

South Carolina State
Optional Retirement Program (ORP)



Enrollment Form

VALIC Retirement Services Company

Group ID: 25000005 CS: C CS: E

1. CLIENT 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 Financial Industry Regulatory Authority, Inc. (FINRA) member firm? Yes No

If yes, name the firm: _____

Location Code (See attached location codes): **109**

Location Name: Location Name: **MUSC / Medical University of South Carolina**



2. INVESTOR PROFILE

Did a financial advisor assist you with this enrollment: No Yes ^{*} If yes, complete the Investor Profile below.

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: Higher Risk Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative Cautious

Financial Situation:

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

Net Worth (excluding value of primary residence) Under \$50,000 \$50,000 – \$100,000 Over \$100,000 list amount: \$ _____

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

Tax Bracket: _____ % Dependents: Number: _____ Age(s): _____

Client Occupation: _____ Annual Salary: \$ _____ Date of Hire: _____

Is the Client employed by or registered with an FINRA member firm? Yes No

3. DELIVERY OPTION ELECTION

E-mail Address: _____

By providing my e-mail address above, I elect to enroll in *Personal Deliver-e®*, VALIC's electronic document delivery service

Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. VALIC will send e-mail notices when transaction confirmations and account statements are available for viewing and/or printing online.

I elect to continue receiving account information and related materials in a printed format.

→→→ Please Note: **This enrollment form contains three (3) pages.**
Please submit all three (3) completed pages to
VALIC via fax: 803.782.9061 or

Via mail: VALIC
3710 Landmark Drive, Suite 104
Columbia, SC 29204

**South Carolina State
Optional Retirement Program (ORP)**



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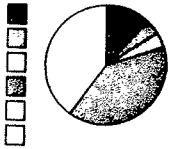
Group ID: 25000005 CS: C CS: E

VALIC Retirement Services Company

4. CONTRIBUTION INVESTMENT ELECTIONS

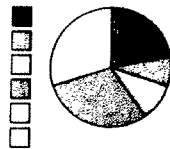
Option A. Select an allocation from our investment models: These are examples and not recommendations. Your allocation should reflect your personal goals and investment preferences. (Select only one):

Conservative



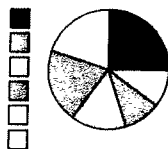
Large Cap Stocks 12%
 4% Vanguard Inst Index
 4% Allianz NFJ Large Cap Value A
 4% Amer Funds Grth Fund R4
 Small Cap Stocks 4%
 4% Columbia Sm Cap Core Z
 International Stocks 4%
 4% Virtus Foreign Opport
 Domestic Fixed Income 40%
 30% Vanguard IntTm Inv-Gr
 10% PIMCO Real Return A
 Fixed Annuity* 40%

Moderately Conservative



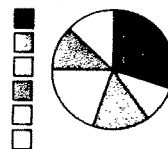
Large Cap Stocks 22%
 10% Vanguard Inst Index
 8% Allianz NFJ Large Cap Value A
 4% Amer Funds Grth Fund R4
 Small Cap Stocks 8%
 8% Columbia Sm Cap Core Z
 International Stocks 10%
 10% Virtus Foreign Opport
 Domestic Fixed Income 30%
 20% Vanguard IntTm Inv-Gr
 10% PIMCO Real Return A
 Fixed Annuity* 30%

Moderate



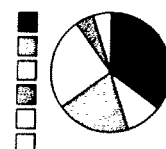
Large Cap Stocks 25%
 15% Vanguard Inst Index
 5% Allianz NFJ Large Cap Value A
 5% Amer Funds Grth Fund R4
 Mid Cap Stock 10%
 10% Ashton/Optimum Mid Cap
 Small Cap Stocks 10%
 10% Columbia Sm Cap Core Z
 International Stocks 15%
 15% Virtus Foreign Opport
 Domestic Fixed Income 20%
 15% Vanguard IntTm Inv-Gr
 5% PIMCO Real Return A
 Fixed Annuity* 20%

Moderately Aggressive



Large Cap Stocks 30%
 15% Allianz NFJ Large Cap Value A
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 15% Allianz NFJ Large Cap Value A
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 10% Ashton/Optimum Mid Cap
 Small Cap Stocks 20%
 20% Columbia Sm Cap Core Z
 International Stocks 25%
 25% Virtus Foreign Opport
 Domestic Fixed Income 5%
 5% Vanguard IntTm Inv-Gr
 Fixed Annuity* 5%

OR

Option B. Create your own allocation mix:

(Percent allocations must equal 100%.) (No fractions – whole % only.)

