

State: District of Columbia **Filing Company:** The Variable Annuity Life Insurance Company
TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium
Product Name: VA-579 (10/16) ET AL.
Project Name/Number: /

Filing at a Glance

Company: The Variable Annuity Life Insurance Company
Product Name: VA-579 (10/16) ET AL.
State: District of Columbia
TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable
Sub-TOI: A02.11.002 Flexible Premium
Filing Type: Form
Date Submitted: 11/22/2016
SERFF Tr Num: SALA-130817308
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: VA-579 (10/16) ET AL.

Implementation
Date Requested:
Author(s): Aimy Tran, Natalee Story
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia **Filing Company:** The Variable Annuity Life Insurance Company
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General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Domicile state filed simultaneously
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/22/2016
	State Status Changed:
Deemer Date:	Created By: Natalee Story
Submitted By: Natalee Story	Corresponding Filing Tracking Number:

Filing Description:
 Re: The Variable Annuity Life Insurance Company
 NAIC# 70238
 FEIN# 74-1625348
 Form # VA-579 (10/16) Application
 VA-579E (10/16) Application

The variable annuity application forms are being submitted for your review and approval. They are new forms and not intended to replace any application forms previously approved by your Department. The applications are to be used with approved annuity contracts when appropriate.

The submitted application forms are the same as the following previously submitted application forms; the only difference was the company information was changed to VALIC:
 AGA-579 (10/16) Application submitted on 11/16/2016 under SERFF Tracking # SALA-130805900
 AGA-579E (10/16) Application submitted on 11/16/2016 under SERFF Tracking # SALA-130805900

Other than the above-mentioned changes and form numbers, the application verbiage remains the same as the previously approved versions.

The application forms achieve the following readability score:
 VA-579 (10/16): 50.3
 VA-579E (10/16): 50.6

To the best of our knowledge and belief, this submission is in compliance with the statutes and regulations of your state and contains nothing that had been previously objected to or disapproved by your department. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

If you have any questions regarding this filing, please call me at (818)251-4942 or email at nstory@sunamerica.com.

Thank you,
 Natalee Story
 Contract Analyst II

Company and Contact

Filing Contact Information

State: District of Columbia **Filing Company:** The Variable Annuity Life Insurance Company
TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium
Product Name: VA-579 (10/16) ET AL.
Project Name/Number: /

Natalee Story, Contract Analyst II nstory@sunamerica.com
 21650 Oxnard Blvd 818-251-4942 [Phone]
 Woodland Hills, CA 91367

Filing Company Information

The Variable Annuity Life Insurance Company	CoCode: 70238	State of Domicile: Texas
2929 Allen Parkway	Group Code: 12	Company Type:
Houston, TX 77019	Group Name:	State ID Number:
(800) 445-7862 ext. [Phone]	FEIN Number: 74-1625348	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

SALA-130817308

State Tracking #:

Company Tracking #:

VA-579 (10/16) ET AL.

State: District of Columbia

Filing Company:

The Variable Annuity Life Insurance Company

TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name: VA-579 (10/16) ET AL.

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Deferred Variable Annuity Application	VA-579 (10/16)	AEF	Initial		50.300	VA-579 (10-16) (DC).pdf
2		Individual Deferred Variable Annuity Application	VA-579E (10/16)	AEF	Initial		50.600	VA-579E (10-16) (DC).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Deferred Variable Annuity Application



The Variable Annuity Life Insurance Company

Domicile State: Texas

Address Mail to:
Annuity Service Center

Regular Mail

with checks:
P.O. Box 101641
Pasadena, CA 91189-0330

without checks:
P.O. Box 15570
Amarillo, TX 79105-5570

Overnight Mail

with checks:
Lockbox 101641
2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750

without checks:
1050 North Western
Amarillo, TX 79106-7011

[☎ 1-800-445-7862]

The  indicates a required response. Please print or type.

1 Product Selection *(Solicitation state indicates the state in which this Application is signed.)*

[Product Name (Share Class)] [Polaris Platinum III Variable Annuity (B)]	Solicitation State <i>(Enter two-character state code)</i> _____
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2 Owner(s) Information

Applications for certain non-naturally owned contracts may not be accepted. If the Owner indicated below is not a person, please contact the Annuity Service Center prior to submitting this Application.

Name _____ Male Female
Address _____ City _____ State _____ ZIP _____
Birth Date _____ SSN/TIN _____ Phone _____ Email _____

Joint Owner (if applicable) Name: _____
Address _____ City _____ State _____ ZIP _____
Birth Date _____ SSN/TIN _____ Relationship to Owner _____
Phone _____ Male Female

3 Annuitant(s) Information Same as Owner *(Complete only if different from Owner)*

Name _____ Male Female
Address _____ City _____ State _____ ZIP _____
Birth Date _____ SSN _____ Phone _____ Email _____

Joint Annuitant (if applicable) Name _____
Address _____ City _____ State _____ ZIP _____
Birth Date _____ SSN _____ Phone _____ Male Female

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Contract, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Contract replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Contract Value on the business day during which the Contract is received. If the Contract replaced any other life insurance or annuity contract(s), the Company will refund the Contract Value on the business day during which the Contract is received. Upon any refund, the Contract shall be void. Upon Your written request, we will provide You with factual information regarding benefits and provisions of the annuity Contract within 10 days.

For applicants in Arizona only: Upon Your written request, we will provide You, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which You are applying. If for any reason You are not satisfied with the Contract, You may return the Contract within ten days (30 days if You are age 65 or older on the date of the Application or if the Contract replaced any other life insurance or annuity contract(s)) after You receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by Our Company or agent. Upon such refund, the Contract will be void.

4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on the [Additional Beneficiary Information form ([V2224BNE])] and submitted with this Application. **Note: If any Living Benefit is elected with Joint Life (2 covered persons) under Section [6(a)] below, you must provide the spousal beneficiary information here. (In New Jersey and California, spouse includes civil union partners.)**

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For [non-individually owned, custodially held IRAs, 457 and tax-qualified plans], if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

1. Beneficiary Name _____

Primary Contingent

Address _____

Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____

Birth/Trust Date _____ Email _____ Male Female

2. Beneficiary Name _____

Primary Contingent

Address _____

Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____

Birth/Trust Date _____ Email _____ Male Female

3. Beneficiary Name _____

Primary Contingent

Address _____

Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____

Birth/Trust Date _____ Email _____ Male Female

5 Contract Type (select one) and Source of Funds

Initial Payment: Make check payable to **VALIC**. If this is a 1035 Exchange, Transfer, or Rollover, please complete the [Request for Transfer of Assets form ([V2500RL])] and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

<p>5a. Non-Qualified Contract</p> <p>Indicate source of funds and estimated initial Purchase Payment amount below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Source of Funds</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Amount enclosed</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 1035 Exchange</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Transfer of Assets</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Inherited Annuity <i>(not available with an Optional Living Benefit)</i></td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Funds coming direct</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>\$ _____</td> </tr> </tbody> </table>	Source of Funds	Amount	<input type="checkbox"/> Amount enclosed	\$ _____	<input type="checkbox"/> 1035 Exchange	\$ _____	<input type="checkbox"/> Transfer of Assets	\$ _____	<input type="checkbox"/> Inherited Annuity <i>(not available with an Optional Living Benefit)</i>	\$ _____	<input type="checkbox"/> Funds coming direct	\$ _____	<input type="checkbox"/> Other	\$ _____	OR	<p>5b. Qualified Contract</p> <p>Indicate type of plan for new contract, source of funds, and estimated initial Purchase Payment amount below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of Plan for New Contract</th> <th style="text-align: left;">Source of Funds</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> IRA</td> <td><input type="checkbox"/> Amount enclosed</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Keogh</td> <td><input type="checkbox"/> Transfer</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Roth IRA</td> <td><input type="checkbox"/> Rollover</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 401(a)*</td> <td><input type="checkbox"/> Contribution</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 401(k)*</td> <td>IRA Tax Year: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 457</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Inherited IRA <i>(not available with an Optional Living Benefit)</i></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other <i>(i.e. PSP, Defined Benefit Plan)</i> _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">*Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Funds coming direct \$ _____</td> </tr> </tbody> </table>	Type of Plan for New Contract	Source of Funds	Amount	<input type="checkbox"/> IRA	<input type="checkbox"/> Amount enclosed	\$ _____	<input type="checkbox"/> Keogh	<input type="checkbox"/> Transfer	\$ _____	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Rollover	\$ _____	<input type="checkbox"/> 401(a)*	<input type="checkbox"/> Contribution	\$ _____	<input type="checkbox"/> 401(k)*	IRA Tax Year: _____		<input type="checkbox"/> 457			<input type="checkbox"/> Inherited IRA <i>(not available with an Optional Living Benefit)</i>			<input type="checkbox"/> Other <i>(i.e. PSP, Defined Benefit Plan)</i> _____			*Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Funds coming direct \$ _____
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6 Benefit Elections

