

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

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THE ATTACHED NOTICE MUST BE COMPLETED (ONLY IF THIS IS A REPLACEMENT OF AN INDIVIDUAL FIXED DEFERRED ANNUITY CONTRACT) AT THE POINT OF SALE FOR THE FOLLOWING:

STATE	APPLICABILITY
Nevada	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 (in Nevada, also include all written sales materials) and forward to:

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

**IMPORTANT NOTICE  
REGARDING THE REPLACEMENT OF  
YOUR ANNUITY CONTRACT**

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

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You have been offered a new annuity contract to replace your existing annuity contract.

Before you replace your existing annuity contract, you should consider the financial gains and losses of replacement.

You may incur additional costs to acquire the new annuity contract.

To make an informed decision about the replacement of your existing annuity contract, you should discuss the provisions of that contract with the producer of insurance or the insurance company which issued it to determine whether your existing annuity contract may be revised to meet your present needs.

Your new annuity contract provides 30 days for you to decide if you wish to keep it.

The producer of insurance or insurance company which is offering to replace your existing annuity contract is required to obtain your signature on this notice and to notify your existing insurance company that you are considering the replacement of your existing annuity contract.

I have read this notice and received a copy of it for my records. I have also received a copy of the written comparison of the proposed annuity contract and my existing annuity contract.

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.

\_\_\_\_\_  
Prospective Buyer's (Print Name)

\_\_\_\_\_  
Prospective Buyer's SSN

\_\_\_\_\_  
Prospective Buyer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Joint Buyer's Name, if applicable (Print Name)

\_\_\_\_\_  
Prospective Joint Buyer's Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer of Insurance (Print Name)

\_\_\_\_\_  
Producer of Insurance Signature

\_\_\_\_\_  
Date