

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

THE ATTACHED INSURANCE NOTICE MUST BE COMPLETED WHEN REPLACING AN EXISTING LIFE INSURANCE POLICY OR ANNUITY CONTRACT (OTHER THAN AN EXISTING INDIVIDUAL FIXED DEFERRED ANNUITY CONTRACT) AT THE POINT OF SALE FOR THE FOLLOWING:

STATE	APPLICABILITY
Nevada	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 (in Nevada, also include all written sales materials) and forward to:

VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

IMPORTANT NOTICE REGARDING THE REPLACEMENT OF YOUR POLICY OF LIFE INSURANCE

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

You have been offered a policy to replace all or part of your existing policy of life insurance.

Before you replace your existing policy, you should consider whether you could suffer a *FINANCIAL LOSS* under the new policy because of your *AGE* or the condition of your *HEALTH*. You should also consider whether you will pay more for premiums because of your age or health.

You *WILL* incur additional costs to acquire the new policy, including the payment of commissions to the agent advocating the replacement of your existing policy.

To make an informed decision about the replacement of your policy, you should discuss the provisions of your existing policy with your agent or the company which issued it to determine whether your policy can be changed to meet your present needs.

Your new policy provides 30 days for you to decide whether you wish to keep it.

The agent who is offering to replace your existing policy is required to obtain your signature on this notice. Also, the agent will be notifying your existing insurance company that you are considering the replacement of your policy.

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 (Print Name)

Applicant's SSN

Applicant's Signature

Date

Joint Applicant's Name, if applicable (Print Name)

Joint Applicant's Signature, if applicable

Date

Agent's Name (Print Name)

Agent's Signature

Date