

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

THE ATTACHED NOTICE MUST BE COMPLETED FOR APPLICATIONS (WHEN REPLACING LIFE INSURANCE POLICIES) AT THE POINT OF SALE FOR THE FOLLOWING:

STATE	APPLICABILITY
Georgia	All Individual and Group Annuity Contracts when replacing life insurance policies

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

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Mailing Address: P.O. Box 15648, Amarillo, TX 79105-5648

REPLACEMENT NOTICE

Call 1-800-448-2542 for assistance.

REPLACING YOUR LIFE INSURANCE POLICY?

Are you thinking about buying a new policy and discontinuing or changing an existing policy? 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 policy and the proposed policy.

Make sure you understand the facts. Georgia law gives you the right to obtain a policy summary statement from your existing insurer at any time. Ask the company or agent that sold you your existing policy to give you information about it.

The next page contains a checklist of some of the items you should consider in making your decision. **TAKE TIME TO READ IT.**

Do not let one agent or insurer prevent you from obtaining information from another agent or insurer which may be to your advantage.

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

If you wish a policy summary statement from your existing insurer, or insurers, check this box.

We are required 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 _____

Applicant's Address _____

Joint Applicant's Name, if applicable (Print) _____ Joint Applicant's Signature, if applicable _____ Date _____

Joint Applicant's Address _____

Agent's Name (Print) _____ Agent's Signature _____ Date _____

Agent's Address (Print) _____

Telephone Number _____ License Number _____

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ITEMS TO CONSIDER

1. If the policy coverages are basically similar, premiums for a new policy may be higher because rates increase as your age increases.
2. Cash values and dividends, if any, may grow slower under a new policy initially because of the initial costs of issuing a policy.
3. Your present insurance company may be able to make a change on terms which may be more favorable than if you replace existing insurance with new insurance.
4. If you borrow against an existing policy to pay premiums on a new policy, death benefits payable under your existing policy will be reduced by the amount of any unpaid loan, including unpaid interest.
5. Current interest rates are not guaranteed. Guaranteed interest rates are usually considerably lower than current rates. What rates are guaranteed?
6. Are premiums guaranteed or subject to change — up or down?
7. Participating policies pay dividends that may materially reduce the cost of insurance over the life of the contract. Dividends, however, are not guaranteed.
8. **CAUTION**, you are urged not to take action to terminate, assign or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you.

and

REMEMBER, you have ten (10) days following receipt of any individual life insurance policy to examine its contents. If you are not satisfied with it for *any* reason, you have the right to return it to the insurer at its home or branch office or to the agent through whom it was purchased, for a full refund of premium.