

Pinellas County Schools 457(b) Deferred Compensation Plan

Mutual Fund Asset Conversion Form

Group ID# 01073002

VALIC Retirement Services Company (VRSCO)

1. CLIENT INFORMATION

SSN or Tax ID: _____ Name (First, Middle, Last): _____
Phone Numbers: (1) (_____) _____ (2) (_____) _____

2. GUIDED PORTFOLIO SERVICES® (GPS) - PORTFOLIO MANAGER

Fees for the GPS Portfolio Manager service are calculated on the last day of the calendar quarter and assessed shortly thereafter. However, depending on the date your account(s) will be converted, this fee may be calculated and assessed to your account(s) enrolled in the service prior to the conversion date.

3. CLIENT AUTHORIZATION

By signing this form, I authorize VALIC Retirement Services Company to request the surrender of my contract(s) or certificate(s) issued by The Variable Annuity Life Insurance Company and transfer the proceeds into the new investment options established with Trustee/Custodian and administered by VALIC Retirement Services Company. I also acknowledge that I am aware of the conversion process as outlined below.

- This form must be returned to VALIC Retirement Services Company.
- My account(s) transferring to the new investment options will be surrendered as soon as administratively possible following VALIC's receipt of this form in good order.
- Any surrender charges under my contract(s) or certificate(s) will be waived by The Variable Annuity Life Insurance Company for this one-time transfer of proceeds into the new investment options.
- I acknowledge that all amounts converted will maintain the same contribution classification (e.g., Elective Deferral, Employer Matching Contribution, and Employer Basic Contribution).
- All accounts eligible to convert will be deposited according to the attached mapping schedule on the conversion date.
- If I currently have an outstanding or defaulted loan, I will need to pay off my loan prior to surrendering my contract(s) or certificate(s). After I have repaid my loan, I may surrender my contract(s) or certificate(s) and transfer the proceeds into the new investment options by submitting a new asset conversion form.
- I have been provided and have reviewed materials regarding both the new and existing investment products.
- I understand that once I transfer my account balances to the mutual fund investment platform, I cannot transfer my account balances back to the annuity investment platform.
- I understand that I must transfer all accounts associated with this plan; partial transfers are not allowed.

Client Signature _____

Date _____

Please fax this form and any documentation to 1-877-202-0187 or mail to the address below for processing:

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

If overnight delivery:

VALIC Document Control
1050 N. Western St.
Amarillo, TX 79106-7011

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

AIG Retirement Services represents AIG Member Companies - The Variable Annuity Life Insurance Company (VALIC) and its subsidiaries VALIC Financial Advisors, Inc. (VFA) and VALIC Retirement Services Company (VRSCO). All are members of American International Group, INC. (AIG).