

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
Indiana	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 LIFE INSURANCE OR ANNUITY

IMPORTANT NOTICE

If you are thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good one — or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form MUST be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION ON

Name of Insured (Print)

<u>COMPANY</u>	<u>TYPE OF POLICY*</u>	<u>POLICY NUMBER</u>	<u>DATE OF ISSUE</u>	<u>FACE AMOUNT OF BASIC POLICY</u>	<u>TYPE OF OPTIONAL BENEFITS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If more policies are involved, use additional sets of forms.)

PROPOSED POLICY INFORMATION ON

Name of Insured (Print)

<u>COMPANY</u>	<u>TYPE OF POLICY*</u>	<u>FACE AMOUNT OF BASIC POLICY</u>	<u>TYPE OF OPTIONAL BENEFITS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indiana Department of Insurance Regulation 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within twenty days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.)

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OF LIFE INSURANCE OR ANNUITY**

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/Insured's Name (Print)

Applicant's/Insured's SSN

Applicant's/Insured's Signature

Date

Joint Applicant's Name, if applicable (Print)

Joint Applicant's Signature, if applicable

Date

Replacing Agent's Name (Print)

Replacing Agent's Signature

Date

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____ Indiana License Number: _____

*As shown on face of policy