Please consult with your [investment advisor] to determine if the Benefit Elections are appropriate for you. Please see the prospectus and/or your [investment advisor] for details regarding Benefit Elections, the maximum issue age, Investment Requirements and the additional fee associated with each Benefit Election.

[6(a)]. Optional Living Benefit Elections: You **MUST** complete I or II below

- I. I am **NOT** electing an Optional Living Benefit (proceed to [6(b)] below)
- II. If electing an Optional Living Benefit, you must make choices under **one** of the Living Benefit Elections below.

Living Benefit Elections (Select Feature, Number of Lives, and Income Option)

The Maximum Annual Withdrawal Amount (MAWA) percentages shown below are for those who take their first withdrawal at ages [65-71]. Depending on your Living Benefit election and when you take your first withdrawal, the MAWA percentages may be lower (under age [65]) or higher (age [72] and older) than the percentages shown below. Please see the prospectus for MAWA percentages and other income protections applicable to each Living Benefit.

Select One Feature ➡	<input type="checkbox"/> [Polaris Income Plus] (minimum issue age is [45])	<input type="checkbox"/> [Polaris Income Plus Daily] (minimum issue age is [45])	<input type="checkbox"/> [Polaris Income Builder] (minimum issue age is [65])
Step-up Frequency	• Annual (with Income Credit)	• Daily (no Income Credit)	• Daily (no Income Credit)
Select Number of Lives ➡	<input type="checkbox"/> Single Life <i>or</i> <input type="checkbox"/> Joint Life*		<input type="checkbox"/> Single Life <i>or</i> <input type="checkbox"/> Joint Life*
Select One Income Option ➡ (Polaris Income Plus and Polaris Income Plus Daily only)	<input type="checkbox"/> Option 1 – Single Life: [6.0%] MAWA Joint Life: [5.5%] MAWA <input type="checkbox"/> Option 2 – Single Life: [7.0%] MAWA Joint Life: [6.5%] MAWA <input type="checkbox"/> Option 3 – Single Life: [5.0%] for Life Joint Life: [4.5%] for Life		Single Life: [5.4%] for Life Joint Life: [4.9%] for Life

*If selecting Joint Life Coverage, you must complete the spousal Beneficiary Information including the SSN and date of birth in Section 4.

[Select your investment choice(s) in Section [7(a)] for Polaris Income Plus/Income Builder or Section [7(b)] for Polaris Income Plus Daily.]

[6(b)]. Optional Death Benefit Election: If [the Maximum Anniversary Value] Death Benefit is **NOT** elected, the beneficiary(ies) will receive the [Standard] death benefit provided in the Contract.

- [Maximum Anniversary Value (MAV)]

7 Investment Options / Optional Programs

General Instructions Please consult with your [investment advisor] to determine the investment options and optional programs that are best suited for your retirement needs.

Initial Purchase Payment: [If an Optional Living Benefit was elected in Section [6(a)], we automatically allocate [10%] of your initial Purchase Payment to the [Secure Value Account (SVA)] [, which provides a [1-Year] Guarantee Period]. You may allocate the remaining [90%] to any of the investment choices in accordance with the Investment Options in Section [7(a)] [or] [7(b)], where appropriate.]

Automatic Asset Rebalancing: If an Optional Living Benefit was elected above, we rebalance your investment choice(s) quarterly to the investment options you select in Section [7(a)] [or] [7(b)]. [We do not include the [Secure Value Account] in rebalancing.]

If you elected [Polaris Income Plus or Polaris Income Builder]	Select your investment options in Section [7(a)] and any optional programs Section [7(c)] below.
If you elected the [Polaris Income Plus Daily]	Select your investment options in Section [7(b)] and any optional programs in Section [7(c)] below.
If you are not electing a Living Benefit	Skip [7(a)]/[7(b)] and select any optional programs in Section [7(c)]. Complete the Investment Option Election Form (IOEF), which must be included with this Application to make your investment choice(s).

[7(a).] [Polaris Income Plus or Polaris Income Builder (Annual with Income Credit)] – Investment Options

[If you elected [Polaris Income Plus] [or] [Polaris Income Builder] in Section [6(a)], for this Application to be in good order, you must indicate your investment choice(s) here in one or more of the “Investment Options.”]

Dollar Cost Averaging (DCA): *If, after consulting with your [investment advisor], you want to invest gradually in your investment choice(s) below using DCA, invest up to [90%] Payment Allocation of your initial Purchase Payment in any of the DCA Account Options below. Next, choose your DCA Target Allocation(s) (investment options into which funds will gradually be transferred over [6-months][or [1-year]) under any of the “Investment Options” below. DCA Program begins 30 days from the date your initial Purchase Payment is received.*

[Investment Options] (Invest in one or more of the portfolios below)		
<i>To invest directly, not utilizing a DCA Account, make your choices in the Payment Allocation column below. To gradually invest using a DCA Account, choose among the funds below using the DCA Target Allocation column. Use whole percentages only.</i>		
	Payment Allocation <i>(Complete initial Purchase Payment allocation)</i>	DCA Target Allocation <i>(Complete if selecting a DCA Account)</i>
Automatic Secure Value Account Allocation <i>10% Automatic Payment Allocation</i>		
Secure Value Account	10 %	N/A
DCA Account Options <i>Invest up to 90% Payment Allocation of your initial Purchase Payment and indicate your DCA Target Allocations totaling 100% in any combination of the Variable Funds below</i>		
6-Month DCA Account	_____ %	N/A
1-Year DCA Account	_____ %	N/A
Variable Funds <i>Invest up to 90% Payment Allocation (100% of your DCA Target Allocation) of your initial Purchase Payment in any combination of the following funds</i>		
Fixed Income Portfolios		
Corporate Bond (Federated)	_____ %	_____ %
Global Bond (GSAM)	_____ %	_____ %
Goldman Sachs VIT Government Money Market	_____ %	_____ %
Government and Quality Bond (WMC)	_____ %	_____ %
Real Return (WMC)	_____ %	_____ %
SA JPMorgan MFS Core Bond Portfolio	_____ %	_____ %
Ultra Short Bond Portfolio (DFA)	_____ %	_____ %
Actively Managed Fund-of-Funds with Volatility Control		
SunAmerica Dynamic Allocation Portfolio (SDAP)	_____ %	_____ %
SunAmerica Dynamic Strategy Portfolio (SDSP)	_____ %	_____ %
Volatility Control Portfolios <i>Invest up to 50% Payment Allocation (55% of your DCA Target Allocation) of your initial Purchase Payment in each of the following funds; with a maximum of 90% total (100% of your DCA Target Allocation) in any combination of the following funds</i>		
SA BlackRock VCP Global Multi Asset Portfolio	_____ %	_____ %
SA Schroders VCP Global Allocation Portfolio	_____ %	_____ %
SA T. Rowe Price VCP Balanced Portfolio	_____ %	_____ %
VCP Managed Asset Allocation SAST Portfolio (CRMC)	_____ %	_____ %
VCP Total Return Balanced Portfolio (PIMCO)	_____ %	_____ %
VCP Value Portfolio (Invesco)	_____ %	_____ %
Total	100 %	100 %

[7(b)]. [Polaris Income Daily (No Income Credit)] – Investment Options

[If you elected [Polaris Income Plus Daily] in Section [6(a)], for this Application to be in good order, you must indicate your investment choice(s) here in one or more of the “Investment Options.”]

