

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

Mail Completed Forms to: AIG Retirement Document Control P.O. Box 15648, Amarillo, TX 79105-5648 Call 1-800-448-2542 for assistance.

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

Daytime Phone: (____) _____ Date of Birth: _____

Use this form if you are currently employed with the employer sponsoring the Plan. If you have separated from service, please complete a Cash Distribution Form (VL 8725).

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

\$ _____ AMOUNT requested on account of your immediate financial need. You may, at your option, request a distribution amount that includes taxes you reasonably expect to be payable on the distribution you are requesting in an amount not to exceed 40% of your hardship need.

Optional: You may specify an amount or percentage to be taken from each fund for the account(s) listed below. If fund codes are not specified, the funds will be withdrawn in the following order: Fixed Account Plus (FB001), Short Term Fixed (FP002), Largest Variable Investment Option, Second Largest Variable Investment Option,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).

Please Indicate Account(s) you wish to withdraw from.

Account # _____	Account # _____	Account # _____
<input type="checkbox"/> IncomeLOCK Maximum Annual Withdrawal Amount	<input type="checkbox"/> IncomeLOCK Maximum Annual Withdrawal Amount	<input type="checkbox"/> IncomeLOCK Maximum Annual Withdrawal Amount
\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %
Fund Code _____ Amount _____	Fund Code _____ Amount _____	Fund Code _____ Amount _____
_____ \$ _____ or _____ %	_____ \$ _____ or _____ %	_____ \$ _____ or _____ %
_____ \$ _____ or _____ %	_____ \$ _____ or _____ %	_____ \$ _____ or _____ %
_____ \$ _____ or _____ %	_____ \$ _____ or _____ %	_____ \$ _____ or _____ %

3. REASON FOR DISTRIBUTION

Check the appropriate box(es) that describes the nature of your immediate and heavy financial need. Note: Your plan may restrict allowable reasons to either the first four or the first five options.

- Medical expenses for you, your spouse, or your dependent.
- Expenses directly related to the purchase of your principal residence, excluding mortgage payments.
- Tuition-related educational fees, room and board, for post-secondary education for the next 12 months for you, your spouse, your children, or your dependents.
- Amounts required to prevent eviction from, or foreclosure on, your principal residence.
- Funeral expenses of a family member, or travel expense to attend funeral of family member.
- Repairs for uninsured or underinsured damage to your home due to theft, storm or other casualty.
- Other, approved by Plan Administrator of my employer's plan who has reviewed and approved my hardship request, and has signed this form accordingly. (Only available for non-ERISA plans except for governmental and church plans.)

4. INVESTMENT PROVIDER INFORMATION

Plan type of my account: 403(b) 401(a) or 401(k) (If 401(a) or 401(k), skip to Section 5)

This section is applicable to hardship distributions from 403(b) plans. If you are requesting a hardship distribution from a 403(b) plan and Plan Administrator or Third-Party Administrator (TPA) signature is required in Section 9, skip this section. Contact your employer to determine if Plan Administrator or TPA signature is required.

I have funds in this plan with other investment providers: Yes No (If no, skip to Section 5.)

If you answered "Yes" to the question above, the Hardship Distribution Supplement for Investment Providers (on page 3) will be required.

List all other investment providers and account number(s) under this Plan where contributions have been made at any time:

Investment Provider	Customer Service Phone Number	Account Number

Use a separate sheet for additional accounts.

5. MAILING INSTRUCTIONS

The distribution will be mailed to your permanent address on record unless otherwise indicated below.

Street Address _____ City _____ State _____ ZIP _____

- Check if the above is your new permanent address.
- Send check by overnight delivery. I understand, by providing my credit card number below, that there will be a charge billed to my credit card for this service and that a street address is required. If the credit card charge is not approved, the check will be sent by regular mail.

Card # _____ Expiration Date: _____ Master Card Visa American Express

6. INCOME TAX WITHHOLDING

Any amounts that are not eligible for rollover will be subject to 10% federal tax withholding on any taxable amount by VALIC unless you request otherwise below. In addition, any distribution to you will be taxable in the year received and may be subject to an additional 10% penalty tax if you are under age 59½. If you choose not to have taxes withheld, interest and penalties may be imposed by the IRS for any under-withholding.

Federal Withholding Instructions

DO NOT withhold any federal income taxes unless mandated by law. **DO** withhold federal taxes in the amount of _____ % (cannot be less than any mandatory withholding).

