VALIC Retirement Services Company

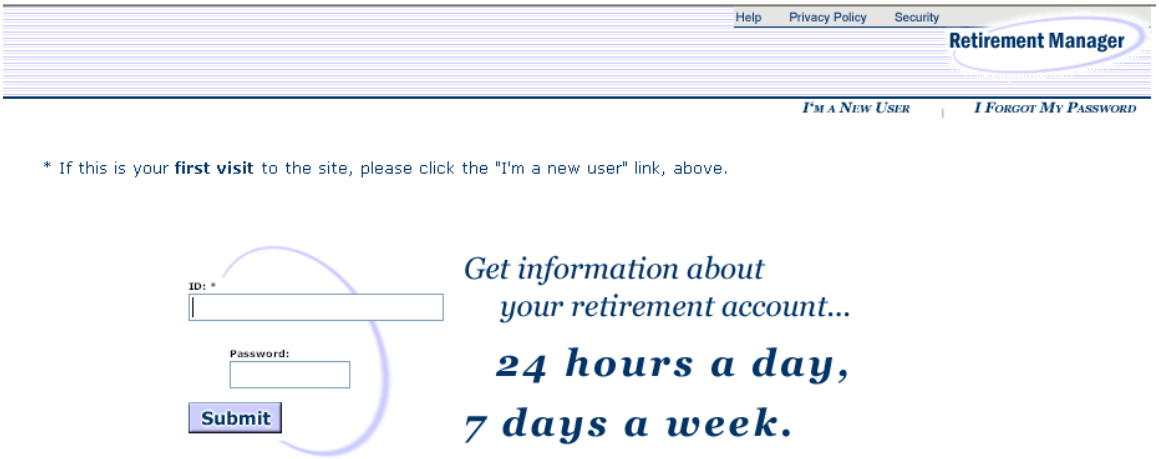
Retirement Manager

DISBURSEMENT ELIGIBILITY CERTIFICATE

EMPLOYEE GUIDE

RETIREMENT MANAGER LOGIN

The Retirement Manager Login page is located at:
https://www.myretirementmanager.com/.



- Enter your ID and password.
  - The ID is your SSN.
  - The Password is set up by you.
  - Once those entries have been made, click the *Submit* button to complete the login.

- If you are logging on for the first time, click the *I'm a New User* link. This function will allow you to establish your Password.

- If you are not a new user but have forgotten your Password, click the *I Forgot My Password* link. This function allows you to assign a new Password.

Once login is complete, click the *Disbursement* tab to access the Disbursement Menu.

DISBURSEMENT MENU

From the Disbursement Menu, you can select the certificate option for your disbursement request.

Sample Disbursement Menu:

VALIC Retirement Services Company

HARDSHIP WITHDRAWAL CERTIFICATE

The screen below displays when you click on the *Hardship Withdrawal Certificate* link in the Disbursement Menu page.

403(b) Plan - Request for Hardship Withdrawal Certificate

Demo User

Distribution Instructions

Hardship Withdrawal transactions on record in the past 12 months:

Vendor Name	Amount	Effective Date	Reason
No data found			

Please add Hardship Withdrawal transactions in the past 12 months not listed above: Add New Row

#	Vendor Name	Amount	Effective Date	Reason	Action
1	--Select vendor--	0.00		--Select reason--	Delete Row

Prior to requesting a hardship withdrawal distribution, you must first attempt to satisfy the financial need by other resources that are reasonably available to you, including but not limited to other distributable amounts under any plan of your employer and any loans where repayment would not create a financial hardship. Your Plan may require that you cease making deferrals to the Plan for a period of six months after taking a hardship withdrawal. If you are under age 59 1/2 you may also be subject to a 10% federal tax penalty on the amount withdrawn.

Please select the reason for this Hardship Withdrawal request:

	Reason For Request:
○	Medical expenses for you, your spouse, or your dependent (or primary beneficiary other than your spouse if your plan allows).
○	Expenses directly related to the purchase of your principal residence, excluding mortgage payments.
○	Tuition-related educational fees, including room and board for the next 12 months for post-secondary education for you, your spouse, your children, or your dependents (or primary beneficiary other than your spouse if your plan allows).
○	Amounts required to prevent eviction from, or foreclosure on, your principal residence.
○	Burial or funeral expenses for your deceased parent, spouse, child, or dependent (or primary beneficiary other than your spouse if your plan allows).
○	Repairs for uninsured or underinsured damage to your principal residence due to theft, fire, storm or other casualty.