Dollar Cost Averaging (DCA): *If, after consulting with your [investment advisor], you want to invest gradually in your investment choice(s) below using DCA, invest up to [90%] Payment Allocation of your initial Purchase Payment in any of the DCA Account Options below. Next, choose your DCA Target Allocation(s) (investment options into which funds will gradually be transferred over [6-months][or [1-year]] under any of the “Investment Options” below. DCA Program begins 30 days from the date your initial Purchase Payment is received.*

[Investment Options] (Invest in one or more of the portfolios below)

To invest directly, not utilizing a DCA Account, make your choices in the **Payment Allocation** column below. To gradually invest using a DCA Account, choose among the funds below using the **DCA Target Allocation** column. Use whole percentages only.

	Payment Allocation <i>(Complete initial Purchase Payment allocation)</i>	DCA Target Allocation <i>(Complete if selecting a DCA Account)</i>
Automatic Secure Value Account Allocation <i>10% Automatic Payment Allocation</i>		
Secure Value Account	10 %	N/A
DCA Account Options <i>Invest up to 90% Payment Allocation of your initial Purchase Payment and indicate your DCA Target Allocations totaling 100% in any combination of the Variable Funds below</i>		
6-Month DCA Account	_____ %	N/A
1-Year DCA Account	_____ %	N/A
Variable Funds <i>Invest 90% Payment Allocation (100% of your DCA Target Allocation) of your initial Purchase Payment in any combination of the following funds</i>		
Asset Allocation Portfolios		
American Funds Asset Allocation SAST Portfolio	_____ %	_____ %
Asset Allocation (Edge)	_____ %	_____ %
Balanced (JPMorgan)	_____ %	_____ %
SA BlackRock Multi-Asset Income Portfolio	_____ %	_____ %
SA MFS Total Return	_____ %	_____ %
Actively Managed Fund-of-Funds		
Managed Allocation Balanced (SAAMCo)	_____ %	_____ %
Managed Allocation Moderate (SAAMCo)	_____ %	_____ %
Managed Allocation Moderate Growth (SAAMCo)	_____ %	_____ %
Managed Allocation Growth (SAAMCo)	_____ %	_____ %
Actively Managed Fund-of-Funds with Volatility Control		
SunAmerica Dynamic Allocation Portfolio (SDAP)	_____ %	_____ %
SunAmerica Dynamic Strategy Portfolio (SDSP)	_____ %	_____ %
Fixed Income Portfolios		
Corporate Bond (Federated)	_____ %	_____ %
Global Bond (GSAM)	_____ %	_____ %
Goldman Sachs VIT Government Money Market Fund	_____ %	_____ %
Government and Quality Bond (Wellington)	_____ %	_____ %
Real Return (WMC)	_____ %	_____ %
SA JPMorgan MFS Core Bond Portfolio	_____ %	_____ %
Ultra Short Bond Portfolio (DFA)	_____ %	_____ %
Volatility Control Portfolios		
SA BlackRock VCP Global Multi Asset Portfolio	_____ %	_____ %
SA Schroders VCP Global Allocation Portfolio	_____ %	_____ %
SA T. Rowe Price VCP Balanced Portfolio	_____ %	_____ %
VCP Managed Asset Allocation SAST Portfolio (CRMC)	_____ %	_____ %
VCP Total Return Balanced Portfolio (PIMCO)	_____ %	_____ %
VCP Value Portfolio (Invesco)	_____ %	_____ %
Total	100 %	100 %

7 Investment Options / Optional Programs *continued*

[7(c)]. Optional Programs

- Systematic Withdrawal:** If you and your [investment advisor] determined that a Systematic Withdrawal Program is appropriate for you, include the [Systematic Withdrawal Program form [V5550SW]] with this Application.
- Automatic Asset Rebalancing*:** I discussed this option with my [investment advisor] and I request the investment option(s) [referenced in [7(a)] [or 7(b)] above or] designated in the Investment Option Election Form to be rebalanced at the frequency selected below.

(Select only one) Quarterly** Semiannually Annually

* If a DCA Account was selected, we use the DCA Target Allocation indicated for Automatic Asset Rebalancing instructions, unless separate Asset Allocation Rebalancing instructions are provided and included with this Application.

** If you elected an Optional Living Benefit, Automatic Asset Rebalancing is done quarterly.

[7(d)]. Telephone, Electronic Transaction, and Electronic Delivery Authorization

Yes No **Telephone Transaction Authorization**

Yes No **Electronic Transaction Authorization**

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the authorized [investment advisor] and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Variable Annuity Life Insurance Company ("the Company") and its affiliates and their directors, trustees, officers, employees, representatives, and/or [investment advisors] will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss (not applicable in Nebraska and Nevada).

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. **If no selection is made above, the Company will assume that you authorize telephone transfers and/or electronic requests.**

For applicants in [California, Florida, Iowa, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota and Vermont]: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

- Yes No **Electronic Delivery Consent: I consent to electronic delivery by the Company, when available, of all documents and notices applicable to my contract including but not limited to:**
- Regulatory disclosure documents (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds);
 - Account documents (periodic statements and confirmations);
 - Policy Forms (annuity contract and applicable endorsements and riders, if permitted by state law);
 - Tax forms; and
 - Annuity related correspondence (privacy notice and other notices to customers) as permitted by law.

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat[®], Internet access, and an active email account) to receive this information electronically—by email or by email notice of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I must notify Company promptly when my e-mail address changes.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery, or if I decide to revoke my consent.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time. Not all Contract documentation and notifications may be currently available in electronic format.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (Only the primary owner will receive e-mail notices.)
- This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, wish to receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated below.

*Email address: _____

Owner's Signature (California residents only): _____

*Custodially owned contracts: Please provide the annuitant's email address. Other non-natural owners (such as trusts): please provide the email address of the authorizing signatory.

8 Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona, Virginia and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

For applicants in Arkansas, Massachusetts, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

9 Acknowledgements and Signature(s)

9(a). Replacement

- Yes No Do you have any existing life insurance policies or annuity contracts? *(Must check either Yes or No.)*
- Yes No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance policies or annuity contracts? *(Must check either Yes or No)*

Please provide the replacement information on the required forms, which can be obtained from your [investment advisor] and include them with this Application, when applicable.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in a money market investment option or similar portfolio for 36 days from the date we issue the Contract.

- After consulting with my [investment advisor], I request that my funds be invested in a money market investment option or similar portfolio for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period. I understand by doing so, I will receive a refund of Purchase Payments plus any fees paid if I elect to cancel this Contract.
- After consulting with my [investment advisor], I request that my funds be invested immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period and I will receive a refund of the Contract's account value plus any fees paid if I elect to cancel this Contract.

