

# ✓ Instructions for Carrier Applications

(NOTE: Each enrollment application will have a section for Personal Information, Investment Elections, Beneficiary Information and a place for Your Signature, however they may not be in the order expressed below).

\_\_\_ **Section 1 – Personal Information**, please complete all required information.

\_\_\_ **Section 2 – Investment of Contributions**, choose the funds and allocate percentages to each fund.

*Note: See 403(b) Vendor Performance Summary (VPS) for a list of funds provided by each investment carrier.*

\_\_\_ **Section 3 – Beneficiary Information**, choose who you want to be your primary and contingent (secondary) beneficiary.

\_\_\_ **Section 4 – Your signature.**

**Make certain that the investment options on each application filled out totals 100%.**

*Please provide all information requested and fill out all appropriate sections of each form. If you have questions on completing any of these forms, please contact the appropriate investment carrier.*

**Mail all forms to:  
VALIC FBO of  
Duke University/Duke Health System  
3100 Tower Blvd - Ste 1601  
Durham, NC 27707**



## 5. DELIVERY OPTION ELECTION

**By providing my e-mail address below, I elect to enroll in Personal Deliver-e<sup>®</sup>, VALIC's electronic document delivery service.**

**E-mail Address:** \_\_\_\_\_

I understand that I will receive e-mail notifications when the following information becomes available for viewing and/or printing online:

- Transaction confirmations
- Account statements
- Certain regulatory documents such as prospectuses, supplements, proxies, annual and semi-annual financial reports, and privacy notices.

This service is provided by VALIC at no charge, though I may have to pay Internet service provider fees to access the Internet or receive e-mails. I may unsubscribe to this service at any time.

**I elect to receive account information and related materials in a printed format.**

## 6. APPLICANT AFFIRMATIONS AND STATEMENTS

This enrollment form is subject to acceptance by the Company at its Home Office. Proof of age must be furnished before Annuity payments begin.

A current prospectus for the Company's Separate Account was provided with the enrollment form. The prospectus for the Separate Account gives sales expenses and other data.

**Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.**

**By signing this form, I represent that all statements and answers made in the application are complete and true to the best of my knowledge and belief. I hereby acknowledge that I have read and understand the information on the following subjects as explained in the Information and Instructions.**

- **Fraud Warning**
- **Withdrawal Restrictions**

It is understood and agreed that the investment options under the contract will be limited to those listed above and will be subject to any other limitations described in the contract.

Are you as the owner of this account an active duty service member of the United States Armed Forces?  No  Yes (If yes, complete VL 22059.)

### REPLACEMENT

Do you have an existing annuity or life insurance policy?  No  Yes

Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company?  Yes  No

If yes, complete the following:

Contract Owner Name: \_\_\_\_\_ Contract Number(s): \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
Annuitant/Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dated at (City/State)

## 7. FINANCIAL ADVISOR OF RECORD

Agent #: \_\_\_\_\_ Region Code: \_\_\_\_\_ Issue State: \_\_\_\_\_

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract.  Yes  No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity?  Yes  No

If there are existing life insurance policies or annuity contracts, I have attached a copy of each disclosure statement and a list of companies involved and indicated cost basis.

If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms?  Yes  N/A

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

\_\_\_\_\_  
Licensed Agent/Registered Representative (Print Name)

\_\_\_\_\_  
State License #

\_\_\_\_\_  
Licensed Agent/Registered Representative's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

## INFORMATION AND INSTRUCTIONS

### FRAUD WARNING

**In some states we are required to advise you of the following:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

### WITHDRAWAL RESTRICTIONS

According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Death
- Hardship (contributions only)
- Age 59½ or older
- Disability

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.

### DUKE UNIVERSITY, HOSPITAL, OR MEDICAL CENTER

Benefits Administration  
705 Broad St.  
P.O. Box 90502  
Durham, NC 27708-0502  
Fax (919) 681-8774

Call 919-401-3200 for assistance.

### DURHAM REGIONAL HOSPITAL

Human Resources Department  
3643 N. Roxboro Rd.  
Durham, NC 27704  
Fax (919) 470-7276

### DUKE HEALTH RALEIGH HOSPITAL

Human Resources Department  
3400 Wake Forest Rd  
Raleigh, NC 27609  
Fax (919) 954-3355