

Transfer-In/Rollover Form For 403(b) Plan Accounts Only

AIG Retirement Services Company

Plan ID# 69362002

1. PARTICIPANT INFORMATION:

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

SSN: _____ Date of Birth: _____
Phone Numbers: (1) _____
(2) _____

2. NAME AND ADDRESS OF TRANSFERRING CARRIER:

Name: _____

Address: _____
City: _____ State: _____ ZIP: _____
Phone Numbers: _____

3. ACCOUNT & TRANSACTION INFORMATION: Your transfer/rollover will be allocated based on your current investment elections. If you have not enrolled in the Plan, please attach an Enrollment form to this Transfer-In/Rollover form. If an Enrollment form has never been submitted and is not attached to this form, your transfer/rollover will be allocated to the VALIC Fixed-Interest Option or the Plan's designated default, if not the Fixed.

Transfer: Transfer processing will not be initiated without an existing account or enrollment form.

Direct Rollover: Rollover processing will not be initiated without an existing account or enrollment form.

Carrier "From" Plan/Account

- 403(b)TDA (Voluntary) → 403(b)TDA (Voluntary)
- 403(b) (with plan document) → 403(b) (with plan document)

For your convenience, a separate record of rollover funds will be maintained from other AIG Retirement Services Company accounts you have under the plan.

Check one box in each of the "From" Plan and "To" Plan columns below.

If "From" account contains funds subject to 10% penalty, complete the rollover section.

Carrier "From" Plan

AIG Retirement Services "To" Plan

- Liquidate and Transfer Entire Account
Expected Transfer Amount: _____
- Liquidate and Transfer Partial Account
Amount: _____ \$ or whole % (circle one)

- 403(b)TDA (Voluntary)
- 403(b) (with plan document)
- 401(a)/403(a)
- 401(k)
- IRA
- 457(b) Governmental
- Liquidate and Rollover Entire Account
Expected Rollover Amount: _____
- Liquidate and Rollover Partial Account
Amount: _____ \$ or whole % (circle one)

Are you taking periodic or systematic payments from the transferring account with the prior carrier?
 No Yes If yes, please obtain a AIG Retirement Services Distribution form and complete the requested information to continue periodic or systematic payments.

Are you taking periodic or systematic payments from the transferring account with the prior carrier?

No Yes If yes, please indicate frequency

I have met a distributable event in my Employer's plan:

Separation from service Disability Other

Name of Employer's Plan (if applicable): _____

Name of Employer's Plan: _____

4. PARTICIPANT AUTHORIZATION TO TRANSFER/ROLLOVER FUNDS: (Check a, b, or c and sign below.) Some Carriers also require participants to sign their forms to expedite the transfer/rollover. If your current Carrier requires you to complete its form, please attach the completed form to this request.

By signing on the Participant Signature line below, I acknowledge that I have read and understand all of the information on the Information page. I authorize the above transfer/rollover and certify that all statements are complete and accurate to the best of my knowledge and belief.

- a. **Transfer** (Check payable to AIG Federal Savings Bank-FBO Participant)
- b. **Direct Rollover** (Check payable to AIG Federal Savings Bank-FBO Participant)
- c. **Rollover** (Check payable to Participant)

Participant Signature

Participant Name (Print)

Date



General Church of the New Jerusalem 403(b) Plan

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5. AIG FEDERAL SAVINGS BANK ACCEPTANCE OF TRANSFER: In accepting the cash value from the above described Plan, AIG Federal Savings Bank hereby assumes responsibility for the future administration of such funds and agrees that payment to and receipt by AIG Federal Savings Bank of the cash value shall fully discharge _____ (Name of Transferring Company/Carrier) from all responsibility and liability that may accrue with respect to such funds after the transfer or rollover. Additionally, AIG Retirement Services Company certifies that funds will only be deposited into accounts where AIG Retirement Services Company is an approved Provider under the plan, or has entered into an information-sharing agreement with the employer sponsoring the plan, or the funds will be returned to the transferring carrier.

Robert

AIG Federal Savings Bank _____
VP & Treasurer

_____ Date

Financial Advisor Signature

Licensed Agent/Registered Representative (Print Name) Agent # Region # Licensed Agent/Registered Representative's Signature Date

6. EMPLOYER'S AUTHORIZATION TO TRANSFER FUNDS: (This section is to be completed by the employer if required under the plan.) This is notification and authorization to you to issue a check payable to AIG Federal Savings Bank pursuant to the above referenced participant's authorization to transfer the investment medium under the above-mentioned plan to AIG Federal Savings Bank. Please send the check along with this form to the mailing address referenced below in Section 7.

Employer Name: _____

Plan Administrator (Print Name) Title Plan Administrator's Signature Date

7. CHECK AND MAILING INFORMATION:

Please mail this form to:
AIG Retirement Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

Make Transfer/Rollover check payable and mail as follows:

AIG Federal Savings Bank
FBO: _____
AIG Retirement Services Company Plan ID #: _____

Mail Check to:

AIG Retirement Services Company
P.O. Box 8254, Boston, MA 02266-8254

8. TO BE COMPLETED BY THE PREDECESSOR CARRIER (COMPLETE THIS SECTION AND RETURN THE REQUESTED INFORMATION WITH THE CHECK MADE PAYABLE TO AIG FEDERAL SAVINGS BANK)

If you are unable to provide this information or if you have any questions, please contact us at _____.

A. 403(b)(TDA) Portion of the Transfer

Adjusted 12/31/88 Cash Value/Balance \$ _____

December 31, 1986 Cash Value/Balance \$ _____

Post 12/31/86 accruals (deferrals/contributions and interest/earnings) \$ _____

B. After-Tax Information

After-tax contribution amount \$ _____

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.