9(c). Statement of Owner(s)

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the Application will be attached to and made a part of the Contract. By signing below, I declare the following:

- [I have received, read, and understand the Buyer's Guide for Deferred Annuities.]
- I acknowledge receipt, either physically or electronically, of the current prospectus, which includes the applicable investment options, for this variable annuity.
- [After consulting with my [investment advisor] and reviewing the prospectus, I confirm that this variable annuity, my share class election and if applicable, the optional Benefit Elections I selected, which include additional fees, are suitable for my objectives and needs. I understand that the company issues other annuities with similar benefits and limitations, which may have lower charges. I have discussed the alternatives with my [investment advisor].]
- I have consulted with my [investment advisor] for advice or recommendations regarding the purchase of this variable annuity contract. The Variable Annuity Life Insurance Company is not providing advice, guidance or recommendations and is not serving in any fiduciary capacity related to this Contract.
- I acknowledge that I have read the current prospectus for this variable annuity carefully and understand their contents. (Iowa exempted)
- I UNDERSTAND THAT ALL PURCHASE PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE VARIABLE PORTFOLIOS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT BY THE COMPANY, THE U.S. GOVERNMENT, OR ANY STATE GOVERNMENT; ARE NOT FEDERALLY INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC), THE FEDERAL RESERVE BOARD, OR ANY OTHER AGENCY, FEDERAL OR STATE. I BEAR ALL MARKET RISKS, EXCEPT ON AMOUNTS ALLOCATED TO THE AVAILABLE FIXED ACCOUNT OPTIONS.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that (1) there are more robust insurance benefits offered in other annuities and (2) the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) to [a cash management investment option or similar portfolio] until the end of the Right-to-Examine / Right to Cancel period.
- [If I did not elect an Optional Living Benefit in Section [6(a)], my signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.]
- My answers are representations and not warranties, and are true and correct to the best of my knowledge and belief.

Owner's signature _____ **Date** _____

Joint owner's signature (if applicable) _____ Date _____

10 [Investment Advisor] Information and Signature(s)

10(a). Replacement

Yes No Do you have reason to believe that the applicant has any existing life insurance policies or annuity contracts?

Yes No Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

10(b). Acknowledgements

I certify that the Application was signed and dated by the Owner after all answers and information were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the Owner.

Further, by signing below, I certify:

- I have instructed the applicant to answer the questions in Section 9(a) appropriately. I am providing the replacement information on the required forms, which can be obtained at [aig.com/annuities], and including them with this Application, when applicable.
- [I have delivered a Buyer's Guide for Deferred Annuities to the owner.]
- I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity; and (b) have used only current, approved sales material.
- I understand that The Variable Annuity Life Insurance Company is not providing advice, guidance or recommendations and is not serving in any fiduciary capacity related to this Contract.
- I have verified the identity of the owner and annuitant, if the owner is non-natural, by reviewing a government-issued photo identification and any other required documentation.

1. [Investment Advisor's] signature _____

[Investment Advisor's] name (please print) _____

Address _____ City _____

State _____ ZIP _____ Phone _____ [Investment Advisor] ID number _____

Email _____ Broker / Dealer firm name _____

If State of Sale is Florida, Florida License Identification: _____ SSN (1st 5 digits **ONLY**)- _____

2. [Investment Advisor's] signature _____

[Investment Advisor's] name (please print) _____

Address _____ City _____

State _____ ZIP _____ Phone _____ [Investment Advisor ID] number _____

Email _____ Broker / Dealer firm name _____

If State of Sale is Florida, Florida License Identification: _____ SSN (1st 5 digits **ONLY**)- _____

3. [Investment Advisor's] signature _____

[Investment Advisor's] name (please print) _____

Address _____ City _____

State _____ ZIP _____ Phone _____ [Investment Advisor] ID number _____

Email _____ Broker / Dealer firm name _____

If State of Sale is Florida, Florida License Identification: _____ SSN (1st 5 digits **ONLY**)- _____

[For [investment advisor] use only.]Please contact your home office with any questions.

- Option 1
- Option 2
- Option 3
- Option 4
- Option 5
- Option 6

[Investment Advisor] 1 _____ % [Investment Advisor] 2 _____ % [Investment Advisor] 3 _____ %

Note: If there are more than [three] [investment advisors], please include the information required above, including applicable percentages (must total 100%) among all [investment advisors], on a separate document for the remaining [investment advisor(s)] and submit with this Application.

Deferred Variable Annuity Application



The Variable Annuity Life Insurance Company

Domicile State: Texas

Address mail to:
Annuity Service Center

Regular Mail

with checks:

P.O. Box 101641
Pasadena, CA 91189-0330

without checks:

P.O. Box 15570
Amarillo, TX 79105-5570

Overnight Mail

with checks:

Lockbox 101641
2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750

without checks:

1050 North Western Street
Amarillo, TX 79106-7011

[☎ 1-800-445-7862]

1 Product Selection *(Solicitation state indicates the state in which this Application is signed.)*

Product name: _____ Solicitation state: _____

2 Owner(s) Information

Applications for certain non-naturally owned contracts may not be accepted. If the Owner indicated below is not a person, please contact the Annuity Service Center prior to submitting this Application.

Name _____ Male Female

Address _____

Birth Date _____ SSN _____ Phone _____ Email _____

Joint Owner (if applicable) Name: _____ Male Female

Address _____

Birth Date _____ SSN _____ Relationship to Owner _____ Phone _____

3 Annuitant(s) Information

Name _____ Male Female

Address _____

Birth Date _____ SSN _____ Phone _____ Email _____

Joint Annuitant (if applicable) Name _____ Male Female

Address _____

Birth Date _____ SSN _____ Phone _____

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED ARE VARIABLE, ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Contract, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Contract replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Contract Value on the business day during which the Contract is received. If the Contract replaced any other life insurance or annuity contract(s), the Company will refund the Contract Value on the business day during which the Contract is received. Upon any refund, the Contract shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Contract within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on the [Additional Beneficiary Information form (V2224BNE)] and submitted with this Application. **Note: If any Living Benefit is elected with Joint Life (2 covered persons) under Section 6 below, you must provide the spousal beneficiary information here. (In New Jersey and California, spouse includes civil union partners.)**

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For [non-individually owned, custodially held IRAs, 457, and tax-qualified plans], if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

1. Beneficiary Name _____ Primary Contingent
 Address _____ Relationship _____
 Beneficiary % _____ SSN _____ Phone _____ Birth/Trust Date _____
 Email _____ Male Female

2. Beneficiary Name _____ Primary Contingent
 Address _____ Relationship _____
 Beneficiary % _____ SSN _____ Phone _____ Birth/Trust Date _____
 Email _____ Male Female

3. Beneficiary Name _____ Primary Contingent
 Address _____ Relationship _____
 Beneficiary % _____ SSN _____ Phone _____ Birth/Trust Date _____
 Email _____ Male Female

5 Contract Type and Source of Funds

Initial payment: Make check payable to VALIC. If this is a 1035 Exchange, Transfer or Rollover, please complete the [Request for Transfer of Assets form (V2500RL)] and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

Type of Plan: _____

Source of Funds:

<input type="checkbox"/> 1035 Exchange	<input type="checkbox"/> Transfer
<input type="checkbox"/> Rollover	<input type="checkbox"/> Contribution
	IRA Tax Year: _____

6 Benefit Elections

[Please consult with your [investment advisor] to determine if the Benefit Elections are appropriate for you. Please see the prospectus and/or your [investment advisor] for details regarding Benefit Elections, the maximum issue age, Investment Requirements, if applicable, and the additional fee associated with each Benefit Election.]

6(a). Surrender Charge Option:

6(b). Optional Living Benefit Election:

6(c). Death Benefit Election: *If [the Maximum Anniversary Value] death benefit is NOT elected, your beneficiary(ies) will receive the [Standard] death benefit provided in the Contract.*

7 Investment Options / Optional Programs

Please consult with your [investment advisor] to determine the investment options and optional programs that are best suited for your retirement needs.

[Fund Manager]

[Fund Name]

**[Initial
Payment %]**

[Fund Manager]

[Fund Name]

[DCA Target %]

8 Notices and Disclaimers

Fraud Warning: (applies to all states, except Arizona, Virginia and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

For applicants in Arkansas, Massachusetts, Rhode Island, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Florida: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For Applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

9 Acknowledgements and Signature(s)

9(a). Replacement

- Yes No Do you have any existing life insurance policies or annuity contracts?
- Yes No Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance policies or annuity contracts?

