

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
Wyoming	All Individual and Group Annuity Contracts

1. After completing the notice, have the applicant sign and date.
2. Leave the Applicant 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

REPLACEMENT NOTICE

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ASK QUESTIONS – IT’S YOUR MONEY – GET THE FACTS

Whether it is to your advantage to replace or change your existing insurance or annuity program, only you can decide. It is in your best interest to obtain adequate information in order to compare relatively short and long range costs and benefits before a final decision is made.

The producer or insurance company assisting you with this new purchase must notify your existing producer or company so that they may prepare a detailed, current statement concerning your existing program for your comparison. Statements and illustrations should not, however, be used as the sole basis to compare policies or contracts. We want you to understand the effects of replacements before you make your purchase decision, and ask that you review the statements listed under “Items to Consider.”

EXISTING INSURANCE WHICH MAY BE REPLACED OR CHANGED

Full Name of Insurance Company Including Home Office Location	Policy or Contract Number*	Insured

Surrender Charge of Policy Being Replaced _____ % and \$ _____

Sales Charge of Policy Being Purchased (if applicable) \$ _____

New Surrender Period and Surrender Charges of Policy Being Purchased

YEARS	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
% CHARGE										

YEARS	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th
% CHARGE										

*If a number has not been assigned by the existing insurer, indicate alternative identification, such as an application or receipt number.

ITEMS TO CONSIDER

1. Due to a possible change in insurability status (health, occupation or high risk recreational activities) you might be denied new coverage, or the premium may be higher than a standard premium.
2. The Incontestability and Suicide Clause time periods would probably begin anew in a new policy. This could possibly result in a claim being denied that might otherwise have been paid under an existing policy or contract.
3. Your present insurance company may be able to modify your existing plan on terms which may be more favorable for you than completely replacing it with a new policy or contract.

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4. Don't terminate or alter your existing policy until after the new policy has been delivered to you and accepted by you.
5. If you terminate your existing policy, you may incur surrender charges and/or penalties. The new policy you are purchasing may have a new surrender charge period and/or sales charges.
6. There may be tax consequences in replacing an existing policy. Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Is this transaction a "tax free" exchange? See your tax advisor for specific tax advice regarding the proposed transaction.
7. Take your time in making your decision about purchasing the new policy. Gather all information about the new policy and compare it to your old policy. Remember, you do not have to make a decision during the first meeting with your sales person.
8. **REMEMBER:** Following receipt of a new life insurance policy or annuity contract you should immediately examine its contents. If you are not satisfied with it for any reason, you have the right to return it within the thirty (30) day "examination period" to the insurer at its home office or branch office or to the producer through whom it was purchased, for a full refund of premium (or in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations or imposed under such a policy or contract). If you do return the policy or contract, you should request a dated receipt indicating that it was returned.

DID YOU READ THE "ITEMS TO CONSIDER"?

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

Applicant's Address

City

State

Zip

Joint Applicant's Name, if applicable (Print)

Joint Applicant's Signature, if applicable

Date

Joint Applicant's Address, if applicable

City

State

Zip

Producer's Name (Print)

Producer's Signature

Date

Producer's Address

City

State

Zip

Telephone Number

License Number