State Withholding Instructions

DO NOT withhold any state taxes unless mandated by law. **DO** withhold state taxes in the amount of _____ % (cannot be less than mandatory withholding).

Notice to Non-Resident Aliens: A payment to an address outside the United States may be subject to federal income tax withholding at a 30% rate unless the payee submits a completed IRS Form W-8BEN and the payments are eligible for reduced withholding.

7. SPOUSAL CONSENT

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 Legally Separated: Attach Court Order of Legal Separation (petition not acceptable)

Missing Spouse: I hereby affirm that I have made reasonable attempts to locate my spouse and have not been able to do so.

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'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 _____

8. VESTING DETERMINATION FOR EMPLOYER CONTRIBUTION SOURCES

Vesting Information: To be completed by the employer sponsoring the plan if VALIC is NOT providing full plan administration services.

Employer Basic Vested _____% Employer Supplemental/Matching Vested _____%

All Employers: **Indicate hours worked if Hours of Service is used by your plan to calculate benefits. Indicate months worked if Elapsed Time is used by your plan to calculate benefits. Any month in which an employee was compensated for one hour must be counted as a month worked.**

Hours Worked _____ or Months Worked _____ or \$ _____

9. PLAN ADMINISTRATOR APPROVAL

To be completed where required 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.
- If applicable, the client has established to my satisfaction that spousal consent is not required.
- I affirm that any signature of a client's spouse in Section 7 of this form has been witnessed either by me or by a Notary Public.

Plan Administrator or Authorized Representative Signature

Date

10. CLIENT APPROVAL

- I authorize the above distribution and certify that all statements, including marital statements, are complete and accurate to the best of my knowledge and belief.
- I have read and understand the information provided in the Information pages of this form, including IncomeLOCK Option if applicable, and acknowledge that distributions may be subject to surrender charges as provided in the contract and that this distribution may result in taxable income and penalties.
- 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 am unable to obtain the amount needed from other reasonably available resources and have already reduced the amount of my hardship by other resources that are reasonably available to me, as described in the Information pages of this form, including but not limited to (a) amounts available to me under any retirement plan of my employer, and (b) any loans where repayment would not itself create a hardship.
- I understand that I will be responsible for providing evidence to the IRS, if required, to verify my distribution reason. I agree to maintain supporting documentation for this hardship request and make such documentation available to the IRS, my employer, or VALIC as may be necessary to verify the qualification of the distribution requested.
- I hereby authorize VALIC to confirm the accuracy of all information provided in Section 4 and understand that my request will not be processed until confirmed. I also authorize VALIC to confirm with the listed providers, and I authorize those listed providers to confirm the information provided in this section regarding my account balance, prior hardship withdrawals and the ability to obtain a loan from the plan, subject to the requirement that the information provided herein is authorized for use by VALIC solely for the purposes of satisfying the restrictions under the plan.

Client's Signature

Client (Print Name)

Date

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

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

Employee: A request for hardship distribution from your 403(b) account and answering "Yes" to the question in Section 4 also requires the submission of this supplemental form to your other investment providers to ensure compliance with the federal tax rules governing these withdrawals. You should complete Box A (below) and provide a copy of this form to each of the other investment provider(s) for completion of Box B. Upon completion of this form, the supplemental form should then be submitted along with the Hardship Distribution Form and any required documentation to support the request such as medical bills, notice of eviction or foreclosure, etc.

Remit this page to each of the investment providers listed in Section 4 for completion of required information:

PARTICIPANT INFORMATION

Name: _____ Daytime Phone: (_____) _____
 SSN: _____ Contract or Account: _____
 Address: _____ City: _____ State: _____ ZIP: _____

BOX A:

Name of Investment Provider:	
Employer Name:	
Plan Name:	
Participant's Name:	
Participant's Address:	
Provide Account #:	Provide Account #:

- I certify that the information I have provided is true and correct to the best of my knowledge.
- I hereby authorize VALIC to confirm the accuracy of all information provided in Section 4 and understand that my request will not be processed until confirmed. I also authorize VALIC to confirm with the listed providers, and I authorize those listed providers to confirm the information provided in this section regarding my account balance, prior hardship withdrawals and the ability to obtain a loan from the plan, subject to the requirement that the information provided herein is authorized for use by VALIC solely for the purposes of satisfying the restrictions under the plan.