Please provide the replacement information on the required forms, which can be obtained from your [investment advisor] and include them with this Application, when applicable.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in a money market investment option or similar portfolio for 36 days from the date we issue the Contract.

- After consulting with my [investment advisor], I request that my funds be invested in a money market investment option or similar portfolio for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period. I understand by doing so, I will receive a refund of Purchase Payments plus any fees paid if I elect to cancel this Contract.
- After consulting with my [investment advisor], I request that my funds be invested immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period and I will receive a refund of the Contract's account value plus any fees paid if I elect to cancel this Contract.

9(c). Statement of Owner(s)

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the Application will be attached to and made a part of the Contract. By signing below, I declare the following:

- [I have received, read, and understand the Buyer's Guide for Deferred Annuities.]
- I acknowledge receipt, either physically or electronically, of the current prospectuses, which includes the applicable investment options, for this variable annuity.
- [After consulting with my [investment advisor] and reviewing the prospectus, I confirm that this variable annuity, my share class election and if applicable, the optional Benefit Elections I selected, which include additional fees, are suitable for my objectives and needs. I understand that the Company issues other annuities with similar features, benefits and limitations, which may have lower charges. I have discussed the alternatives with my [investment advisor].]
- I have consulted with my [investment advisor] for advice or recommendations regarding the purchase of this variable annuity contract. The Variable Annuity Life Insurance Company is not providing advice, guidance or recommendations and is not serving in any fiduciary capacity related to this Contract.
- I acknowledge that I have read the current prospectus for this variable annuity carefully and understand their contents. (lowa exempted).
- I UNDERSTAND THAT ALL PURCHASE PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN BASED ON INVESTMENT EXPERIENCE OF THE VARIABLE PORTFOLIOS, ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT BY THE COMPANY, THE U.S. GOVERNMENT, OR ANY STATE GOVERNMENT; ARE NOT FEDERALLY INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC), THE FEDERAL RESERVE BOARD, OR ANY OTHER AGENCY, FEDERAL OR STATE. I BEAR ALL MARKET RISKS, EXCEPT ON AMOUNTS ALLOCATED TO THE AVAILABLE FIXED ACCOUNT OPTIONS.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that (1) there are more robust insurance benefits offered in other annuities and (2) the annuity does not provide any additional tax-deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) to a [cash management investment option or similar portfolio] until the end of the Right-to-Examine / Right to Cancel period.
- My answers are representations and not warranties, and are true and correct to the best of my knowledge and belief.

Owner's signature _____ Date _____

Joint owner's signature (if applicable) _____ Date _____

10 [Investment Advisor] Information and Signature(s)

10(a). Replacement

Yes No Do you have reason to believe that the applicant has any existing life insurance policies or annuity contracts?

Yes No Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

10(b). Acknowledgements

I certify that the Application was signed and dated by the Owner after all answers and information were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the Owner. Further, by signing below, I certify:

- I have instructed the applicant to answer the questions in Section 9(a) appropriately. I am providing the replacement information on the required forms, which can be obtained at [aig.com/annuities], and including them with this Application, when applicable.
- [I have delivered a Buyer's Guide for Deferred Annuities to the owner.]
- I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity; and (b) have used only current, approved sales material.
- I understand that The Variable Annuity Life Insurance Company is not providing advice, guidance or recommendations and is not serving in any fiduciary capacity related to this Contract.
- I have verified the identity of the owner and annuitant, if the owner is non-natural, by reviewing a government-issued photo identification and any other required documentation.

1. [Investment Advisor's] signature _____

[Investment Advisor's] name (please print) _____

Address _____

Phone _____ [Investment Advisor's] ID number _____

Email _____

Broker / Dealer firm name _____

If Solicitation State is Florida, Florida License Identification number _____

2. [Investment Advisor's] name (please print) _____

Address _____

Phone _____ [Investment Advisor's] ID number _____

Email _____

If Solicitation State is Florida, Florida License Identification number _____

Please contact your home office with any questions.

Commission Option:

Note: If there are more than [two][investment advisors], please include the information required above, including applicable percentages (must total 100%) among all [investment advisors], on a separate document for the remaining [investment advisor(s)] and submit with this Application.

SERFF Tracking #:

SALA-130817308

State Tracking #:

Company Tracking #:

VA-579 (10/16) ET AL.

State:

District of Columbia

Filing Company:

The Variable Annuity Life Insurance Company

TOI/Sub-TOI:

A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name:

VA-579 (10/16) ET AL.

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV VA-579 (10-16).pdf SOV VA-579E (10-16).pdf
Item Status:	
Status Date:	

**Explanation of Statement of Variability (“SOV”)
Bracketed Material for Application Form VA-579 (10/16)**

APPLICATION PAGE, SECTION	DESCRIPTION - The application will print with definitive information. Any changes to variations will affect only newly issued contracts.								
	<table border="0"> <tr> <td>Registered Representative</td> <td>Insurance Producer</td> <td>Agent</td> </tr> <tr> <td>Financial Representative</td> <td>Insurance Producer of Record</td> <td>Producer</td> </tr> </table>	Registered Representative	Insurance Producer	Agent	Financial Representative	Insurance Producer of Record	Producer		
Registered Representative	Insurance Producer	Agent							
Financial Representative	Insurance Producer of Record	Producer							
Page 2, 3; Section 6	<p>Bracketed section for the benefit elections offered are for inclusion/exclusion and may change to include surrender charge period features, living benefits and/or death benefits in the future for prospective applicants. Benefit Election language in this section will allow for changes when Benefit Elections are added, removed and/or changed.</p> <p>If an optional benefit election is included, surrender charge period features names, living benefit feature names, optional death benefit names, step-up frequency, number of lives, and income options and income option percentages may change and are for inclusion/exclusion. Ranges in percentages for MAWA are 1.0%-10.0%. Age ranges are from 45-90.</p> <p>Alternatively, when only one option and living benefit is referenced on the application the following format will be referenced in lieu of the living benefit election format currently referenced:</p> <table border="1" data-bbox="386 793 971 1094"> <tr> <td data-bbox="386 793 646 867">Select One Feature ➔</td> <td data-bbox="646 793 971 867"><input type="checkbox"/> [Polaris Income Plus] (minimum issue age is [45])</td> </tr> <tr> <td data-bbox="386 867 646 909">Step-up Frequency</td> <td data-bbox="646 867 971 909">· Annual (with Income Credit)</td> </tr> <tr> <td data-bbox="386 909 646 961">Select Number of Lives ➔</td> <td data-bbox="646 909 971 961"><input type="checkbox"/> Single Life or <input type="checkbox"/> Joint Life*</td> </tr> <tr> <td data-bbox="386 961 646 1094">Select One Income Option ➔</td> <td data-bbox="646 961 971 1094">Single Life: [6.0%] MAWA Joint Life: [5.5%] MAWA</td> </tr> </table> <p>Additionally, when a feature is not available for a certain issue state, the following may print next to any benefit election “(not available for applicants in the state of [insert state])”.</p> <p>When the Return of Purchase Payment death benefit endorsement is optional, the bracketed language “the Maximum Anniversary Value ” in Section 6(b) will change to “an Optional ”, “Standard” will be replaced by “Account Value” and “<input type="checkbox"/> Return of Purchase Payment (ROP)” will be added above the MAV election.</p>	Select One Feature ➔	<input type="checkbox"/> [Polaris Income Plus] (minimum issue age is [45])	Step-up Frequency	· Annual (with Income Credit)	Select Number of Lives ➔	<input type="checkbox"/> Single Life or <input type="checkbox"/> Joint Life*	Select One Income Option ➔	Single Life: [6.0%] MAWA Joint Life: [5.5%] MAWA
Select One Feature ➔	<input type="checkbox"/> [Polaris Income Plus] (minimum issue age is [45])								
Step-up Frequency	· Annual (with Income Credit)								
Select Number of Lives ➔	<input type="checkbox"/> Single Life or <input type="checkbox"/> Joint Life*								
Select One Income Option ➔	Single Life: [6.0%] MAWA Joint Life: [5.5%] MAWA								
Page 3; Section 7	<p>The following information includes the ranges and possible revisions to the Initial Purchase Payment section for prospective applicants:</p> <ol style="list-style-type: none"> 1. Allocation percentages range from 1%-100%. 2. The Secure Value Account portfolio name may change for prospective applicants. 3. The Guarantee Period ranges from 1-10 years. 4. The bracketed language “, which provides a [1-Year] Guarantee Period” is for inclusion/exclusion and will be referenced when investment of a Secure Value Account is applicable and includes a guarantee period. 5. If the Initial Purchase Payment allocation to the Secure Value Account is not applicable, the following language will be referenced in lieu of what is currently referenced in the Initial Purchase Payment section: “If an Optional Living Benefit was elected in Section [6a], you may allocate your initial Purchase Payment to any of the investment choice(s) in accordance with the Investment Options in Section [7(a)] [or 7(b)], where appropriate.” 6. The bracketed language, “We do not include the [Secure Value Account] in rebalancing.” in the Automatic Asset Rebalancing section will not print when allocation to the Secure Value 								