Please select the vendor and input the amount needed to meet your immediate financial need: Add New Row

#	Vendor Name	Unrestricted Pre 1989 Balance	Employee Elective Contributions	As of Date	Requested Amount	Action

Since you must exhaust all unrestricted Pre 1989 assets before taking a hardship distribution, the table is only displaying vendors with these assets. Click "Add New Row" for additional vendors where you may have Employee Elective Contributions.

A Hardship Withdrawal Disbursement Eligibility Certificate is valid for a period which extends to the last day of the following calendar month. A second request for a certificate will not be permissible until the first certificate has expired.

By clicking NEXT, I hereby provide an electronic signature. I am aware that this request must be reviewed in order to determine that it complies with all plan provisions and regulatory guidance. I do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

I hereby authorize VALIC Retirement Services Company or any selected vendor(s) to verify any information regarding the request limited to sources identified herein. This authorization to verify and release information shall include, but not be limited to, past disbursement requests, account balances, employment status and all other information necessary to process the information.

I acknowledge that in order to complete this request I may need to provide additional paperwork to selected vendor(s) along with the Disbursement Eligibility Certificate.

Cancel | Next >>

VALIC Retirement Services Company

To generate a Hardship Withdrawal Certificate, please complete the following steps.

STEP 1 – Verify transactions on record are complete. To add additional Hardship Withdrawal transactions, click the *Add New Row* link and make the necessary entries.

↓

Please add Hardship Withdrawal transactions in the past 12 months not listed above: Add New Row

#	Vendor Name	Amount	Effective Date	Action
1	--Select vendor-- (--Select vendor-- / Provider 1 / Provider 2 / Provider 3 / Other)	0.00		Delete Row

Prio rdship withdrawal distribution, you must first attempt to satisfy the financial need by other resources that are reasonably available to you, including but not limited to other distributable amounts under any plan of your employer and any loans where repayment would not create a financial hardship. Your Plan may require that you cease making deferrals to the Plan for a period of six months after taking a hardship withdrawal. If you are under age 59 1/2 you may also be subject to a 10% federal tax penalty on the amount withdrawn.

STEP 2 - Select the reason for the hardship request.

Please select the reason for this Hardship Withdrawal request:

	Reason For Request:
○	Medical expenses for you, your spouse, or your dependent (or primary beneficiary other than your spouse if your plan allows).
○	Expenses directly related to the purchase of your principal residence, excluding mortgage payments.
○	Tuition-related educational fees, including room and board for the next 12 months for post-secondary education for you, your spouse, your children, or your dependents (or primary beneficiary other than your spouse if your plan allows).
○	Amounts required to prevent eviction from, or foreclosure on, your principal residence.
○	Burial or funeral expenses for your deceased parent, spouse, child, or dependent (or primary beneficiary other than your spouse if your plan allows).
○	Repairs for uninsured or underinsured damage to your principal residence due to theft, fire, storm or other casualty.

STEP 3 – Select the Vendor and enter the Requested Amount. Click the *Add New Row* link and make the required entries. The Unrestricted Pre 1989 Balance, Employee Elective Contributions, and As of Date are displayed for the vendor selected.

↓

Please select the vendor and input the amount needed to meet your immediate financial need: Add New Row

#	Vendor Name	Unrestricted Pre 1989 Balance	Employee Elective Contributions	As of Date	Requested Amount	Action
1	Provider 2	$1,000.00	$11,000.00	08/28/2009	$0.00	

STEP 4 - Click the NEXT button to complete or the CANCEL button to cancel this transaction.

VALIC Retirement Services Company

The following page will display if a loan is also available.

A loan is available to you which must be taken to meet your immediate financial need assuming repayment will not create a financial hardship. If you elect to take a loan, please click on the following link(s) to request a loan certificate.

403b Plan - Loan Certificate

457b Plan - Loan Certificate

If you elect not to take a loan because the repayment of such a loan will create a financial hardship, please check the box below.

☐ I acknowledge the current availability of a loan but I elect not to take one at this time since the repayment of such a loan will create a financial hardship.

By clicking NEXT, I hereby provide an electronic signature. I am aware that this request must be reviewed in order to determine that it complies with all plan provisions and regulatory guidance. I do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

I hereby authorize VALIC Retirement Services Company or any selected vendor(s) to verify any information regarding the request limited to sources identified herein. This authorization to verify and release information shall include, but not be limited to, past disbursement requests, account balances, employment status and all other information necessary to process the information.