_____ % Allianz NFJ Large Cap Value A (PNBAX)	_____ % T. Rowe Price Rtmt Inc Adv (PARIX)	_____ % T. Rowe Price Rtmt 2040 Adv (PARDX)
_____ % Amer Funds Amer Bal A (ABALX)	_____ % T. Rowe Price Rtmt 2005 Adv (PARGX)	_____ % T. Rowe Price Rtmt 2045 Adv (PARLX)
_____ % Amer Funds Grth Fund R4 (GAEX)	_____ % T. Rowe Price Rtmt 2010 Adv (PARAX)	_____ % T. Rowe Price Rtmt 2050 Adv (PARFX)
_____ % Ashton/Optimum Mid Cap (CHTTX)	_____ % T. Rowe Price Rtmt 2015 Adv (PARHX)	_____ % T. Rowe Price Rtmt 2055 Adv (PAROX)
_____ % BlackRock Large Cap Core A (MDLRX)	_____ % T. Rowe Price Rtmt 2020 Adv (PARBX)	_____ % Vanguard Healthcare Adm (VGHAX)
_____ % Columbia Sm Cap Core Z (SMCEX)	_____ % T. Rowe Price Rtmt 2025 Adv (PARJX)	_____ % Vanguard Institutional Index (VINIX)
_____ % Fixed-Interest Option (FB125)*	_____ % T. Rowe Price Rtmt 2030 Adv (PARCX)	_____ % Vanguard IntTm Inv-Gr (VFIDX)
_____ % PIMCO Real Return A (PRTNX)	_____ % T. Rowe Price Rtmt 2035 Adv (PARKX)	_____ % Virtus Foreign Opportunities (JVIAX)
		100% Total

*Policy Form GFUA-398, a fixed annuity issued and guaranteed by The Variable Annuity Life Insurance Company, Houston, Texas. See Withdrawal Restrictions in the Information section, page 2.

5. 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 19577). Percentage must total 100%.

PRIMARY:

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

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South Carolina State
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VALIC Retirement Services Company

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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 Financial Industry Regulatory Authority, Inc. (FINRA) member firm? Yes No

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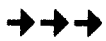
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**South Carolina State
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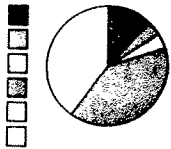
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VALIC Retirement Services Company

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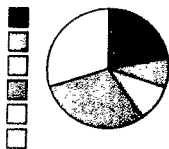
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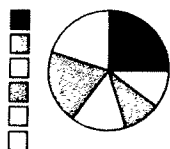
- Large Cap Stocks 12%
- 4% Vanguard Inst Index
- 4% Allianz NFJ Large Cap Value A
- 4% Amer Funds Grth Fund R4
- Small Cap Stocks 4%
- 4% Columbia Sm Cap Core Z
- International Stocks 4%
- 4% Virtus Foreign Opport
- Domestic Fixed Income 40%
- 30% Vanguard IntTm Inv-Gr
- 10% PIMCO Real Return A
- Fixed Annuity* 40%

Moderately Conservative



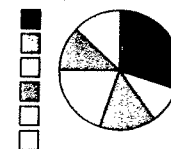
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- 8% Columbia Sm Cap Core Z
- International Stocks 10%
- 10% Virtus Foreign Opport
- Domestic Fixed Income 30%
- 20% Vanguard IntTm Inv-Gr
- 10% PIMCO Real Return A
- Fixed Annuity* 30%

Moderate



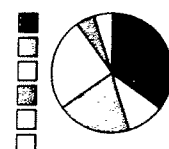
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- | | | |
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| | | 100% Total |

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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%):
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

**South Carolina State
Optional Retirement Program (ORP)**



Enrollment Form

Group ID: 25000005 CS: C CS: E

VALIC Retirement Services Company

6. CLIENT 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.

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

Check if you own or participate in another VALIC Product.



Client's Signature

Date

Dated at (City/State)

INFORMATION

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Questions about this form may be directed to **1-800-448-2542**, Monday through Friday, 7 a.m. to 8 p.m. Central Time.

Please fax this form to **1-803-782-9061** or mail to:

VALIC Retirement Services Company
3710 Landmark Drive, Suite 104
Columbia, SC 29204

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 Fixed-Interest OptionSM (Fixed Option), you will receive a Certificate that contains a summary of your rights and benefits under Contract GFUA-398.

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.

FOR VALIC USE ONLY:

Agent #: 0310 Region Code: 32 Issue State: SC State License #: _____

Licensed Agent/Registered Representative: David Isgett Phone: (843) 345-9796

(Print Name)

VALIC represents The Variable Annuity Life Insurance Company and its subsidiaries VALIC Financial Advisors, Inc. and VALIC Retirement Services Company.