

**The Variable Annuity Life Insurance Company (VALIC)**  
Houston, Texas

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THE ATTACHED NOTICE MUST BE COMPLETED FOR ALL REPLACEMENT APPLICATIONS AT THE POINT OF SALE FOR THE FOLLOWING:

STATE	APPLICABILITY
Delaware	All Individual and Group Annuity Contracts

1. After completing the notice, have the applicant sign and date.
2. Leave the applicant a copy of the notice and copies of all sales literature used at the point of sale with the applicant.
3. Attach the original notice to the application and forward to:

VALIC Document Control  
P.O. Box 15648  
Amarillo, TX 79105-5648

# NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

The Variable Annuity Life Insurance Company (VALIC)  
Houston, Texas

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both the proposed new policy and your existing insurance. New policies may contain provisions which limit benefits during the initial period of the policy, in particular, the suicide and incontestable clauses. To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 30 requires that the insurer advising or recommending replacement:

- (a) Provide the consumer, not later than the date the policy or contract is delivered, a concise summary of the policy or contract to be issued.
- (b) Allow a twenty-day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund.
- (c) Advise the present insurance company(ies) of the pending replacement.

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it using the form below.

### INFORMATION ON PRESENT POLICIES

Company Name	Policy Number	Name of Insured	Summary Requested Mark (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Continue on reverse as required)

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

With my signature, I acknowledge that I have read and understood all of the disclosures above. My signature also acknowledges that at the time I completed my application for the proposed annuity contract, I was given a hard copy of this form to maintain for my personal records.

Applicant's Name (Printed or Typed) \_\_\_\_\_ Applicant's SSN \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Applicant's Name, if applicable (Printed or Typed) \_\_\_\_\_

Joint Applicant's Signature, if applicable \_\_\_\_\_ Date \_\_\_\_\_

Agent's Name (Printed or Typed) \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Address \_\_\_\_\_

Company Name: The Variable Annuity Life Insurance Company