Instructions for Carrier Applications

Section 1: Personal information. Complete all required information.

Section 2 & 3: Investment of Contributions. Choose the funds and allocate percentages to each fund. Make certain that the investment options filled out totals 100%.

Note: See Investment Performance Summary for a list of funds provided by each vendor at: www.hr.duke.edu/benefits/retirement/performance/index.php

Section 4: Document Delivery Choices

Section 5, 6, & 7: Beneficiary Information. Choose who you want to be your primary, contingent (secondary), and minor beneficiary.

Section 8: Your Signature

Please provide all information requested and fill out all appropriate sections.
If you have any questions on completing this form, please contact VALIC at:

919-401-3200

Mail form to:

VALIC FBO of
Duke University/Duke Health System
280 South Mangum St., Suite 150
Durham, NC 27701
Fax #: 919-401-3224
The Duke University 457(b) Deferred Compensation Plan

Mutual Fund 457(b) Enrollment Form
Group ID# 03354007 CS: D

1. CLIENT INFORMATION
Name: __________________________ SSN or Tax ID: __________________________
Gender: □ Male □ Female Date of Birth: __________________________
Marital Status: □ Married □ Not Married □ Widowed □ Legally Separated: Attach Court Order of Legal Separation. Petition not acceptable. □ Missing Spouse: By marking this box, I hereby affirm that I have made reasonable attempts to locate my spouse and have not been able to do so, and I have no reason to believe that I will be able to do so.
Residence Address*: ____________________________________________________________
City: __________________________ State: __________________________ ZIP: ___________
Phone: (_____) __________________________________ Phone: (_____) ___________
□ Business □ Personal □ Business Mobile □ Personal Mobile □ Business Mobile □ Personal Mobile
Mailing Address* (if different from residence):
City: __________________________ State: __________________________ ZIP: ___________
* All accounts will be updated with these addresses.

2. INVESTOR PROFILE
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 a FINRA member firm? □ Yes □ No

3. INVESTMENT ELECTIONS
Indicate investment elections below for all future contributions to the Plan. Use whole increments of 1% (no fractions) to total 100%.

<table>
<thead>
<tr>
<th>Tier 1 - Asset Allocation Funds</th>
<th>Tier 2 - Core Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Columbia Balanced Z (CBALX)</td>
<td>% AmCent Inf-Adj Bd Instl (AIANX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2005 (TRRX)</td>
<td>% Amer Funds Amcap R4 (RAFEX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2010 (TRRAX)</td>
<td>% American Century Mid Cap Value Instl (AVUX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2015 (TRRGX)</td>
<td>% American Funds EuroPacific Gr R4 (REREX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2020 (TRRX)</td>
<td>% Ceredex Large Cap Value Equity (STVTX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2025 (TRRX)</td>
<td>% Dreyfus Bond Mkt Idx Bas (DBIFX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2030 (TRRCX)</td>
<td>% Dreyfus Sm Cap Stk Indx (DISSX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2035 (TRRJX)</td>
<td>% Fixed-Interest Option (FB124)*</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2040 (TRRDX)</td>
<td>% Goldman Sachs Small Cap Value Instl (GSSIX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2045 (TRRX)</td>
<td>% Janus Triton N (JGMNX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2050 (TRRMX)</td>
<td>% Metropolitan West Total Return Plan (MWTSX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2055 (TRNX)</td>
<td>% Vanguard 500 Index Adm (VFIAX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement 2060 (TRRLX)</td>
<td>% Vanguard Mid Cap Index Adm (VIMAX)</td>
</tr>
<tr>
<td>% T. Rowe Price Retirement Inc (TRRXX)</td>
<td>% Vanguard Federal Money Market Inv (VMFXX)</td>
</tr>
</tbody>
</table>

*Policy Form GFA-504, a group fixed allocated annuity, issued by The Variable Annuity Life Insurance Company, Houston, Texas.
4. DOCUMENT DELIVERY CHOICES

E-mail Address: ___________________________ □ Business □ Personal

☐ 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 regulatory disclosures, transaction confirmations and account statements are available for viewing and/or printing online. You may customize your selections online at VALIC.com.

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

5. PRIMARY BENEFICIARY DESIGNATION - Primary beneficiaries receive death benefits upon the client’s death.

This beneficiary designation supersedes all previous beneficiary designations for such account(s).

• A beneficiary may be an individual, institution, estate, or trust.

• To ensure that all beneficiaries are identified, list each by name.

• If you wish to designate as beneficiaries your current children, and any children who may be born to you or legally adopted in the future, add the words “all my living children” in the name box following the last child listed.

• If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.