**Explanation of Statement of Variability (“SOV”)
Bracketed Material for Application Form VA-579 (10/16)**

APPLICATION PAGE, SECTION	DESCRIPTION - The application will print with definitive information. Any changes to variations will affect only newly issued contracts.												
	<p align="center">Account is not applicable.</p> <p>The Investment Selection/Optional Programs table may be revised to the following formatting, which depends on the investment options and optional living benefits available in Section 6:</p> <table border="1" data-bbox="375 436 1490 640"> <tr> <td data-bbox="375 436 889 499">If you elected [Polaris Income Plus] [and] [Polaris Income Plus Daily]</td> <td data-bbox="889 436 1490 499">Select your investment options in Section [7(a)] and any optional programs Section [7(b)] below.</td> </tr> <tr> <td data-bbox="375 499 889 562">If you are not electing a Living Benefit</td> <td data-bbox="889 499 1490 562">Skip [7(a)] and select any optional programs in Section [7(b)]. Complete the Investment Option Election Form (IOEF), which must be included with this Application to make your investment choices.</td> </tr> </table> <p>Optional living benefit names are for inclusion/exclusion and may change for prospective applicants. The bracketed references to “or” and “and” is for inclusion/exclusion.</p>	If you elected [Polaris Income Plus] [and] [Polaris Income Plus Daily]	Select your investment options in Section [7(a)] and any optional programs Section [7(b)] below.	If you are not electing a Living Benefit	Skip [7(a)] and select any optional programs in Section [7(b)]. Complete the Investment Option Election Form (IOEF), which must be included with this Application to make your investment choices.								
If you elected [Polaris Income Plus] [and] [Polaris Income Plus Daily]	Select your investment options in Section [7(a)] and any optional programs Section [7(b)] below.												
If you are not electing a Living Benefit	Skip [7(a)] and select any optional programs in Section [7(b)]. Complete the Investment Option Election Form (IOEF), which must be included with this Application to make your investment choices.												
Page 4; Section 7(a)	<p>Optional living benefit names are for inclusion/exclusion and may change for prospective applicants. If two optional living benefit features are offered in Section 6 that include the same investment options, that living benefit name will print in addition to what is currently referenced and we will include “or” to separate the optional living benefit names.</p> <p>In lieu of what is shown below the “Polaris Income Plus (Annual with Income Credit) – Investment Options” header, the following may print for prospective applicants: “If you elected [Polaris Income Plus] in Section [6(a)], for this Application to be in good order, you must indicate your investment choice(s) here in the “Check-the-Box” section or choose one or more of the “Individual Portfolios.”</p> <p>In lieu of what is shown for the Dollar Cost Averaging language, the following may print for prospective applicants: “If, after consulting with your [investment advisor], you want to invest gradually in the Investment Options below using DCA, invest up to [90%] Payment Allocation of your initial Purchase Payment in any of the DCA Fixed Account Options below. Next, choose your DCA Target Allocation(s) (options into which funds will gradually be transferred) under either the “Check-the-Box” section or the “Individual Portfolios” section below. DCA Program begins 30 days from the date your initial Purchase Payment is received.”</p> <p>Additionally, when the above alternative language is referenced, the following Investment Selection box and “Or” will be referenced above the Individual Options election box and “Individual Portfolios” will be referenced in lieu of “Investment Options” for prospective applicants:</p> <table border="1" data-bbox="383 1478 1481 1717"> <tr> <td align="center" colspan="2">Check the Box (Select <u>only</u> one of the boxes below)</td> </tr> <tr> <td align="center" colspan="2"><i>Select one “Check-the-Box” choice below for your direct investment of 90% of your initial Purchase Payment (not using a DCA Account) or for your Target DCA allocation.</i></td> </tr> <tr> <td colspan="2">SDSP (30%) + SA BlackRock VCP Global Multi-Asset (30%) + VCP Managed Asset Allocation (30%) + SVA (10%)</td> </tr> <tr> <td colspan="2">SDAP (30%) + SA Schroders VCP Global Allocation (30%) + VCP Value (30%) + SVA (10%)</td> </tr> <tr> <td colspan="2">SA T. Rowe Price VCP Balanced (30%) + VCP Total Return Balanced (30%) + SA Schroders VCP Global Allocation (30%) + SVA (10%)</td> </tr> <tr> <td colspan="2">SDAP (30%) + SA BlackRock VCP Global Multi-Asset (20%) + VCP Total Return Balanced (20%) + SA T. Rowe Price VCP Balanced (20%) + SVA (10%)</td> </tr> </table> <p align="center">Or</p> <p>The ranges in percentages shown in the Investment Options and Check the Box, when referenced, election boxes are from 1%-100%.</p>	Check the Box (Select <u>only</u> one of the boxes below)		<i>Select one “Check-the-Box” choice below for your direct investment of 90% of your initial Purchase Payment (not using a DCA Account) or for your Target DCA allocation.</i>		SDSP (30%) + SA BlackRock VCP Global Multi-Asset (30%) + VCP Managed Asset Allocation (30%) + SVA (10%)		SDAP (30%) + SA Schroders VCP Global Allocation (30%) + VCP Value (30%) + SVA (10%)		SA T. Rowe Price VCP Balanced (30%) + VCP Total Return Balanced (30%) + SA Schroders VCP Global Allocation (30%) + SVA (10%)		SDAP (30%) + SA BlackRock VCP Global Multi-Asset (20%) + VCP Total Return Balanced (20%) + SA T. Rowe Price VCP Balanced (20%) + SVA (10%)	
Check the Box (Select <u>only</u> one of the boxes below)													
<i>Select one “Check-the-Box” choice below for your direct investment of 90% of your initial Purchase Payment (not using a DCA Account) or for your Target DCA allocation.</i>													
SDSP (30%) + SA BlackRock VCP Global Multi-Asset (30%) + VCP Managed Asset Allocation (30%) + SVA (10%)													
SDAP (30%) + SA Schroders VCP Global Allocation (30%) + VCP Value (30%) + SVA (10%)													
SA T. Rowe Price VCP Balanced (30%) + VCP Total Return Balanced (30%) + SA Schroders VCP Global Allocation (30%) + SVA (10%)													
SDAP (30%) + SA BlackRock VCP Global Multi-Asset (20%) + VCP Total Return Balanced (20%) + SA T. Rowe Price VCP Balanced (20%) + SVA (10%)													

