



South Carolina State Optional Retirement Program (State ORP)
Transfer Form

Group ID# 25000005

AIG Retirement Services

VALIC Retirement Services Company (VRSCO)

Thank you for choosing AIG Retirement Services as your retirement plan provider. We applaud your decision to invest in your financial future.

KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

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

AIG Retirement Services Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

If overnight delivery: AIG Retirement Services 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

1. CLIENT INFORMATION

Name: _____ SSN: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ ZIP: _____ Phone Number: (____) _____

2. NAME AND ADDRESS OF TRANSFERRING CARRIER

Name: MetLife c/o FAScore, LLC Address: PO Box 173768
City: Denver State: CO ZIP: 80217-3768 Phone Number: (800) 543-2520 Fax Number: (866) 345-3050

3. ACCOUNT & TRANSACTION INFORMATION

A. Indicate the "From" MetLife Participant ID and Plan Number. AIG Retirement Services/VRSCO will provide the "To" account number.

"From" MetLife Participant ID: _____ Plan #: _____ "To" Account #: (to be completed by VRSCO)

B. Estimated Amount to be Transferred: \$ _____

☐ Liquidate the entire account ☐ Liquidate a portion of the account (\$ _____ or _____ %)

4. ACCEPTANCE OF TRANSFER

In accepting the cash value transferred from MetLife (Name of Transferring Company/Carrier) within the above described Plan, Trustee/Custodian hereby assumes responsibility for the future administration of such funds and agrees that payment to and receipt by Trustee/Custodian of the cash value shall fully discharge MetLife (Name of Transferring Company/Carrier) from all responsibility and liability that may accrue with respect to such funds after the transfer.

Trustee/Custodian: _____

SVP & Chief Operating Officer

Date

5. CHECK AND MAILING INFORMATION FOR METLIFE

A. Make Transfer payable as follows:

VRSCO on behalf of Trustee/Custodian

FBO: _____
(client name)

VALIC Retirement Services Company

Group ID #: 25000005

B. Mail check to:

VALIC Retirement Services Company

C/O JP Morgan Chase

P.O. Box 301465

Dallas, TX 75303-1465

C. Mail overnight check to:

JP MORGAN CHASE (TX1-0029)

VALIC Retirement Services Company

Lockbox number 301465

14800 Frye Road

Fort Worth, TX 76155

6. CLIENT AUTHORIZATION TO ESTABLISH ACCOUNT AND TRANSFER FUNDS

By signing on the Client Signature line below the undersigned agrees, in the event his/her transaction is not complete, to permit VRSCO to retain his/her funds while VRSCO immediately attempts to obtain the information necessary and/or correct any other issues in order to complete the transaction contemplated.

I authorize the above transfer and certify that all statements are complete and accurate to the best of my knowledge and belief.

I acknowledge that I am engaging in this transaction of my own volition and this transaction has not been recommended by VALIC, its affiliates and its representatives.

Name

Client Signature

Date

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).