Retirement Manager

Disbursement Eligibility Certificate

Employee Guide
RETIREMENT MANAGER LOGIN

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

- Enter your Employee Unique ID and password.
  - The Employee Unique 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.
From the Disbursement Menu, you can select the certificate option for your disbursement request.

**Disbursement Menu**

- **403(b) Plan**
  - Hardship Withdrawal Certificate
    - Request Hardship Withdrawal Certificate
  - Loan Certificate
    - Request Loan Certificate

- **Certificate Reporting**
  - Reprint Existing Certificates and Reporting for Plan Administrator
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

Hardship Withdrawal transactions on record in the past 12 months:

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Amount</th>
<th>Effective Date</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No data found

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

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Name</th>
<th>Amount</th>
<th>Effective Date</th>
<th>Reason</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>---Select vendor---</td>
<td>0.00</td>
<td></td>
<td>---Select reason---</td>
<td></td>
</tr>
</tbody>
</table>

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 contributions 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:

- [ ] 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, including 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.
- [ ] repair or modification expenses for your disabled 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:

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Name</th>
<th>Unrestricted Pre 1989 Balance</th>
<th>Employee Elective Contributions</th>
<th>As of Date</th>
<th>Requested Amount</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Since you must exhaust all unvested 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.
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:

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Name</th>
<th>Amount</th>
<th>Effective Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select vendor</td>
<td>0.00</td>
<td></td>
<td>Delete Row</td>
</tr>
</tbody>
</table>

Prior to a hardship withdrawal distribution, you must first attempt to satisfy the financial need by other resources that are reasonably available to you. If the remaining balance is not sufficient to satisfy the hardship, you may 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:

<table>
<thead>
<tr>
<th>Reason For Request</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical expenses for you, your spouse, or your dependent (or primary beneficiary other than your spouse if your plan allows).</td>
<td></td>
</tr>
<tr>
<td>Expenses directly related to the purchase of your principal residence, excluding mortgage payments</td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
</tr>
<tr>
<td>Amounts required to prevent eviction from, or foreclosure on, your principal residence</td>
<td></td>
</tr>
<tr>
<td>Damages or funeral expenses for your deceased parent, spouse, child, or dependent (or primary beneficiary other than your spouse if your plan allows).</td>
<td></td>
</tr>
<tr>
<td>Repairs for uninsured or underinsured damage to your principal residence due to theft, fire, or other casualty.</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Name</th>
<th>Unrestricted Pre 1989 Balance</th>
<th>Employee Elective Contributions</th>
<th>As of Date</th>
<th>Requested Amount</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vendor 1</td>
<td>$2,000.00</td>
<td>10/01/2008</td>
<td>0.00</td>
<td>Delete Row</td>
<td></td>
</tr>
</tbody>
</table>

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

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.
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.
CERTIFICATE # 0001381

HARDSHIP WITHDRAWAL

REQUEST DATE: 04/16/2009  EXPIRATION DATE: 05/31/2009

PARTICIPANT INFORMATION

Participant Name: DEMUSER  Last Four Digits of SSN: 4444
Employer Name: Demo Group  Plan Name: 403(b) Plan

DISBURSEMENT REQUEST

Total Immediate Financial Need: $500.00
Vendor Name: Provider 1
Requested Amount This Vendor: $500.00
Unrestricted Pre 1989 Balance: $0.00
Hardship Withdrawal Amount: $500.00

REASON FOR REQUEST

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).

Hardship Withdrawal transactions in the last 12 months on file

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Effective Date Of Data</th>
<th>Effective Date Of Transaction</th>
<th>Amount Of Transaction</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Data on Record</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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

Please add Loan transactions not listed above:

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Name</th>
<th>Loan ID</th>
<th>Original Loan Effective Date</th>
<th>Original Loan Amount</th>
<th>Loan Status</th>
<th>Current Outstanding Loan Balance</th>
<th>Highest Loan Balance Previous 12 Months</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Selected vendor</td>
<td>123456</td>
<td>12/31/2020</td>
<td>100,000</td>
<td>12/31/2021</td>
<td>50,000</td>
<td>0.00</td>
<td>Events Flow</td>
</tr>
</tbody>
</table>

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

Please select the vendor and input the amount of the loan:

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Name</th>
<th>Account Balance</th>
<th>As of Date</th>
<th>Requested Amount</th>
<th>Action</th>
</tr>
</thead>
</table>

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. Your account balance may be further reduced by other restrictions.

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 >>
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.

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Name</th>
<th>Loan ID</th>
<th>Original Loan Effective Date</th>
<th>Original Loan Amount</th>
<th>Loan Status</th>
<th>Current Outstanding Loan Balance</th>
<th>Highest Loan Balance Previous 24 Months</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>--Select--</td>
<td>10000</td>
<td>--Select--</td>
<td>0.00</td>
<td>--Select--</td>
<td>0.00</td>
<td>0.00</td>
<td>Create Row</td>
</tr>
</tbody>
</table>

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

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

- --Select--
- Yes
- No

**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.

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Name</th>
<th>Account Balance</th>
<th>As of Date</th>
<th>Requested Amount</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider 1</td>
<td>$4,000,000</td>
<td>4/02/2000</td>
<td>0.00</td>
<td>Delete Row</td>
</tr>
</tbody>
</table>

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

After clicking NEXT, the confirmation page will display.
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.
CERTIFICATE # 001352

LOAN
REQUEST DATE: 04/15/2009 EXPIRATION DATE: 05/31/2009

PARTICIPANT INFORMATION
Participant Name: [REDACTED] Last Four Digits of SSN: 6555
Employer Name: Demo Group Plan Name: 403(b) Plan

LOAN REQUEST
Vendor Name Provider 1
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 Original Loan Effective Date Loan Status Current Outstanding Loan Balance Highest Loan Balance Previous 12 Months
No Data on Record

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 60% of your account balance and may be further reduced by other restrictions.