I acknowledge that in order to complete this request I may need to provide additional paperwork to selected vendor(s) along with the Disbursement Eligibility Certificate.

Cancel | Next >>

You have two options to proceed from this page.

1. Click on the applicable Loan Certificate link. This will open a loan request and cancel the hardship withdrawal request.

2. Click on the check box to certify that a loan repayment would create a financial hardship. Then, click the Next button to continue with the hardship withdrawal request.

VALIC Retirement Services Company

403(b) Plan - Hardship Withdrawal Confirmation

PARTICIPANT INFORMATION			
Participant Name:	EDGAR STONE	Key Identifier:	P005
Employer Name:	Demonstration School	Plan Name:	403(b) Plan

SPECIAL MESSAGE - PLEASE READ

PLEASE NOTE: This confirmation page is not the certificate that you requested. Please click on the Certificate Number link(s) below to view and print the actual certificate(s). The certificate(s) must be printed and submitted to each vendor along with the vendor's required paperwork in order to complete the transaction.

REASON FOR REQUEST

Expenses directly related to the purchase of your principal residence, excluding mortgage payments.

I am unable to take a loan at this time since the repayment of such a loan will create a financial hardship.

DISBURSEMENT REQUEST

Vendor Name	Certificate Number	Total Requested Amount	Unrestricted Pre 1989 Balance	Hardship Withdrawal Amount	Request Date	Expiration Date
Provider 2	0001065	$1,000.00	$1,000.00	$0.00	10/22/2009	11/30/2009

Hardship Withdrawal transactions in the last 12 months on file

Vendor Name	Amount	Effective Date	Reason
Provider 2	$1,000.00	02/27/2009	Casualty Loss

*This transaction(s) was added to Retirement Manager by the requestor of this certificate.

Print Close

To access the certificate, click on the link under the *Certificate Number*. The certificate should be printed and submitted to your vendor along with any other required paperwork for approval. See next page for sample certificate.

VALIC Retirement Services Company

CERTIFICATE # 0001065	
HARDSHIP WITHDRAWAL	
REQUEST DATE: 10/22/2009	EXPIRATION DATE: 11/30/2009

PARTICIPANT INFORMATION

Participant Name:	EDGAR STONE	Last Four Digits of SSN:	1115
Employer Name:	Demonstration School	Plan Name:	403(b) Plan

DISBURSEMENT REQUEST

Total Immediate Financial Need	$1,000.00
Vendor Name	Provider 2
Requested Amount This Vendor	$1,000.00
Unrestricted Pre 1989 Balance	$1,000.00
Hardship Withdrawal Amount	$0.00

REASON FOR REQUEST

Expenses directly related to the purchase of your principal residence, excluding mortgage payments.

I am unable to take a loan at this time since the repayment of such a loan will create a financial hardship.

Hardship Withdrawal transactions in the last 12 months on file

Vendor Name	Effective Date Of Data	Effective Date Of Transaction	Amount Of Transaction	Reason
Provider 2	08/28/2009	02/27/2009	$1,000.00	Casualty Loss

*This transaction(s) was added to Retirement Manager by the requestor of this certificate.

PARTICIPANT APPROVAL

I hereby provide an electronic signature. I am aware that this request must be reviewed in order to determine that it complies with all plan provisions and regulatory guidance. I do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

I hereby authorize VALIC Retirement Services Company or any selected vendor(s) to verify any information regarding the request limited to sources identified herein. This authorization to verify and release information shall include, but not be limited to, past disbursement requests, account balances, employment status and all other information necessary to process the information.

I acknowledge that in order to complete this request I may need to provide additional paperwork to selected vendor(s) along with the Disbursement Eligibility Certificate.

IMPORTANT INFORMATION

When this certificate is submitted to a vendor along with all the necessary paperwork, the vendor is hereby authorized to contact other vendors as noted on this certificate to verify any and all information.

The amount of Employee Elective Contributions displayed during the process may be further reduced by other restrictions.

Print Close

LOAN CERTIFICATE

The screen below displays when you click the *Loan Certificate* link in the Disbursement Menu page.