Participant's Signature _____

Date _____

Investment Providers: Client has authorized AIG Retirement to collect the following information. Complete the following table for each 403(b) account where contributions have been made at any time.

Return to Client upon completion.

BOX B:

Account #1

Account #2

	Account #1	Account #2
Account Number(s):		
Account Balance(s):		
Account Balance(s) On 12/31/1988:		
Amount in account(s) that is not restricted (e.g., rollovers, unrestricted employer contributions):		
Amount of this hardship that has been satisfied by distribution from this provider:		
Date of hardship distribution(s):		

Signature of Investment Provider _____

Date _____

Printed Name of Investment Provider _____

Title of Investment Provider _____

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For more information regarding the completion of this form, you may call our Client Care Center at 1-800-448-2542 or your financial advisor.

Your employer's plan may not allow hardship withdrawals or may limit hardship withdrawals to only certain reasons. Your employer's plan may require you to stop voluntary salary deferrals to all available plans for 6 months and to limit your deferrals in the following calendar year. If so, you will generally also lose any associated matching contributions, if applicable. Please check with your financial advisor or your employer's benefits office for more information on plan provisions. The IRS will be notified that you have made a withdrawal due to hardship. Your hardship must be bona fide or your account value may become immediately taxable to you and subject to substantial penalties and interest.

You are permitted to take a hardship distribution ONLY IF YOU ARE UNABLE to satisfy the immediate and heavy financial need identified on the form, from other reasonably available resources, including, but not limited to, the resources listed below.

- Cessation of deferrals to all plans of the employer.
- Liquidation of savings or investment, including sale of property; and permitted withdrawals from all retirement plans.
- Loans available from life insurance policies, retirement plans of your employer (including the plan from which you are requesting this distribution), or commercial lenders on commercially reasonable terms, if repayment of such loans would not itself create a financial hardship.
- Insurance proceeds.
- Other reasonably available resources.

Any amount that you could withdraw without requesting a hardship withdrawal (including pre-89 TDA funds) may be eligible for rollover to another plan or IRA, and will be subject to mandatory 20% federal income tax withholding. By completing this form, you are choosing to waive any right you may have to a direct rollover, and to waive any right to wait up to thirty days before receiving this distribution. If you do not wish to waive either of these rights, or if you intend to roll over any eligible portion of your withdrawal within 60 days after you receive it, avoiding current taxation, you should: (1) complete VALIC's Cash Distribution Request Form for the rollover-eligible amount; and (2) reduce the amount requested on this form accordingly.

SPECIAL TAX NOTICE

You have the right to at least 30 days to consider your alternatives after receiving this notice. You may waive this review period. Your signature on this form will indicate that either you have had this 30-day review or that you have chosen to waive it, and you are requesting an immediate distribution.

ELIGIBLE ROLLOVER DISTRIBUTIONS

The information in this notice applies to qualified plans, tax-deferred annuity arrangements, IRAs, and governmental 457(b) deferred compensation plans. Generally, the rules below that apply to payments to employees also apply to surviving spouses and alternate payees.

Most withdrawals from tax-favored retirement plans are eligible for rollover 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 rollover distributions it accepts.

Roth 403(b) or 401(k) accounts may be rolled over only to another Roth account or to a Roth IRA. However, Roth IRAs may not be rolled over to a Roth 403(b) or Roth 401(k) account.

ROLLOVERS OF BENEFICIARY 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).

DISTRIBUTABLE EVENT

Generally a distributable event includes attainment of age 59½ (age 70½ for governmental 457(b) plans), separation from service, disability or death. However, the employer's plan may place additional restrictions that must also be met prior to a distribution. If you have met a distributable event, you may request a rollover of funds to any eligible plan type or a transfer to a like plan type. If you wish to move funds from your VALIC 403(b) account to another 403(b) account via a rollover distribution, and have made contributions prior to 01-01-87, those amounts may lose a grandfathered status that can impact future required distributions. However, movement of funds from your VALIC 403(b) account to another 403(b) account via a transfer distribution may retain the status. For more information, please call 1-800-448-2542.

ROLLOVER/TRANSFER

Rollover Distributions: If you have met a distribute event on your eligible account(s) or plan you may roll directly to an eligible retirement plan with another carrier. The distribution will not be taxed but will be reported to the IRS. Rollover amounts due to a distributable event generally can remain free of withdrawal restrictions after moving to the receiving plan, unless the receiving plan applies restrictions to rollover amounts.

