

VALIC Retirement Services Company

Plan ID# UNCORP

### 1. PARTICIPANT INFORMATION

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

Resident Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Marital Status:  Married  Not Married

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

Location of Employer: City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

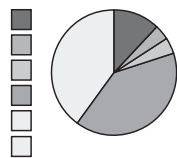
Are you employed by or holding a license with National Association of Securities Dealers, Inc. (NASD) member firm?  Yes  No

If yes, name the firm: \_\_\_\_\_

### 2. CONTRIBUTION INVESTMENT ELECTIONS

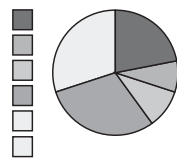
**Option A. Select an allocation from our Sample Portfolios:** These are examples and not recommendations. Your allocation should reflect your personal goals and investment preferences. (Select only one):

**Conservative**



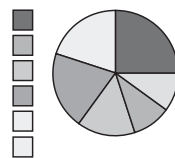
Large Cap Stocks 12% ▶  
4% Dreyfus S&P 500 Index  
4% Merrill Large Cap Value A  
4% Amer Funds Grth Fund R4  
Small Cap Stocks 4% ▶  
4% Dreyfus Sm Cap Stk Index  
International Stocks 4% ▶  
4% Janus Adv Intl Grth S  
Domestic Fixed Income 40% ▶  
30% Dreyfus Bond Mkt Index  
10% AmerCent Inf-Adj Bond Adv  
Fixed Annuity\* 40% ◁

**Moderately Conservative**



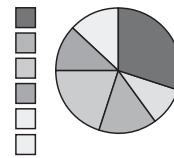
Large Cap Stocks 22% ▶  
10% Dreyfus S&P 500 Index  
8% Merrill Large Cap Value A  
4% Amer Funds Grth Fund R4  
Small Cap Stocks 8% ▶  
8% Dreyfus Sm Cap Stk Index  
International Stocks 10% ▶  
10% Janus Adv Intl Grth S  
Domestic Fixed Income 30% ▶  
25% Dreyfus Bond Mkt Index  
5% AmerCent Inf-Adj Bond Adv  
Fixed Annuity\* 30% ◁

**Moderate**



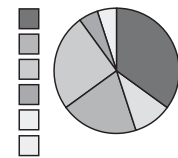
Large Cap Stocks 25% ▶  
15% Dreyfus S&P 500 Index  
5% Merrill Large Cap Value A  
5% Amer Funds Grth Fund R4  
Mid Cap Stock 10% ▶  
10% Dreyfus Mid Cap Index  
Small Cap Stocks 10% ▶  
10% Dreyfus Sm Cap Stk Index  
International Stocks 15% ▶  
15% Janus Adv Intl Grth S  
Domestic Fixed Income 20% ▶  
15% Dreyfus Bond Mkt Index  
5% AmerCent Inf-Adj Bond Adv  
Fixed Annuity\* 20% ◁

**Moderately Aggressive**



Large Cap Stocks 30% ▶  
15% Amer Funds Grth Fund R4  
15% Merrill Large Cap Value A  
Mid Cap Stock 10% ▶  
10% Dreyfus Mid Cap Index  
Small Cap Stocks 15% ▶  
15% Dreyfus Sm Cap Stk Index  
International Stocks 20% ▶  
20% Janus Adv Intl Grth S  
Domestic Fixed Income 12% ▶  
12% Dreyfus Bond Mkt Index  
Fixed Annuity\* 13% ◁

**Aggressive**



Large Cap Stocks 35% ▶  
20% Amer Funds Grth Fund R4  
15% Merrill Large Cap Value A  
Mid Cap Stock 10% ▶  
10% Dreyfus Mid Cap Index  
Small Cap Stocks 20% ▶  
10% Dreyfus Prem Sm Cap Val R  
10% Salomon Bros Sm Cap Grth A  
International Stocks 25% ▶  
25% Janus Adv Intl Grth S  
Domestic Fixed Income 5% ▶  
5% Dreyfus Bond Mkt Index  
Fixed Annuity\* 5% ◁

**OR**

**Option B. Create your own allocation mix:**

(Percent allocations must equal 100%.)

_____ % AmCent Gov M Mkt (BGAXX)	_____ % Dreyfus Prem Small Cap Val R (DSVRX)	_____ % Salomon Bros Small Cap Grth A (SASMX)
_____ % Amer Funds Amer Bal R4 (RLBEX)	_____ % Dreyfus S&P 500 Index (PEOPX)	_____ % T. Rowe Price Rtmt 2010 Ad (PARAX)
_____ % Amer Funds Grth Fund R4 (RGAEX)	_____ % Dreyfus Small Cap Stock Index (DISSX)	_____ % T. Rowe Price Rtmt 2020 Ad (PARBX)
_____ % AmerCent Inflat-Adj Bd Adv (AIAVX)	_____ % Janus Adv Intl Grth S (JIGRX)	_____ % T. Rowe Price Rtmt 2030 Ad (PARCX)
_____ % AmerCent Real Estate Adv (AREEX)	_____ % Merrill Large Cap Value A (MDLVX)	_____ % T. Rowe Price Rtmt 2040 Ad (PARDX)
_____ % Davis NY Venture A (NYVTX)	_____ % Munder Mid Cap Core Grth A (MGOAX)	_____ % T. Rowe Price Rtmt Income A (PARIX)
_____ % Dreyfus Bond Mkt Idx Inv (DBMIX)	_____ % Oppenheimer Global A (OPPAX)	_____ % VALIC Fixed-Interest Option (FIXED7)*
_____ % Dreyfus Mid Cap Index (PESPX)	_____ % Pioneer Mid Cap Value R (PCMRX)	

\*A VALIC group fixed annuity (policy form GFA-504) The Variable Annuity Life Insurance Company, Houston, Texas. See Withdrawal Restrictions in the Information section, page 3.