403(b) Plan - Request for Loan Certificate

Edgar Stone
Distribution Instructions

Loan transactions on record:

Vendor Name	Loan ID	Original Loan Effective Date	Original Loan Amount	Loan Status	Current Outstanding Loan Balance	Highest Loan Balance Previous 12 Months
Provider 2	001	05/01/2009	$2,000.00	Active	$1,650.00	$2,000.00

Please add Loan transactions not listed above: Add New Row

#	Vendor Name	Loan ID	Original Loan Effective Date	Original Loan Amount	Loan Status	Current Outstanding Loan Balance	Highest Loan Balance Previous 12 Months	Action
1	--Select vendor--	U#####		0.00	--Select--	0.00	0.00	Delete Row

Is the requested loan for the purchase of a principal residence? --Select--

Please select the vendor and input the amount of the loan: Add New Row

#	Vendor Name	Account Balance	As of Date	Requested Amount	Action

A Loan Disbursement Eligibility Certificate is valid for a period which extends to the last day of the following calendar month. A second request for a certificate will not be permissible until the first certificate has expired.

By clicking NEXT, I hereby provide an electronic signature. I am aware that this request must be reviewed in order to determine that it complies with all plan provisions and regulatory guidance. I do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

I hereby authorize VALIC Retirement Services Company or any selected vendor(s) to verify any information regarding the request limited to sources identified herein. This authorization to verify and release information shall include, but not be limited to, past disbursement requests, account balances, employment status and all other information necessary to process the information.

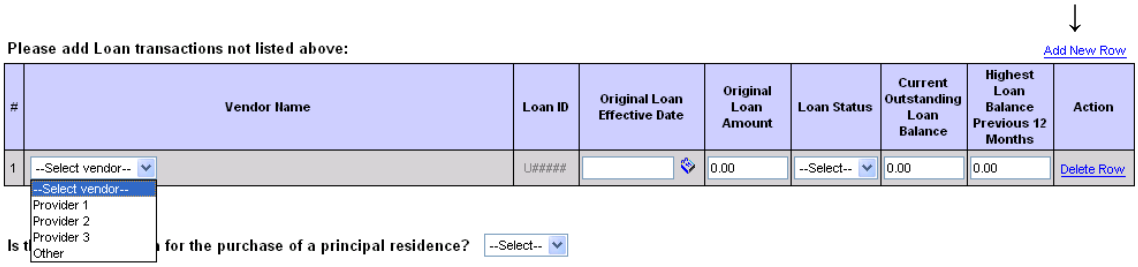
I acknowledge that in order to complete this request I may need to provide additional paperwork to selected vendor(s) along with the Disbursement Eligibility Certificate.

Cancel | Next >>

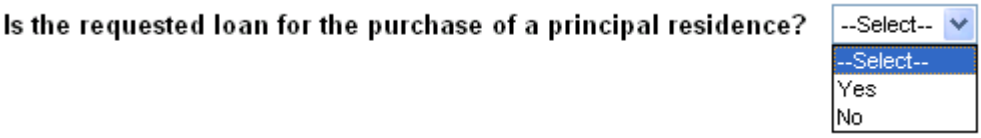
VALIC Retirement Services Company

To generate a Loan Certificate, please complete the following steps.

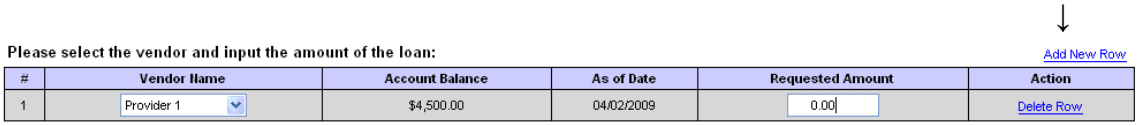
STEP 1 – Verify transactions on record are complete. To add additional Loan transactions, click the *Add New Row* link and make the necessary entries.



STEP 2 – Select loan type. Indicate if this loan is being used to purchase a principal residence.



STEP 3 – Select Vendor and enter Requested Amount. Click the *Add New Row* link and make the required entries. The Account Balance and As of Date are displayed for the vendor selected.



STEP 4 - Click the NEXT button to complete or the CANCEL button to cancel this transaction.

After clicking NEXT, the confirmation page will display.