• When there are multiple beneficiaries and one predeceases you, the proceeds will be divided between the remaining beneficiaries. A designation of “Per Stirpes” after the beneficiary name allows the descendants of the deceased beneficiary to receive the deceased beneficiary’s portion.

• Section 7 must also be completed if you are designating a minor as a beneficiary.

1. Name: ___________________________ Phone: (______) SSN or Tax ID: __________
   E-mail: ___________________________ Relationship: ___________________________ DOB or Trust Date: ___________________________ Percent: _____ %
   Address: ___________________________ City: ___________________________ State: ________ ZIP: __________

2. Name: ___________________________ Phone: (______) SSN or Tax ID: __________
   E-mail: ___________________________ Relationship: ___________________________ DOB or Trust Date: ___________________________ Percent: _____ %
   Address: ___________________________ City: ___________________________ State: ________ ZIP: __________

☐ Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and social security number at the top of each separate sheet attached.

6. CONTINGENT BENEFICIARIES - Contingent beneficiaries receive death benefits if all the primary beneficiaries are deceased at the time of the client’s death.

1. Name: ___________________________ Phone: (______) SSN or Tax ID: __________
   E-mail: ___________________________ Relationship: ___________________________ DOB or Trust Date: ___________________________ Percent: _____ %
   Address: ___________________________ City: ___________________________ State: ________ ZIP: __________

2. Name: ___________________________ Phone: (______) SSN or Tax ID: __________
   E-mail: ___________________________ Relationship: ___________________________ DOB or Trust Date: ___________________________ Percent: _____ %
   Address: ___________________________ City: ___________________________ State: ________ ZIP: __________

☐ Check here if you have named additional contingent beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and social security number at the top of each separate sheet attached.

7. MINOR AS BENEFICIARY

VALIC Retirement Services Company will only pay claims to a beneficiary who is a minor through a custodian or an alternative guardianship arrangement. If you have named a minor as your beneficiary, please designate a custodian under your states’ Uniform Transfers (Gifts) to Minors Act or contact a local attorney regarding other alternatives to guardianship requirements.

_________________________ as Custodian for ___________________________ under the ______________ Uniform Transfers (Gifts) to Minors Act.

☐ Check here if you have named custodians for additional minors who are beneficiaries on a separate sheet, signed, dated and attached to this form.
8. CLIENT SIGNATURE

- I acknowledge that I may only transfer up to 20% of the accumulation value allocated to the Fixed-Interest Option in my account during each contract year. I understand that mutual fund investment return and principal value will fluctuate so that when redeemed any shares in my Plan account may be worth more or less than their original cost. I affirm that the information on this form is accurate and complete, to the best of my knowledge.

- I authorize the Beneficiary designations indicated on this form and attest to the accuracy of the information contained therein.

________________________________________________________________________

Client Signature __________________________ Date __________________________

Signed At: City/State

UPON COMPLETION OF THIS FORM, PLEASE SUBMIT THIS DOCUMENT TO VALIC RETIREMENT SERVICES COMPANY.

VALIC FBO of Duke University/Duke Health System
280 South Mangum St., Suite 150
Durham, NC 27701

Questions about this form may be directed to 919-401-3252, Monday through Friday, 9 a.m. – 5 p.m. EST.

For Home Office Use Only

________________________________________________________________________

Financial Advisor Name (Print) __________________________

________________________________________________________________________

Financial Advisor Signature __________________________ Date __________________________

Agent #: __________________________ Region Code: __________________________

________________________________________________________________________

Principal Approval __________________________ Date __________________________

INFORMATION

BENEFICIARY DESIGNATION

In the event that no Beneficiary is designated, the Plan distribution will be paid to your estate unless the plan document provides otherwise. Upon the Client's death, payment shall be made to the Primary Beneficiary(ies) if living, otherwise to the Contingent Beneficiary(ies) if living unless otherwise indicated. If there is no Beneficiary living when the Client dies, payment shall be made to the Client's estate unless the plan document provides otherwise.

Only lawful children, born to or legally adopted by the Client, shall be included as a class if the class designation of “children” or “all my children” is named as Beneficiary.

The plan sponsor may rely on an affidavit by any Beneficiary relating to the date of birth, death, marriage or remarriage, names, addresses and other facts concerning all Beneficiaries. The plan sponsor shall incur no liability in relying and acting on such affidavit.

CHANGE OF BENEFICIARY DESIGNATION

The Client has the right to change the Beneficiary Designation by written request in form satisfactory to the plan sponsor signed while the Client is alive. When the written request has been recorded, the change shall be effective as of the date the request was signed, even though the Client may have since died.

A change of Beneficiary Designation will have no effect on any action taken by the company before the change is recorded. A change of Beneficiary Designation shall revoke any prior Beneficiary Designation.