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

This Enrollment Form should be used for initial enrollment and contribution allocation only. Future investment election changes may be made by calling VALIC Retirement Services Company at 1-800-448-2542 or by going online at www.valic.com. Investment election changes via paper forms will not be accepted.

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

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%.

**Tier 1 - Asset Allocation Funds**

- % Columbia Balanced Z (CBALX)
- % Vanguard Instl Tgt Ret Income (VITRX)
- % Vanguard Instl Tgt Ret 2015 (VITVX)
- % Vanguard Instl Tgt Ret 2020 (VITWX)
- % Vanguard Instl Tgt Ret 2025 (VRIVX)
- % Vanguard Instl Tgt Ret 2030 (VTTWX)
- % Vanguard Instl Tgt Ret 2035 (VITFX)
- % Vanguard Instl Tgt Ret 2040 (VIRSX)
- % Vanguard Instl Tgt Ret 2045 (VITLX)
- % Vanguard Instl Tgt Ret 2050 (VTTRLX)
- % Vanguard Instl Tgt Ret 2055 (VILVX)
- % Vanguard Instl Tgt Ret 2060 (VILVX)
- % Vanguard Instl Tgt Ret 2065 (VSXFX)

**Tier 2 - Core Funds**

- % AmCent Inf-Adj Bd Instl (AINX)
- % Amer Funds Amcap R4 (RAFX)
- % American Century Mid Cap Value Instl (AVUAX)
- % American Funds EuroPacific Gr R4 (REREX)
- % Ceredex Large Cap Value Equity (STVTX)
- % Dreyfus Bond Mkt Idx Bas (DBIRX)
- % Dreyfus Sm Cap Stk Indx (DISSX)
- % Fixed-Interest Option (FB124)*
- % Goldman Sachs Small Cap Value Instl (GSSIX)
- % Janus Triton N (JGMNX)
- % Metropolitan West Total Return Plan (MWTSX)
- % Vanguard 500 Index Adm (VFIAX)
- % Vanguard Mid Cap Index Adm (VIMAX)
- % Vanguard Federal Money Market Inv (VMFXX)

100% Total

*Policy Form GFA-504, a group fixed allocated annuity, issued by The Variable Annuity Life Insurance Company, Houston, Texas.
The Duke University 457(b) Deferred Compensation Plan

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

VALIC Retirement Services Company

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)  Date

__________________________________________
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.