

**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
Washington	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

# IMPORTANT NOTICE REGARDING

# REPLACEMENT OF INSURANCE OR ANNUITY

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.

**(Save this notice! It may be important to you in the future.)** The decision to buy a new life insurance policy or annuity and discontinue or change an existing one is very important. Your decision could be a good one – or a mistake. It should be carefully considered. The Washington State Insurance Commissioner requires us to give you this notice to help you make a wise decision.

## STATEMENT TO APPLICANT BY INSURANCE PRODUCER (Use additional sheets, as necessary.)

I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following factors, which I call to your attention.

1. Can there be reduced benefits or increased premiums in later years?  No  Yes

If yes, explain: \_\_\_\_\_

2. Are there penalties, set-up or surrender charges for the new policy?  No  Yes

If yes, explain emphasizing any extra cost for early withdrawal: \_\_\_\_\_

3. Will there be penalties or surrender charges under the existing insurance as a result of the proposed transaction?  No  Yes

If yes, explain: \_\_\_\_\_

4. Are there adverse tax consequences from the replacement under current tax law?  No  Yes

If yes, explain: \_\_\_\_\_

5. a) Are interest earnings a consideration in this replacement?  No  Yes

b) If yes, explain what portions of premiums or contributions will produce limited or no earnings. As pertinent, include in your explanation the need for minimum deposits to enhance earnings, and the reduction of earnings that may result from set-up charges, policy fees and other factors.

\_\_\_\_\_

6. Are minimum amounts required to be on deposit before excess interest will be paid?  No  Yes

If yes, explain: \_\_\_\_\_

7. If the new program is based on a variable or universal life insurance policy or a single-premium policy or annuity:

a) Are the interest rates quoted  before or  after fees and mortality charges have been deducted?

b) Interest rates are guaranteed for how long? \_\_\_\_\_

c) The minimum interest rate to be paid is how much? \_\_\_\_\_

d) If applicable, the rate you pay to borrow is \_\_\_\_\_ and the limit on the amount that can be borrowed is \_\_\_\_\_.

e) The surrender charges are \_\_\_\_\_.

f) The death benefit is \_\_\_\_\_.

8. Are there other short or long term effects from the replacement that might be materially adverse?  No  Yes

If yes, explain: \_\_\_\_\_

Insurance Producer's Name (Print) \_\_\_\_\_

Insurance Producer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Insurance Producer's Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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## LIST OF POLICIES OR CONTRACTS TO BE REPLACED

Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Company: \_\_\_\_\_ Insured: \_\_\_\_\_ Contract Number: \_\_\_\_\_

**CAUTION:** The Insurance Commissioner suggests you consider these points:

- Usually, contestable and suicide periods start again under a new policy. Benefits might be excluded under a new policy that would be paid under existing insurance.
- Terminating or altering existing coverage before new insurance has been issued might leave you unable to purchase another life insurance policy or let you buy it only at substantially higher rates.
- You are entitled to advice from the existing insurance producer or company. Such advice might be helpful.
- Study the comments made above by the insurance producer. They apply to you and this proposal. They are important to you and your future.

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.

Completed Copy Received:

\_\_\_\_\_  
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

**THIS COMPLETED FORM SHOULD BE FILED PERMANENTLY WITH YOUR NEW INSURANCE POLICY.**