

**INSTRUCTIONS TO FINANCIAL ADVISORS
FOR SUBMITTING ANNUITY TRANSACTIONS FOR NEW YORK STATE ISSUED CONTRACT(S).**

The financial advisor must first determine whether or not a replacement is involved. To do so, obtain a completed Definition of Replacement (VL 12667-NY-IC) form. This form must be signed by both the financial advisor and the applicant(s) and submitted for ALL applications regardless of whether a replacement is involved.

Option 1: If all answers to questions 1-6 on the Definition of Replacement (VL 12667-NY-IC) form are marked “No”, the transaction is not a replacement. The application and other transaction documents may be signed the same day as the Definition of Replacement (VL 12667-NY-IC) or within 60 days to avoid stale dated paperwork. Forward completed paperwork to: VALIC Document Control, P.O. Box 15648, Amarillo, TX 79105

Option 2: If any answer to questions 1-6 on the Definition of Replacement (VL 12667-NY-IC) form is marked “Yes”, the transaction is a replacement.

1. The client must sign the Authorization to Disclose Information (VL 19176).
2. The advisor must complete the following sections on the Disclosure Statement (VL 12670-NY-IC): the applicant information, agent/broker information and Description of Transaction on page 1. All other sections including the information on existing coverage section of Page 1 are left blank.
3. Forward the Authorization to Disclose Information (VL 19176), the Disclosure Statement (VL 12670-NY-IC), signed Definition of Replacement (VL 12667-NY-IC) and investment statement from replaced insurer to VALIC Document Control, P.O. Box 15648, Amarillo, TX 79105-5648 or fax to (800) 858-2542 or Overnight Delivery: VALIC Document Control, 1050 N. Western St., Amarillo, TX 79106-7011.
4. The VALIC Back Office will forward paperwork to the replaced insurer. The replaced insurer is required to provide the requested information in the Description of Transaction and Summary Result Comparison sections within 20 days of receipt inclusive of weekends and holidays. The VALIC Back Office will complete the existing coverage, Summary Result Comparison for the Proposed Annuity and Remarks sections on the Disclosure Statement (VL 12670-NY-IC) and then return the Definition of Replacement (VL 12667-NY-IC), Authorization to Disclose Information (VL 19176), Disclosure Statement (VL 12670-NY-IC) and investment statement back to the advisor. If the replaced insurer fails to respond within 20 days, good faith approximations may be used, and the VALIC Back Office will check the appropriate box for approximations on the form.
5. The advisor must then present the Disclosure Statement (VL 12670-NY-IC) to the client for review along with any sales materials (including the proposal). If the client wishes to continue with the transaction, advisor completes the Agent’s or Broker’s Statement section and marks whether sales material was used on the Disclosure Statement (VL 12670-NY-IC). Client and advisor sign the Disclosure Statement (VL 12670-NY-IC).
6. The advisor must provide the client with the Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts (VL 12669-NY-IC); have client sign the form acknowledging they have received and read the form; and leave a copy of the Important Notice with client.

Note: The application and remaining paperwork may be signed the same day or within 60 days of the signature date on the Disclosure Statement (VL 12670-NY-IC) and Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts (VL 12669-NY-IC).

7. Advisor forwards to VALIC Document Control, P.O. Box 15648, Amarillo, TX 79105, along with completed application and additional forms:
 - Completed and Signed
 - o Authorization to Disclose Information (VL 19176);
 - o Definition of Replacement (VL 12667-NY-IC);
 - o Disclosure Statement (VL 12670-NY-IC); and
 - o Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts (VL 12669-NY-IC).
 - A copy of any sales material (including the proposal) used in the proposed sale.

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK
DISCLOSURE STATEMENT (Annuity to Annuity Replacement Only)

IMPORTANT - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY. YOU ARE URGED TO CONTACT YOUR EXISTING AGENT, BROKER OR INSURANCE COMPANY PRIOR TO COMPLETING THE TRANSACTION. THEY CAN HELP YOU DECIDE WHETHER THE REPLACEMENT IS IN YOUR BEST INTEREST.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given this Disclosure Statement, the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

Name of Applicant _____ Telephone # _____

Address _____

Name of Agent or Broker _____ Telephone # _____

Company _____ Address _____

The information on existing coverage on this form was obtained from

_____ The replaced company

_____ Approximations if replaced company failed to provide information in the prescribed time

1. DESCRIPTION OF TRANSACTION:

AS OF DATE:

Proposed Annuity Contract

Existing Annuity Contracts Affected

		(1)	(2)	(3)
_____ Company		_____	_____	_____
_____ - _____ Customer Service Telephone Number:		_____ - _____	_____ - _____	_____ - _____
_____ Type of Annuity		_____	_____	_____
_____ Contract Number	# _____	_____	_____	_____
_____ Issue Date		_____	_____	_____

1.1

Proposed Annuity Contract	Existing Annuity Contracts Affected		
	(1)	(2)	(3)
\$ _____ Account Value	\$ _____	\$ _____	\$ _____
\$ _____ Minus Surrender Charge	\$ _____	\$ _____	\$ _____
\$ _____ Plus/Minus Market Value Adjustment (if any)	\$ _____	\$ _____	\$ _____
\$ _____ Equals Surrender Value	\$ _____	\$ _____	\$ _____

DISCLOSURE STATEMENT CONTINUED:

2. SUMMARY RESULT COMPARISON:

THE PROPOSED ANNUITY

IF YOU CONTINUE YOUR CURRENT ANNUITY

Surrender Value To Be Invested: \$_____

Current Value \$_____

		If Variable Annuity Hypothetical Rates of Return					If Variable Annuity Hypothetical Rates of Return		
At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%	At Guaranteed Rate	At Current Rate	@ 0%	@ 6%	@ 12%

SURRENDER VALUE

\$_____	\$_____	\$_____	\$_____	\$_____	In 5 Yrs	\$_____	\$_____	\$_____	\$_____	\$_____
\$_____	\$_____	\$_____	\$_____	\$_____	In 10 Yrs	\$_____	\$_____	\$_____	\$_____	\$_____

DEATH BENEFIT

\$_____	\$_____	\$_____	\$_____	\$_____	In 5 Yrs	\$_____	\$_____	\$_____	\$_____	\$_____
\$_____	\$_____	\$_____	\$_____	\$_____	In 10 Yrs	\$_____	\$_____	\$_____	\$_____	\$_____

AGENT'S OR BROKER'S STATEMENT:

1 The primary reason(s) for recommending the new annuity contract is (are):

2 The existing annuity contract cannot meet the applicant's objectives because:

3 The advantages of continuing the existing annuity contract without changes are:

4. The surrender charge, if my client replaces his or her existing annuity contract, is ____% or \$____. The new annuity my client is applying for imposes a new surrender charge as follows:

(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed)

REMARKS: _____

Sales material, including any proposal, was used in this sale.

No sales material or proposal was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction, or if more than one new annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison shall be completed for all existing annuity contracts to all proposed annuity contracts. The sales material, including any proposal, or a list of such information used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date: _____ Signature of Agent or Broker: _____

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new annuity contract.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____