

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
Illinois	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

REPLACING YOUR LIFE INSURANCE OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one — or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the insurance producer or company that sold you your existing contract/policy to give you information about it.

Hear both sides before you decide. This way, you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their contract/policy.

List below the identification of contracts/policies which are involved in the replacement transaction.

Contract/Policy Number: _____ Contract/Policy Number: _____

Contract/Policy Number: _____ Contract/Policy Number: _____

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

Insurance Producer's Name, if applicable (Print)

Insurance Producer's Signature Date

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

**NOTICE REGARDING
REPLACEMENT OF LIFE
INSURANCE OR ANNUITY**

Name of Existing Insurer

Address

City

State

Zip Code

Dear Sir or Madam:

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity(ies) for an individual presently insured with your company.

Identification

Name of Insured: _____

Address: _____

Contract/Policy Number: _____

Contract/Policy Number: _____

Contract/Policy Number: _____

Contract/Policy Number: _____

This notice is given pursuant to 50 Ill. Adm. Code 917.70(c).

Sincerely,

Insurance Producer's Signature