**Explanation of Statement of Variability (“SOV”)
Bracketed Material for Application Form VA-579 (10/16)**

APPLICATION PAGE, SECTION	DESCRIPTION - The application will print with definitive information. Any changes to variations will affect only newly issued contracts.
	Specific portfolios and accounts offered in the Investment Options and Check the Box, when referenced, election boxes are for inclusion/exclusion and may change. Additionally, an alternative investment option of “Allocation Selection [1]” ranging from 1-10 may be referenced as an allocation option.
Page 5; Section 7(b)	<p>In lieu of what is shown below the “Polaris Income Plus Daily (No Income Credit) – Investment Options” header, the following may print for prospective applicants: “If you elected [Polaris Income Plus Daily] in Section [6(a)], for this Application to be in good order, you must indicate your investment choice(s) here in the “Check-the-Box” section or choose one or more of the “Individual Portfolios.”</p> <p>In lieu of what is shown for the Dollar Cost Averaging language, the following may print for prospective applicants: “If, after consulting with your [investment advisor], you want to invest gradually in the Investment Options below using DCA, invest up to [90%] Payment Allocation of your initial Purchase Payment in any of the DCA Fixed Account Options below. Next, choose your DCA Target Allocation(s) (options into which funds will gradually be transferred) under either the “Check-the-Box” section or the “Individual Portfolios” section below. DCA Program begins 30 days from the date your initial Purchase Payment is received.”</p> <p>Additionally, when the above alternative language is referenced, the following Investment Selection box and “Or” will be referenced above the Individual Options election box and “Individual Portfolios” will be referenced in lieu of “Investment Options” for prospective applicants:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Check the Box (Select <u>only</u> one of the boxes below)</p> <p style="text-align: center;"><i>Select one “Check-the-Box” choice below for your direct investment of 90% of your initial Purchase Payment (not using a DCA Account) or for your Target DCA allocation.</i></p> <p>SDSP (30%) + SA BlackRock VCP Global Multi-Asset (30%) + VCP Managed Asset Allocation (30%) + SVA (10%)</p> <p>SDAP (30%) + SA Schroders VCP Global Allocation (30%) + VCP Value (30%) + SVA (10%)</p> <p>SA T. Rowe Price VCP Balanced (30%) + VCP Total Return Balanced (30%) + SA Schroders VCP Global Allocation (30%) + SVA (10%)</p> <p>SDAP (30%) + SA BlackRock VCP Global Multi-Asset (20%) + VCP Total Return Balanced (20%) + SA T. Rowe Price VCP Balanced (20%) + SVA (10%)</p> </div> <p style="text-align: center;">Or</p> <p>The ranges in percentages shown in the Investment Options and Check the Box, when referenced, election boxes are from 1%-100%.</p> <p>Specific portfolios and accounts offered in the Investment Options and Check the Box, when referenced, election boxes are for inclusion/exclusion and may change. Additionally, an alternative investment option of “Allocation Selection [1]” ranging from 1-10 may be referenced as an allocation option.</p>
Page 3, 4, 5; Section 7, 7(a), 7(b), 7(c)	<p>Alternatively, the Polaris Income Plus (Annual with Income Credit) and Polaris Income Plus Daily (No Income Credit) Investment Option Sections 7(a) and 7(b) are for inclusion/exclusion.</p> <p>The following information includes the possible revisions to Section 6 and Section 7 when the Investment Options sections 7(a) and/or 7(b) are not referenced on the application:</p> <ol style="list-style-type: none"> 1. “The investment choices are indicated on the Investment Option Election Form, which must be included with this Application.” will print after the current language referenced in Section 6 under the Benefit Elections header. 2. “Make your investment choices on [page 1] for Polaris Income Plus or [page 2] for Polaris Income Plus Daily of the Investment Option Election Form (IOEF)” will print in lieu of “Select your investment choice(s) in Section 7(a) for Polaris Income Plus or Section 7(b) for Polaris

**Explanation of Statement of Variability (“SOV”)
Bracketed Material for Application Form VA-579 (10/16)**

APPLICATION PAGE, SECTION	DESCRIPTION - The application will print with definitive information. Any changes to variations will affect only newly issued contracts.
	<p style="text-align: center;">Income Plus Daily.”, which is currently referenced in Section 6(a). The above-bracketed language may change to include different page numbers or section numbers 1-10.</p> <ol style="list-style-type: none"> 3. The following will print in lieu of what is currently shown in Section 7, bottom of page 3 under the Investment Options / Optional Programs header “The Investment Option Election Form must be included with this Application to make specific investment choices. Select Optional Programs in Section [7(a)] below.” 4. The following bracketed language in Section 7c. “referenced in [7(a)] [or 7(b)] above or” is for inclusion/exclusion and will not print when the Investment Options is not referenced on the application.
Page 6; Section 7(d)	The states shown in this section may change in the future due to changes in state laws, rules or regulations.
Page 6; Section 7(d)	<p>The bracketed language is for inclusion/exclusion and in lieu of what is currently shown the following option may be referenced:</p> <ol style="list-style-type: none"> 1. Do you wish to be contacted by the carrier regarding eDelivery of your contract correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Page 7, 8, 9; Section 8, 9, 10</p> <p>Section 9(c), 1st Bullet</p> <p>Section 10(b), 2nd Bullet</p> <p>Section 9(c); 3rd Bullet</p> <p>Section 9(c)</p>	<p>The fraud notices and statement of owner disclaimers shown in these sections may change in the future due to changes in state laws, rules or regulations.</p> <p>These statements regarding Buyer’s Guide for Deferred Annuities are for inclusion/exclusion depending on a state’s requirement of Buyer’s Guides and the company’s procedure on supplying them.</p> <p>In lieu of what is currently referenced, the following statement will be referenced when an application does not includes more than one share class offering: “After consulting with my [investment advisor] and reviewing the prospectus, I confirm that this variable annuity and if applicable, the optional Benefit Elections I selected, which include additional fees, are suitable for my objectives and needs. I understand that the company issues other annuities with similar benefits and limitations, which may have lower charges. I have discussed the alternatives with my [investment advisor].” will print.</p> <p>The following acknowledgement may be added anywhere in bracketed Section 9(c), which is dependent on the broker/dealer: “I acknowledge receipt of the current prospectuses, which includes the applicable investment options for this variable annuity and that I have read them carefully and understand their contents (Iowa exempted). If applicable, I consent to receiving the initial prospectus for the variable annuity product on the compact disc (the “CD Prospectus”) given to me by my [investment advisor]. I acknowledge that I (i) have access to a personal computer or similar device, (ii) have the ability to read the CD Prospectus using that technology, and (iii) am willing to incur any costs associated with using and maintaining that technology. If I cannot view the CD Prospectus, I have informed my [investment advisor] and he/she has provided me with a paper copy of the prospectus. [I understand future prospectus supplements and other amended/updated prospectuses will be delivered to me in paper form.] I also understand that I may request a prospectus in paper format at any time by calling the Annuity Service Center at [1-800-445-7862.]”. The bracketed language “I understand future prospectus supplements and other amended/updated prospectuses will be delivered to me in paper form.” above is for inclusion/exclusion and will not be referenced if the company is offering eDelivery of such documents.</p>

