

INSTRUCTIONS TO FINANCIAL ADVISORS

FOR SUBMITTING ANNUITY TRANSACTIONS FOR NEW YORK STATE ISSUED CONTRACT(S).

The financial advisor must first determine whether or not a replacement is involved. To do so, obtain a completed Definition of Replacement (VL 12667-NY-IC) form. This form must be signed by both the financial advisor and the applicant(s) and submitted for ALL applications regardless of whether a replacement is involved.

Option 1: If all answers to questions 1-6 on the Definition of Replacement (VL 12667-NY-IC) form are marked “No”, the transaction is not a replacement. The application and other transaction documents may be signed the same day as the Definition of Replacement (VL 12667-NY-IC) or within 60 days to avoid stale dated paperwork. Forward completed paperwork to: VALIC Document Control, P.O. Box 15648, Amarillo, TX 79105

Option 2: If any answer to questions 1-6 on the Definition of Replacement (VL 12667-NY-IC) form is marked “Yes”, the transaction is a replacement.

1. The client must sign the Authorization to Disclose Information (VL 19176).
2. The advisor must complete the following sections on the Disclosure Statement (VL 12670-NY-IC): the applicant information, agent/broker information and Description of Transaction on page 1. All other sections including the information on existing coverage section of Page 1 are left blank.
3. Forward the Authorization to Disclose Information (VL 19176), the Disclosure Statement (VL 12670-NY-IC), signed Definition of Replacement (VL 12667-NY-IC) and investment statement from replaced insurer to VALIC Document Control, P.O. Box 15648, Amarillo, TX 79105-5648 or fax to (800) 858-2542 or Overnight Delivery: VALIC Document Control, 1050 N. Western St., Amarillo, TX 79106-7011.
4. The VALIC Back Office will forward paperwork to the replaced insurer. The replaced insurer is required to provide the requested information in the Description of Transaction and Summary Result Comparison sections within 20 days of receipt inclusive of weekends and holidays. The VALIC Back Office will complete the existing coverage, Summary Result Comparison for the Proposed Annuity and Remarks sections on the Disclosure Statement (VL 12670-NY-IC) and then return the Definition of Replacement (VL 12667-NY-IC), Authorization to Disclose Information (VL 19176), Disclosure Statement (VL 12670-NY-IC) and investment statement back to the advisor. If the replaced insurer fails to respond within 20 days, good faith approximations may be used, and the VALIC Back Office will check the appropriate box for approximations on the form.
5. The advisor must then present the Disclosure Statement (VL 12670-NY-IC) to the client for review along with any sales materials (including the proposal). If the client wishes to continue with the transaction, advisor completes the Agent’s or Broker’s Statement section and marks whether sales material was used on the Disclosure Statement (VL 12670-NY-IC). Client and advisor sign the Disclosure Statement (VL 12670-NY-IC).
6. The advisor must provide the client with the Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts (VL 12669-NY-IC); have client sign the form acknowledging they have received and read the form; and leave a copy of the Important Notice with client.

Note: The application and remaining paperwork may be signed the same day or within 60 days of the signature date on the Disclosure Statement (VL 12670-NY-IC) and Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts (VL 12669-NY-IC).

7. Advisor forwards to VALIC Document Control, P.O. Box 15648, Amarillo, TX 79105, along with completed application and additional forms:
 - Completed and Signed
 - o Authorization to Disclose Information (VL 19176);
 - o Definition of Replacement (VL 12667-NY-IC);
 - o Disclosure Statement (VL 12670-NY-IC); and
 - o Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts (VL 12669-NY-IC).
 - A copy of any sales material (including the proposal) used in the proposed sale.

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

(1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? YES ___ NO ___

(2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES ___ NO ___

(3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES ___ NO ___

(4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? YES ___ NO ___

(5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES ___ NO ___

(6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? YES ___ NO ___

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ___ NO ___

Date: _____ Signature of Agent or Broker: _____

**Authorization to Disclose Policy/Contract
Information for New York Regulation 60
Disclosure Statement**

**VALIC – THE VARIABLE ANNUITY LIFE INSURANCE COMPANY
Houston, Texas**

If any question on the Definition of Replacement Form (VL 12667-NY) is answered "yes," I _____
(print applicant's name) hereby authorize _____ (name of current insurer) to disclose all
information necessary for contract number(s) _____ and the completion of the attached form(s)
pursuant to the guideline set forth in New York Regulation 60.

Signature of Applicant

Date