

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

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

STATE	APPLICABILITY
Tennessee	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 REGARDING REPLACEMENT

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Mailing Address:

P.O. Box 15648, Amarillo, TX 79105-5648

Call 1-800-448-2542 for assistance.

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy and discontinuing or changing an existing one? If you are, your decision could be a good one — or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

You are urged not to take action to terminate, assign or alter your existing life insurance coverage until you have been issued the new policy, examined it and have found it acceptable.

Hear both sides before you decide. This way you can make sure you are making a decision that is in your best interest.

IF YOU SHOULD FAIL TO QUALIFY FOR THE LIFE INSURANCE FOR WHICH YOU HAVE APPLIED, YOU MAY FIND YOURSELF UNABLE TO PURCHASE OTHER LIFE INSURANCE OR ABLE TO PURCHASE IT ONLY AT *SUBSTANTIALLY* HIGHER RATES.

We are required by law to notify your existing company that you may be replacing their policy.

The following policy(ies) may be replaced as a result of this transaction.

Insurer	Insured	Policy Number or Alternate Identification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 (Print)

Applicant's SSN

Applicant's Signature

Date

Joint Applicant's Name, if applicable (Print)

Joint Applicant's Signature, if applicable

Date

Agent's Name (Print)

Agent's Signature

Date