VALIC Retirement Services Company

403(b) Plan - Loan Confirmation

PARTICIPANT INFORMATION			
Participant Name:	EDGAR STONE	Key Identifier:	P005
Employer Name:	Demonstration School	Plan Name:	403(b) Plan

SPECIAL MESSAGE - PLEASE READ

PLEASE NOTE: This confirmation page is not the certificate that you requested. Please click on the Certificate Number link(s) below to view and print the actual certificate(s). The certificate(s) must be printed and submitted to each vendor along with the vendor's required paperwork in order to complete the transaction.

REASON FOR LOAN

Is the requested loan for the purchase of a principal residence? No

LOAN REQUEST

Vendor Name	Certificate Number	Requested Amount	Request Date	Expiration Date
Provider 2	0001066	$1,000.00	10/22/2009	11/30/2009

Loan Transactions On Record

Vendor Name	Loan ID	Original Loan Effective Date	Original Loan Amount	Loan Status	Current Outstanding Loan Balance	Highest Loan Balance Previous 12 Months
Provider 2	001	05/01/2009	$2,000.00	Active	$1,650.00	$2,000.00

*This transaction(s) was added to Retirement Manager by the requestor of this certificate.

Print | Back to Disbursement Menu

To access the certificate, click on the link under the *Certificate Number*. The certificate should be printed and submitted to your vendor along with any other required paperwork for approval. See next page for sample certificate.

VALIC Retirement Services Company

CERTIFICATE # 0001066	
LOAN	
REQUEST DATE: 10/22/2009	EXPIRATION DATE: 11/30/2009

PARTICIPANT INFORMATION

Participant Name:	EDGAR STONE	Last Four Digits of SSN:	1115
Employer Name:	Demonstration School	Plan Name:	403(b) Plan

LOAN REQUEST

Vendor Name	Provider 2
Requested Amount This Vendor	$1,000.00

REASON FOR LOAN

Is the requested loan for the purchase of a principal residence? No

Loan Transactions On Record

Vendor Name	Effective Date of Data	Original Loan Effective Date	Loan Status	Current Outstanding Loan Balance	Highest Loan Balance Previous 12 Months
Provider 2	08/28/2009	05/01/2009	Active	$1,650.00	$2,000.00

*This transaction(s) was added to Retirement Manager by the requestor of this certificate.

PARTICIPANT APPROVAL

I hereby provide an electronic signature. I am aware that this request must be reviewed in order to determine that it complies with all plan provisions and regulatory guidance. I do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

I hereby authorize VALIC Retirement Services Company or any selected vendor(s) to verify any information regarding the request limited to sources identified herein. This authorization to verify and release information shall include, but not be limited to, past disbursement requests, account balances, employment status and all other information necessary to process the information.

I acknowledge that in order to complete this request I may need to provide additional paperwork to selected vendor(s) along with the Disbursement Eligibility Certificate.

IMPORTANT INFORMATION

When this certificate is submitted to a vendor along with all the necessary paperwork, the vendor is hereby authorized to contact other vendors as noted on this certificate to verify any and all information.

All loans are assumed to be policy loans, and as such the $10,000 step was not included in qualifying this loan.

The Loan modeling was based on plan level account balances at each vendor. The account balance is the total combined value of all contributions under the plan as of the date being displayed and assumes all employer contributions, if applicable, are 100% vested.

The accuracy of this loan modeling is dependent on the availability of current and accurate data from approved vendors.

Loans under the plan cannot be greater than $50,000 or 50% of your account balance and may be further reduced by other restrictions.

Print Close

LOAN AMOUNT CALCULATION

Retirement Manager determines your loan amount available based on IRS regulations.

Based on those regulations, below are the requirements in Retirement Manager that determine you available loan amount. A Loan Certificate will be generated if the loan amount requested meets the requirements below.

- Minimum loan amount allowed - **$1,000.00**
- Maximum loan amount allowed - **$50,000.00**
- The loan amount requested cannot exceed the following calculation:

50% of the displayed **Account Balance** at the selected provider **minus**
Total Outstanding Loan Balance (displayed under the Loan Transaction on Record)

Example:

John Smith has an account balance of $10,000.00. He also has two active loans. Loan 1 has an outstanding balance of $500.00, and Loan 2 has an outstanding balance of $1,000.00.

The maximum loan amount available to John at Provider 1 is $3,500.00 (50% of 10,000.00 - $1,500.00)

Other loan requirements include:

- The total highest outstanding balance over a rolling 12 months for all loans cannot exceed **$50,000.00**. This includes loans on the 457(b) plan if available.
- A new loan is not available if you have a defaulted loan on record. You can contact the provider where you have a defaulted loan to discuss the payoff process for that loan.

