

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

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

STATE	APPLICABILITY
Florida	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

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Mailing Address:

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

NOTICE REGARDING REPLACEMENT OF CONTRACT/POLICY AND EXCHANGE DISCLOSURE COMBINATION FORM

Call 1-800-448-2542 for assistance.

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the policy, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both sides before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish to receive a Comparative Information Form from the proposed company and your existing insurer or insurers by checking the appropriate box below.

Yes

No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

INFORMATION ON POLICIES WHICH MAY BE REPLACED:

Company Name

Policy Number

Name of Insured

_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read this notice and received a copy of it.

Applicant's Name (Printed or Typed)

Applicant's SSN

Applicant's Signature

Date

Joint Applicant's Name, if applicable (Printed or Typed)

Joint Applicant's Signature, if applicable

Date

Agent's Name (Printed or Typed)

Agent's Signature

Date

Agent's Address (Printed or Typed)

Agent's Company (Printed or Typed)

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PLEASE READ CAREFULLY.

This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see the second page of this form for explanatory notes and instructions as to how this form has been completed.

PART A - CURRENT POLICY INFORMATION

Current Policy Type: [ ] Life [ ] Annuity Policy Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Current Death Benefit: \$ \_\_\_\_\_ Current Premium Amount: \$ \_\_\_\_\_

Mode of Payment: \_\_\_\_\_

Cash Surrender Value: \$ \_\_\_\_\_ Paid-up Addition Value: \$ \_\_\_\_\_ Dividend Value: \$ \_\_\_\_\_

(The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B, below.)

PART B - PROPOSED CONTRACT/POLICY INFORMATION

New Policy Type: [ ] Life [ ] Annuity

Initial Death Benefit: \$ \_\_\_\_\_ Proposed Premium Amount: \$ \_\_\_\_\_ Mode of Payment: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Premium Payable to Age \_\_\_\_\_ or for \_\_\_\_\_ Years.

Note: If you are replacing your current policy, or using 25% or more of your policy values, you may request a WRITTEN comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

PART C - SOURCE OF FUNDING FOR THE PROPOSED POLICY

A loan in the amount of \$ \_\_\_\_\_ will be taken from the value of your CURRENT POLICY each \_\_\_\_\_ (mode), bearing a current loan interest rate of \_\_\_\_\_%.

A partial surrender in the amount of \$ \_\_\_\_\_ will be taken from the value of your CURRENT POLICY each \_\_\_\_\_ (mode).

A dividend withdrawal in the amount of \$ \_\_\_\_\_ will be taken from the value of your CURRENT POLICY each \_\_\_\_\_ (mode).

PART D - YOUR CURRENT POLICY COULD TERMINATE

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on \_\_\_\_\_ (date).

It is estimated that you will begin making premium payments for the PROPOSED POLICY from your own funds on \_\_\_\_\_ (date) in the amount of \$ \_\_\_\_\_ to be paid each \_\_\_\_\_ (mode).

NOTE: SINCE THE VALUES AND PREMIUMS STATED ON THIS FORM MAY CHANGE OVER TIME, THE ESTIMATED DATE UPON WHICH YOU WILL NEED TO BEGIN MAKING PREMIUM PAYMENTS FROM YOUR OWN FUNDS FOR THE PROPOSED POLICY MAY ALSO CHANGE. ESTIMATES AS TO DATES WHEN POLICIES WILL TERMINATE OR PAYMENTS MUST BEGIN ASSUME THE CONTINUATION OF CURRENT (OR GUARANTEED) FACTORS, AND SUCH CALCULATIONS ARE BASED UPON THE ASSUMPTION THAT ANY PREMIUMS OR INTEREST DUE ON LOANS ARE PAID WHEN DUE.

I have read this combined replacement notice and disclosure form and received a copy of it.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent or Company Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Florida License Agent ID No. or Corporate Title: \_\_\_\_\_

# Policy Disclosure Form and Instructions

**COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY. ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE COMPLETED. ONE COPY IS DELIVERED TO THE POLICY OWNER AND ONE COPY MAINTAINED BY THE INSURER.**

Any and all information applicable to the transaction shall be fully and completely disclosed on Form VL 7897. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

**Part A** - The information to be disclosed in Part A of Form VL 7897 shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

**Part B** - The information to be disclosed in Part B of Form VL 7897 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, "proposed premium amount" is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

**Part C** - The information to be disclosed in Part C of Form VL 7897 shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy.

In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

**Part D** - The information to be disclosed in Part D of Form VL 7897 shall apply to the current, in-force policy, and the proposed additional policy, respectively.

## **SIGNATURES**

In order to evidence that the required disclosure has been made, Form VL 7897 shall be signed and dated by the soliciting agent or by a Corporate Officer, as well as by the Owner. For identification purposes, the agent or Corporate Officer shall enter his or her Florida License Number or Corporation title, respectively, in the space provided.