Transfers: Transfers to a like plan will not be taxed or reported to the IRS. Generally, transfers are allowed regardless of employment status. However, your employer's plan may restrict you to authorized carriers. Transferred amounts generally become subject to the requirements of the plan receiving the transfer as though originally contributed to that plan. Exchanges of Non-Qualified Deferred Annuities are not taxed but will be reported to the IRS.

EXAMPLES OF SOME POSSIBLE DIFFERENCES IN PLAN RESTRICTIONS

- The new plan may require spousal consent or plan administrator approval for distributions.
- The new plan may restrict distributions.
- Distributions from a governmental 457(b) deferred compensation plan are generally not subject to the 10% premature withdrawal penalty regardless of your age at the time of the distribution. If you roll your governmental 457(b) deferred compensation plan to another plan that is not a governmental 457(b) deferred compensation plan, or into an IRA, any subsequent distributions may be subject to a 10% premature withdrawal penalty.
- Eligible rollovers into a governmental 457(b) deferred compensation plan that were previously subject to a 10% premature withdrawal penalty will continue to be subject to that penalty at the time of withdrawal unless you are over age 59½ or some other exception applies.
- Amounts rolled over to a governmental 457(b) plan generally cannot be withdrawn prior to separation from service or attainment of age 70½.

ELIGIBLE ROLLOVER DISTRIBUTIONS PAID DIRECTLY TO YOU

You can request that we pay you directly. Except for IRA distributions, when we pay you directly, federal law requires us to withhold 20% for federal income taxes.

If a distribution is paid directly to you, you may subsequently roll over any pre-tax contributions 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 subsequently be rolled over to an IRA within 60 days.

If your eligible rollover distribution is paid directly to you and not rolled over (including any amount withheld), the distribution will be taxable to you in the year you receive it. The distribution will not be taxable to the extent you roll other funds to replace the amount distributed and the amount withheld.

AMOUNTS NOT ELIGIBLE FOR ROLLOVER

Some amounts not eligible for rollover include these: amounts paid from a non-qualified (after-tax) annuity that is not part of your employer's plan, financial hardship withdrawals, required minimum distributions, deemed distributions due to loan default, and amounts paid from certain deferred compensation plans.

If you direct us to pay the distribution to you, and it is not an eligible rollover distribution, we will apply 10% federal income tax withholding unless you indicate differently.

LOANS

If you request a total surrender of your tax-favored retirement plan account and you have an outstanding loan, the account balance will be reduced by the outstanding loan balance and outstanding loan security will be returned to the account. The offset loan amount will be reported as a taxable distribution and will be taxable to you unless you roll over an equal amount to an employer-sponsored plan or IRA. You may also choose to pay off the outstanding loan balance prior to the surrender by submitting payment in full to the Loan Department.

10% PENALTY

Unless an exception applies, the IRS may also assess a 10% federal tax penalty for early distributions if you are younger than age 59½.

SPECIAL TAX TREATMENT FOR CERTAIN LUMP-SUM DISTRIBUTIONS

If you were born before January 1, 1936, and if your qualified plan distribution qualified as a “lump-sum distribution,” you may be entitled to special tax treatment regarding your payment.

TAXATION OF ROTH IRAS AND ROTH ACCOUNTS

Contributions to Roth IRAs and Roth accounts are not deductible and therefore are distributed tax-free at any time. Rollovers or conversions from a traditional IRA or pre-tax eligible retirement plan to a Roth IRA are taxable in the year of the distribution. Earnings which accumulate in a Roth IRA or Roth Account are not taxed currently and are not taxed upon a “qualified” distribution (1) made after the end of the five year period beginning with the tax year in which the first contribution or conversion to a Roth IRA was made, and (2) made after the date you attain age 59½, upon your death or disability, or as a qualified first time home buyer distribution (not applicable to Roth accounts). Distributions of earnings that do not meet the requirements above are taxable, and are generally subject to the 10% penalty tax.

INCOMELOCK OPTION

If you have chosen the IncomeLOCK living benefit option, withdrawals from the contract will reduce the account value and all benefits of the IncomeLOCK living-benefit option. Withdrawals exceeding the Maximum Annual Withdrawal Amount may reduce future Maximum Annual Withdrawal Amounts. Minimum distribution amounts calculated for each year will include the value of the IncomeLOCK 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. See your contract endorsement.