**3. CAMPUS LOCATION**

Please check one:

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Appalachian State University               | <input type="checkbox"/> 10 North Carolina School of the Arts                   |
| <input type="checkbox"/> 2 University of North Carolina at Wilmington | <input type="checkbox"/> 11 North Carolina State University                     |
| <input type="checkbox"/> 3 Western Carolina University                | <input type="checkbox"/> 12 University of North Carolina at Asheville           |
| <input type="checkbox"/> 4 University of North Carolina at Pembroke   | <input type="checkbox"/> 13 University of North Carolina at Chapel Hill         |
| <input type="checkbox"/> 5 East Carolina University                   | <input type="checkbox"/> 14 University of North Carolina at Charlotte           |
| <input type="checkbox"/> 6 Elizabeth City State University            | <input type="checkbox"/> 15 University of North Carolina at Greensboro          |
| <input type="checkbox"/> 7 Fayetteville State University              | <input type="checkbox"/> 16 Winston-Salem State University                      |
| <input type="checkbox"/> 8 North Carolina A&T State University        | <input type="checkbox"/> 17 University of North Carolina General Administration |
| <input type="checkbox"/> 9 North Carolina Central University          |   |

**4. BENEFICIARY DESIGNATION**

List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. If a Beneficiary is a minor, please complete and attach a Beneficiary Designation Form (VL 14448). Percentage must total 100%.

**PRIMARY:**

Name(s):	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole%):
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

**CONTINGENT:**

Name(s):	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole%):
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

**5. ENROLLMENT METHOD**

**Did a VALIC Financial Advisor assist you with this enrollment?**  No  Yes If yes, complete Investor Profile section below.

**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:**  Aggressive  Moderately Aggressive  Moderate  Moderately Conservative  Conservative

**Financial Situation:**

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

Net Worth:  Under \$50,000  \$50,000 – \$100,000  Over \$100,000 list amount: \$ \_\_\_\_\_  
(excluding value of Primary Residence)

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

Occupation: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

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

**6. PARTICIPANT AFFIRMATIONS AND STATEMENTS**

This application is subject to acceptance by the Company at its Home Office. Proof of age must be furnished before Annuity Payments begin. Upon completion of this form, a Salary Reduction Agreement, if applicable, must be submitted with this form to VALIC Retirement Services Company.

Do you have an existing annuity or life insurance contract?  No  Yes

Is this a replacement of an existing annuity or life insurance contract?  No  Yes If yes, complete the following:

Company Name: \_\_\_\_\_ Contract Number(s): \_\_\_\_\_

**By signing this form, I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief, and that I have read and understand the information provided below on the following subjects:**

- **Fraud Warnings**
- **Redemptions from Optional Retirement Programs and other Plans (if applicable)**
- **Withdrawal Restrictions**

Check if you own or participate in another VALIC Product.

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Dated at (City/State)

**INFORMATION**

**We are required to advise you of the following:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS**

Distributions from employer-sponsored retirement programs, including Optional Retirement Programs, will be subject to any limitations imposed by the plan.

**WITHDRAWAL RESTRICTIONS**

When you invest funds in the VALIC Fixed-Interest Option (Fixed Option), you will receive a Certificate that contains a summary of your rights and benefits under Contract GFA-504. There are limitations on the amount that may be transferred or withdrawn from the Fixed Option. While employed, unless you are transferring funds for the purpose of a loan or making a hardship withdrawal, you may only withdraw 20% of the amount allocated to this option in any year. Multiple withdrawals may be made until 20% of the amount allocated to the Fixed Option is transferred or withdrawn.

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.

Questions about this form may be directed to **1-888-568-2542**, Monday through Friday, 7 a.m. to 8 p.m. Central Time.

Please fax this form to **1-877-202-0187** or mail to:

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

Overnight delivery:

VALIC Retirement Services Company, Inc.  
2261 S.E. 27th Avenue  
Amarillo, Texas 79103

**FOR VALIC USE ONLY:**

Agent #: \_\_\_\_\_ Region Code: 32 Issue State: \_\_\_\_\_

As representative I  do  do not have reason to believe that replacement of existing life insurance or annuity may be involved.

\_\_\_\_\_  
Licensed Agent/Registered Representative (Print Name) State License # Licensed Agent/Registered Representative's Signature

\_\_\_\_\_  
Principal Signature Date

AIG VALIC is the marketing name for the group of companies comprising VALIC Financial Advisors, Inc.; VALIC Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a member company of American International Group, Inc.