IN-SERVICE EXCHANGE CERTIFICATE

The screen below displays when you click the *In-Service Exchange Certificate* link in the Disbursement Menu page.

403(b) Plan - Request for In-Service Exchange Certificate

Edgar Stone
Distribution Instructions

Please select the current vendor, the new vendor and input the amount of the exchange: Add New Row

#	Current Vendor Name	Account Balance	As of Date	New Vendor Name	Full Disbursement	Requested Amount	Action
1	--Select current vendor--			--Select new vendor--	☐	0.00	Delete Row

By clicking NEXT, I hereby provide an electronic signature. I am aware that this request must be reviewed in order to determine that it complies with all plan provisions and regulatory guidance. I do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

I hereby authorize VALIC Retirement Services Company or any selected vendor(s) to verify any information regarding the request limited to sources identified herein. This authorization to verify and release information shall include, but not be limited to, past disbursement requests, account balances, employment status and all other information necessary to process the information.

I acknowledge that in order to complete this request I may need to provide additional paperwork to selected vendor(s) along with the Disbursement Eligibility Certificate.

Cancel | Next >>

VALIC Retirement Services Company

To generate an In-Service Exchange Certificate, please complete the following steps.

STEP 1 - Make the required entries. The Account Balance and As of Date are displayed for the vendor selected. Check the *Full Disbursement* box if you want to transfer all funds to another vendor.

Please select the current vendor, the new vendor and input the amount of the exchange: Add New Row

#	Current Vendor Name	Account Balance	As of Date	New Vendor Name	Full Disbursement	Requested Amount	Action
1	--Select current vendor--			--Select new vendor--	☐	0.00	Delete Row

STEP 2 - Click the NEXT button to complete or the CANCEL button to cancel this transaction.

After clicking NEXT, the confirmation page will display.

403(b) Plan - In-Service Exchange Confirmation

PARTICIPANT INFORMATION			
Participant Name:	EDGAR STONE	Key Identifier:	P005
Employer Name:	Demonstration School	Plan Name:	403(b) Plan

SPECIAL MESSAGE - PLEASE READ

PLEASE NOTE: This confirmation page is not the certificate that you requested. Please click on the Certificate Number link(s) below to view and print the actual certificate(s). The certificate(s) must be printed and submitted to each vendor along with the vendor's required paperwork in order to complete the transaction.

IN-SERVICE EXCHANGE REQUEST

Current Vendor Name	New Vendor Name	Certificate Number	Full Disbursement	Requested Amount	Request Date	Expiration Date
Provider 2	Provider 1	0001067	✔		10/22/2009	11/30/2009

Print Close

To access the certificate, click on the link under the *Certificate Number*. The certificate should be printed and submitted to your vendor along with any other required paperwork for approval. See next page for sample certificate.

VALIC Retirement Services Company

CERTIFICATE # 0001067	
IN-SERVICE EXCHANGE	
REQUEST DATE: 10/22/2009	EXPIRATION DATE: 11/30/2009

PARTICIPANT INFORMATION			
Participant Name:	EDGAR STONE	Last Four Digits of SSN:	1115
Employer Name:	Demonstration School	Plan Name:	403(b) Plan

IN-SERVICE EXCHANGE REQUEST	
Current Vendor Name	Provider 2
New Vendor Name	Provider 1
Requested Amount	Full Disbursement

PARTICIPANT APPROVAL

I hereby provide an electronic signature. I am aware that this request must be reviewed in order to determine that it complies with all plan provisions and regulatory guidance. I do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.

I hereby authorize VALIC Retirement Services Company or any selected vendor(s) to verify any information regarding the request limited to sources identified herein. This authorization to verify and release information shall include, but not be limited to, past disbursement requests, account balances, employment status and all other information necessary to process the information.

I acknowledge that in order to complete this request I may need to provide additional paperwork to selected vendor(s) along with the Disbursement Eligibility Certificate.

IMPORTANT INFORMATION

When this certificate is submitted to a vendor along with all the necessary paperwork, the vendor is hereby authorized to contact other vendors as noted on this certificate to verify any and all information.

The account balance displayed during the process is the total combined value of all contributions under the plan as of the date being displayed and assumes all employer contributions, if applicable, are 100% vested.

This account balance may be further reduced by other restrictions.

Print Close