

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
Pennsylvania	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

NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES

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

NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity contract. As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing coverage or annuity coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final, so that you may understand the essential features of the proposed policy and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its agent for additional information and advice, or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is participating, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options that are not available under the policy being proposed to you, or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy, thereby reducing your total insurance coverage.

After we issued your policy, you will have 20 days from the date the new policy is received by you to notify us that you are cancelling the policy issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new policy, examined it and found it acceptable to you.

The following contracts/policy(ies) may be replaced as a result of this transaction:

<u>Insurer</u>	<u>Insured</u>	<u>Contract/Policy Number or Alternate Identification</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Joint Applicant's Name, if applicable (Print)

Joint Applicant's Signature, if applicable

Date

Agent's Name (Print)

Agent's Signature

Date