Your MaineSaves Online Enrollment Guide

Welcome to online enrollment for MaineSaves, the State of Maine's voluntary retirement savings plan. Follow the steps shown here to enroll successfully.

Go to <u>www.valic.com</u>

Click on "Enroll in your retirement plan" in the top right hand corner. Enter your access code: 0251301 and click "Enroll'

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Enrollment center

SYSTEM REOLUREMENTS

Welcome to the VALIC enrollment center.

Please enter your access code in the box provided below. You should have received a code in the enrollment packet provided to you through your employer. If you do not have a packet and/or do not know your access code, please contact your Human Resources Department.



ATTENTION:

This process is for new online enrollments only. If you've already enrolled in your selected plan and have a confirmation number, please **click here** or call us toll free at 1.800.448.2542 (1.800.248.2542 TDD Services for the Hearing Impaired) 7:00 a.m. until 8:00 pm (CT) Monday through Friday.

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User agreement

Stop! The following elections cannot be made online and must be submitted to your local representative:

The 5% Enrollment Option: This option is available to employees not participating in the retirement plan with Maine Public Employees Retirement System (MainePERS) This option is ONLY available for elected & appointed positions.

The Three-year Pre-Retirement Catch-Up: (also known as the Special Section 457(b) Catch-Up): This option is available to employees within three years of their normal retirement date. Please check with your local representative for eligibility.

Vacation Pay Deferrals: This is an option for employees who are approaching retirement and have extra vacation time built-up. Please check with your local representative for eligibility.

In addition, please remember you can only contribute to one local provider at a time. The State will stop any contributions to another plan provider once a new election is processed.

NEW ENROLLMENTS: New enrollments will be processed for the 1st available pay of the following month.

The Group name will read "State of Maine".

Enter your Social Security number.

Scroll down through the terms for Employee Users and click the button that says: "I have read and agree to the above terms of use".

STEM REQUIREME

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Enrollment center

User agreement

Group name :	Plan name :	
State of Maine	State of Maine Defer	red Compensation Plan
If the group and plan name(s) above are correct, enter ye	our SSN below. Otherwise, click here .	
		🖨 Print
	Terms of Use for Employee Users	
1.01 DEFINITIONS		
For purposes of these Terms of Use:		
" Company " includes The Variable Annuity Life Insurance (inc. ("VFA"). The Company is the operator of the Enrollmen through Friday from 7:00 a.m. to 8:00 p.m. (CT) or write to V	Company ("VALIC"), VALIC Retirement Se nt Center web site. For any questions, cal VALIC at 2929 Allen Parkway, Houston, T	ervices Company ("VRSCO"), VALIC Financial Advisors, I our Client Care Center at 1.800.448.2542 Monday X 77019
"Employer" means Your Employer that sponsors the retire	ement plan(s) in which you are enrolling	using the VALIC Enrollment Center.
"Enrollment Center" means this specialized web site open	rated by the Company that enables you t	to enroll electronically in your Employer's qualified
retrement plan through a salary reduction Agreement.		
	I do not agree	I have read and agree to the above terms of use

Enter your Last Name and Date of Birth. Click "Next".

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🙀 🕘 AlG Contact Home 创 Instant Virtual Extranet 🤌 Suggested Sites 🔻 🕘 Get more Add-ons 🔻 🎍 AlG 👻 🥔 Concur Expense Reportin	
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Enrollment center	ENTS
Employee information	E
	-
Please enter the information below. We will perform some authentication in order to protect your identity by validating this information against the data we have on record for you.	
Last name * :	
Date of birth * : Select month • / Select day • / Select year •	
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	▲ 2:49 PM 12/24/2014

If you choose to enroll in the plan, your information should appear on screen.

Confirm the information is correct. You will need to enter "Preferred Contact Information" and "Gender". Click "Next".

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Enrollment center

Step 1: Personal information

Please verify that this is your participating plan and that the last four digits of your SSN below is correct. If either is incorrect, click the Cancel button to restart enrollment.

Plan :	State of Maine Deferred Compensation Plan	Step 3 - Investment Options
SSN :	xxx-xx-5487	and a summary adverse
First name * :		Step 4 : Beneficiaries
31.022		Step 5 : Document Delivery
Middle name :		Stan 5 - Sinal Benjau
Last name * :		Step b . Finan Neview
C		Step 7 : Confirmation
Sumx:	Select ¥	

Step 1 of 7

Step 2 : Salary Reduction

Residence address

Country :	United States V [Your residence address must be in the US.]
Line 1 * :	
Line 2 :	
Line 3:	

Please check this box, if mailing address is different from residential address

Mailing address

Country :	United States	~
Line 1 :		
Line 2 :		
Line 3 :		
City :		
State :	Select	~
Zip code :		

Contact information

E-mail :		
Home phone * :	(713)831-2471	[Enter numbers only]
Alt. phone :		[Enter numbers only]
Preferred contact * :	● Phone ○ E-Mail	

Additional information

Gender * :	O Male	
Marital status * :	Married 🖌	
Date of birth * :	March 🗸 / 25 🗸 / 1975	~
Hire date * :	June 💙 / 25 💙 / 2004	~
Employer name :	State of Maine	

Are you employed by or holding a license with a Financial Industry Regulatory Authority (FINRA) member firm?

OYes ⊙No

Name of firm (if yes):



Enter your Salary Reduction information. This is the <u>dollar amount</u> you wish to contribute from each paycheck.