QUALIFIED JOINT AND SURVIVOR ANNUITY AND QUALIFIED ANNUITY BENEFIT: FOR ERISA PLANS ONLY

This notice should be provided to you at least 30 days, but no more than 180 days, before your proposed distribution date.

If you are married, your retirement plan distributions will be paid to you in the form of a Qualified Joint and Survivor Annuity (“QJSA”) unless you elect a different form of distribution. Under your QJSA, if your spouse survives you, the plan will pay him or her at least 50% of the amount the plan had been paying to you, on the same frequency as the payments to you. If you are not married, your benefit will be paid monthly over your life and will end upon your death unless you elect a different form of distribution. This benefit is referred to as a Qualified Annuity Benefit (“QAB”).

The plan may satisfy the QJSA or QAB by using your vested account balance to purchase an annuity contract from an insurance company. The actual monthly payments made under the annuity contract will depend on the value of your account balance, annuity purchase rates used by the insurance company, your age, and if you are married, your spouse’s age at the time the distribution begins.

The following table reflects the relative values of monthly payments from a Joint and Survivor Annuity and a Life Annuity, assuming a vested account balance of \$5,000 and an interest rate of 6%. This table is based on the Annuity 2000 Mortality tables. **The table is hypothetical and does not reflect the value of your individual benefit or the actual payments you or your beneficiaries would receive.** Please note that as the ages change, the payment amount will change. If none of the examples closely approximates

your situation, you may obtain a more accurate value specific to your situation from your plan administrator or from your financial advisor.

Age at Benefit Starting Date

Annuitant	70	65	60	55	50	45	40	35
Spouse	65	70	55	60	45	50	35	40

Monthly Payment

Annuitant Life Only	39.62	35.35	32.38	30.27	28.75	27.61	26.76	26.13
Joint and 50% Survivor	35.47	33.65	30.21	29.26	27.53	26.99	26.07	25.76
Joint and 75% Survivor	33.71	32.86	29.23	28.78	26.95	26.70	25.73	25.58

This QJSA or QAB requirement may not apply to smaller account balances (generally below \$5,000) and will not apply if you have elected another form of benefit. A partial withdrawal would be considered another form of benefit for this purpose. Other alternate forms of benefits that may be available under your employer’s plan and under your plan investments may include:

Annuity

An annuity can provide you with payments for your life or for your life and that of your beneficiary; payments for a specified period; payments for your lifetime with a minimum guaranteed period; or a continuation of payments to your surviving spouse that is different from the plan’s percentage of the payments made to you. Generally, the more that the form of payment guarantees, such as a minimum period of payments, or payments to your surviving spouse or to another beneficiary, the more that specified benefit amount will cost. There are IRS rules that may limit the period during which payments may be made.

Lump Sum Distribution

If you elect a lump sum distribution, your benefit will be paid to you in one payment. The amount of your benefit is the vested portion of your account balance as of the valuation date used to calculate your distribution.

Installments

If you elect to receive your benefits in installments, you may specify the dollar amount and frequency of your payments. The period of time over which you receive these installments cannot be greater than your life expectancy or the joint life and last survivor expectancy of you and your designated beneficiary. There are other IRS rules that may further limit the period over which you receive payments.

In order to elect one of these alternative forms of benefits you must waive your right to the QJSA or QAB, and if you are married, your spouse must also consent in writing. In addition, this written consent must be witnessed by a Notary Public or by your Plan Administrator. You are entitled to 30 days (but no more than 180 days) within which to make this decision. Although you have at least 30 days to make this decision, under some circumstances, you may waive this minimum 30-day period, and if you submit a waiver of the QJSA or QAB less than 30 days after it is signed we will assume that you are waiving this notice period. Unless a waiver of the QJSA or QAB is made irrevocably, you have the right to revoke the waiver and execute another waiver at a later time, up to the time when the benefit payments have started. You also have the right to defer receiving a distribution, subject to the terms of your employer’s plan as well as legal requirements that generally require distributions to commence upon the later of attainment of age 70½ or retirement.

The investment options available to you, the right to change investment options, and the fees imposed under the investment options will not be affected by your decision to defer distributions.

Please send completed forms to:

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

Call 1-800-448-2542 for assistance.