, municipal securities dealer, government securities broker, credit union (if authorized under state law), national securities exchange, registered securities association, clearing agency or savings association.
- The Guarantor should be informed of the approximate amount of the distribution and must affix a stamp in the box to the right.
- A notarization by a notary public is not acceptable.

Signature Guarantee (if applicable)

**10. FINANCIAL REPRESENTATIVE/LICENSED AGENT INFORMATION AND SIGNATURES**

To be completed by your VFA representative or transferring Broker-Dealer Agent.

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

Branch Office Address: \_\_\_\_\_

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

Licensed Agent/Registered Representative (Print Name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Licensed Agent's/Registered Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_