Check the box next to: "I consent to the Salary Reduction Agreement below" Click "Next".



Enrollment center

Step 2 : Salary reduction

Please specify how much of your salary you want to defer per pay period.

QUALIFIED DEFERRED COMP FUNDED

Pre-Tax contribution (per pay period): S

You can invest your contributions in any or all of the plan's investment fund options.

The list of available funds will appear on this screen.

Once you made your investment election(s) by entering a percentage amount next to the fund(s) in which you wish to invest your contributions, the total allocation should equal 100%.

Click "Next".

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Enrollment center		SYSTEM REOLUREM	ENTS	E
Step 3 : Investment op	tions/allocation	Step 3 of 7		
Tell us how to invest your retirement contribution	Tall us how to investively retirement contribution. You may invest in one or more of the investment options offered			
by your retirement plan. You must also determine what percentagein whole numbers and totaling 100%of your total contribution will go into each investment. A maximum of 20 investment options is permitted.				
View Fund Performance View Fund Prosp	ectus	Step 3 : Investment Options		
NOTE: You may click a fund name below to review its prospec	tus.	Step 4 : Beneficiaries		
Investment vehicle	Percent allocation	Step 5 : Document Delivery		
AM BEACON SMCAP VAL INST	0 96	Step 6 : Final Review		
AMERICAN EUROPACIFIC GROWTH R6	0 96	Step 7 : Confirmation		
AMERICAN FUNDS AMR BALANCED R6	0 %			
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Fill out who you would like to select as your Beneficiary(ies). Click "Next"

Please note: The most recent election will override any previous elections submitted. Subsequent changes to beneficiary information can be made through your online account with VALIC.

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Step 4 : Beneficiaries

In this section, you designate who would receive any benefits in the event of your death. Your primary beneficiary (ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits. **You will need to designate at least one primary beneficiary online**.

If one or more of the following beneficiary options apply then you will also need to complete and return the Beneficiary Designation Form to the address listed on the form:

- Children who are minors : If any of your beneficiaries is a minor.
- Multiple beneficiary designations : If you wish to designate more than ten primary and/or contingent
 beneficiary designations. The Beneficiary Designation Form will instruct you how to designate more than ten.

Once we receive your completed Beneficiary Designation Form, it will supersede all previous beneficiary designations for this account.

Get Beneficiary Form from ePrint.

- 1. Click on the ePrint logo below.
- 2. A separate web page will launch. Click on the"Forms" link (under) "Quick Links"
- 3. Click on the"Beneficiary Designation Form".
- 4. Print the form. Complete it and return it to the address on the form.



Step 4 of 7

Step 1 : Personal Information

Step 2 : Salary Reduction

Step 3 : Investment Options

tep 4 : Beneficiaries

Step 5 : Document Delivery

Step 6 : Final Review

Step 7 : Confirmation

Primary Beneficiary First Name Last Name Relationship Percentage SSN Date of birth Acting Select 96 Control Co

Contingent Beneficiary

First Name	Last Name	Relationship	Percentage	SSN	Date of birth	Ac
1		Select 💌	96			
Total:			0 %			
Add And	other Contingent Be	neficiary				~
<	in.					>

Next Cancel

Indicate how you would like to receive information about your account. Click "Next".

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Enrollment center

Step 5 : Document delivery options		Step 5 of 7
In this section you will designate whether you will be notified electronically for acco	unt statements, regulatory reports or	Step 1 : Personal Information
disclosures (such as prospectuses and annual financial reports), and transaction co documents should be mailed to your address of record. Select the delivery option t	Step 2 : Salary Reduction	
Delivery Options:	Step 3 : Investment Options	
E-mail notification for all options	Step 4 : Beneficiaries	
Account statements More Info		Step 5 : Document Delivery
E-Mail Notification		and the second second second
O U.S. Mail		Step 6 : Final Review
Prospectus, regulatory reports, or disclosure More Info	Step 7 : Confirmation	
E-Mail Notification		
O U.S. Mail		
Transaction confirmations More Info		
E-Mail Notification		
O U.S. Mail		
Online Delivery to:		
E-mail address:	Current e-mail Address)	
Confirm E-mail address:		

A confirmation e-mail will be sent to the e-mail address provided above once your request is processed. The e-mail will come from VALIC Personal Deliver-e[email@valicdeliver-e.com].



Review your information and click "Yes, enroll me now".

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Step 6 : Final review

Here is a final look at your enrollment information. Please review each section carefully--you will not be able to make further changes to your enrollment information after completing this step.

If you need to make any changes, click the [Edit] button next to the related section(s), or use the navigation control displayed in the right column. If you are satisfied with your choices, click the [Yes, enroll me now] button below.

Plan information	
Plan :	State of Maine Deferred Compensation Plan
Personal information Edit	
Name:	VALIC VALIC 2
SSN:	1000-100-5487
Citizenship Status:	
Residence Address:	2929 ALLEN PARKWAY HOUSTON TX 77019 US
Mailing Address:	2929 ALLEN PARKWAY HOUSTON TX 77019 US
Home Phone:	(713) 831-2471
Alternate Phone:	
E-Mail Address:	
Preferred Contact Method:	PHONE
Gender:	Female
Marital Status	Married

Step 6 of 7



TEM REQUIRE

Step 7 : Confirmation