

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

THE ATTACHED COMPARISON STATEMENT MUST BE COMPLETED (IF THIS IS A REPLACEMENT OF A LIFE INSURANCE POLICY OR AN ANNUITY CONTRACT) AT THE POINT OF SALE FOR THE FOLLOWING:

STATE	APPLICABILITY
Arkansas	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

LIFE INSURANCE AND ANNUITIES REPLACEMENT MEMORANDUM

EXISTING CONTRACT/POLICY

Owner/Annuitant(s)

Name: _____

Insurer : _____ Contract/Policy+ #: _____

Product Type* : _____ Product Name: _____

PROPOSED CONTRACT/POLICY

Owner/Annuitant(s)

Name: _____

Insurer : _____ Application #: _____

Product Type* : _____ Product Name: _____

*Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment

FOR BOTH LIFE INSURANCE AND ANNUITIES (Complete all that is applicable.)

CONTRACT/POLICY PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Current Proposed Premium/Annual Consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate and Guarantee Period		
Guaranteed Minimum Accumulation/ Interest Rate		
Surrender Charge Period in Years/Charge Percentage Per Year/Years Remaining		
Are free withdrawals available? If yes, what percentage? List Options.		
Other significant policy or contract provisions		

FOR ANNUITIES ONLY (Complete all that is applicable.)

CONTRACT PROVISION	EXISTING CONTRACT	REPLACEMENT CONTRACT
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Annuity is Exchanged, Surrendered or Funds Withdrawn		
Sub-Account Choices		
Guaranteed Purchase/Settlement Options		

I have received a copy of this completed form.

Owner/Annuitant (Print Name)

Owner/Annuitant's Signature

Date

Joint Owner/Annuitant (Print Name)

Joint Owner/Annuitant's Signature

Date

I certify that the above provisions, and other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant(s).