**Explanation of Statement of Variability (“SOV”)
Bracketed Material for Application Form VA-579 (10/16)**

APPLICATION PAGE, SECTION	DESCRIPTION - The application will print with definitive information. Any changes to variations will affect only newly issued contracts.
Section 9(c) 8 th Bullet	The bracketed language “a cash management investment option or similar portfolio” is bracketed to allow for the following changes: “money market investment option or similar portfolio” or a specific portfolio name.
Section 9(c) 9 th Bullet	The bracketed language “If I did not elect an Optional Living Benefit in Section [6(a)], my signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.” will not print when the investment options are not shown on the application. Instead, “My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.” will be referenced.
Page 9; Section 10(b)	The company website may change.
Page 9; Section 10(b)	The investment advisor personal information fields and “For [investment advisor] use only.” in the Investment Advisor Information and Signature(s) section is bracketed for inclusion/exclusion and may change to include one or more fields. The number referenced in the “Note” will match the number of investment advisor personal information fields referenced above that statement.
Page 9; Section 10(b)	<p>The section including the commission options is bracketed for inclusion/exclusion and may change. The number of available commission options may change and can vary by product. Disclosure explaining when a specific commission option is not available is for inclusion/exclusion and may change. Additionally, this disclosure may be added to any of the commission options available, which is determined by product, broker/dealer and/or benefit elections.</p> <p>The number of investment advisor commission split fields will be determined by administrative considerations and specific distribution systems.</p> <p>Additionally, the following two statements may print in lieu of or below the “Note” statement in Section 10(b):</p> <ul style="list-style-type: none"> - <input type="checkbox"/> The purchase of this annuity is a recommendation by an [Investment Advisor] - Indicate DOL Exemption used for this sale: <input type="checkbox"/> BICE <input type="checkbox"/> None - Please include the [Systematic Withdrawal Program for Advisory Fees Form] with this Application to cover payments in connection with advisory or investment management services (Advisory Fee) from this variable annuity. <p>The administrative form name referenced above may change and include an administrative form number.</p>

**Explanation of Statement of Variability (“SOV”)
Bracketed Material for Application Form VA-579E (10/16)**

This Statement of Variability identifies and explains the variable items, denoted by brackets, contained in the above-referenced form(s). Any changes within these areas will be administered in accordance with state rules and regulations.

APPLICATION PAGE, SECTION	DESCRIPTION - The application will print with definitive information. Any changes to variations will affect only newly issued contracts.									
Page 1, 4; Header, Section 7(b)	The product logo, address for the Company, the mailing addresses for checks and other documents and company telephone number may change.									
Page 1; Section 1	The product name and solicitation will print based off of what the applicant/investment advisor elects. Additionally, “Variable Annuity” may be referenced after the product name.									
Page 1; Section 3	The right to examine notices shown here may change in the future due to changes in Alaska and Arizona state laws, rules or regulations.									
Page 2, 4; Section 4, 5, 7(a)	The Administrative form name and number referenced may change in the future for prospective applicants.									
Page 2; Section 4	Only available owner types referenced in the bracketed section will be listed here and are bracketed for inclusion/exclusion and may vary based on broker/dealer and/or product. Current owner types are “non-individually owned, custodially held IRAs, 457, and tax-qualified plans.”									
Page 2; Section 4	The beneficiary fields are for inclusion/exclusion only and may change, which is determined by administrative considerations and specific distribution systems.									
Page 2; Section 5	Type of plan and Source of Funds elected by applicant will print here and may change for new issues only. Only feature elections selected electronically will print on final copy of the application.									
Page 2, 3, 4, 6, 7 Section 6, 7, 9, 10	The “investment advisor” reference is bracketed to allow for changes to other references, depending on the product and broker/dealer. The following list provides alternative references for this field: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Financial Advisor</td> <td style="width: 33%;">Licensed Agent</td> <td style="width: 33%;">Financial Professional</td> </tr> <tr> <td>Registered Representative</td> <td>Insurance Producer</td> <td>Agent</td> </tr> <tr> <td>Financial Representative</td> <td>Insurance Producer of Record</td> <td>Producer</td> </tr> </table>	Financial Advisor	Licensed Agent	Financial Professional	Registered Representative	Insurance Producer	Agent	Financial Representative	Insurance Producer of Record	Producer
Financial Advisor	Licensed Agent	Financial Professional								
Registered Representative	Insurance Producer	Agent								
Financial Representative	Insurance Producer of Record	Producer								
Page 2; Section 6	Bracketed section for the benefit elections offered are for inclusion/exclusion and may change to include surrender charge options, living benefits and/or death benefits in the future for prospective applicants. Benefit Election language in this section will allow for changes when Benefit Elections are added, removed and/or changed. The section numbers will be rearranged in alphabetic order, which depends on what elections are referenced in this section. Only feature elections selected electronically will print on final copy of the application. The following may print in addition to what is currently referenced in Section 6: “[6(d)] Total Expected Premium”									
Page 3; Section 7	The Investment Selection Titles may change and are for inclusion/exclusion for prospective applicants. Such changes would be for inclusion/exclusion only which is determined by the distribution channel and/or product. The investment options we offer in the future may change for prospective applicants.									

**Explanation of Statement of Variability (“SOV”)
Bracketed Material for Application Form VA-579E (10/16)**

APPLICATION PAGE, SECTION	DESCRIPTION - The application will print with definitive information. Any changes to variations will affect only newly issued contracts.
Page 4; Section 7(a)	If elected by the client, the automatic asset rebalancing frequency will print here.
Page 4; Section 7(b)	The states shown here may change in the future due to changes in state laws, rules or regulations.
Page 4; Section 7(b)	<p>The bracketed language is for inclusion/exclusion and in lieu of what is currently shown the following option may be referenced:</p> <p>1. Do you wish to be contacted by the carrier regarding eDelivery of your contract correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Page 5, 6, 7; Section 8, 9, 10</p> <p>Section 9(c), 1st Bullet Section 10(b), 4th Paragraph</p> <p>Section 9(c); 4th Bullet</p> <p>Section 9(c)</p> <p>Section 9(c) 8th Bullet</p>	<p>The fraud notices and statement of owner disclaimers shown in these sections may change in the future due to changes in state laws, rules or regulations.</p> <p>These statements are for inclusion/exclusion depending on a state's requirement of Buyer's Guides and the company's procedure on supplying them.</p> <p>In lieu of what is currently referenced, the following statement will be referenced when an application does not includes more than one share class offering: "After consulting with my [investment advisor] and reviewing the prospectus, I confirm that this variable annuity and if applicable, the optional Benefit Elections I selected, which include additional fees, are suitable for my objectives and needs. I understand that the company issues other annuities with similar benefits and limitations, which may have lower charges. I have discussed the alternatives with my [investment advisor]." will print.</p> <p>The following acknowledgement may be added anywhere in bracketed Section 9(c), which is dependent on the broker/dealer: "I acknowledge receipt of the current prospectuses, which includes the applicable investment options for this variable annuity and that I have read them carefully and understand their contents (Iowa exempted). If applicable, I consent to receiving the initial prospectus for the variable annuity product on the compact disc (the "CD Prospectus") given to me by my [investment advisor]. I acknowledge that I (i) have access to a personal computer or similar device, (ii) have the ability to read the CD Prospectus using that technology, and (iii) am willing to incur any costs associated with using and maintaining that technology. If I cannot view the CD Prospectus, I have informed my [investment advisor] and he/she has provided me with a paper copy of the prospectus. [I understand future prospectus supplements and other amended/updated prospectuses will be delivered to me in paper form.] I also understand that I may request a prospectus in paper format at any time by calling the Annuity Service Center at [1-800-445-7862.]" The bracketed language "I understand future prospectus supplements and other amended/updated prospectuses will be delivered to me in paper form." above is for inclusion/exclusion and will not be referenced if the company is offering eDelivery of such documents.</p> <p>The bracketed language "a cash management investment option or similar portfolio" is bracketed to allow for the following changes: "money market investment option or similar portfolio" or a specific portfolio name.</p>
Page 7; Section 10(b)	The company website may change.

Explanation of Statement of Variability (“SOV”)
Bracketed Material for Application Form VA-579E (10/16)

APPLICATION PAGE, SECTION	DESCRIPTION - The application will print with definitive information. Any changes to variations will affect only newly issued contracts.
Page 7; Section 10(b)	<p>The investment advisor personal information fields and “For [investment advisor] use only.” in the Investment Advisor Information and Signature(s) section is bracketed for inclusion/exclusion and may change to include one or more fields. The number referenced in the “Note” will match the number of investment advisor personal information fields referenced above that statement.</p> <p>Commission Options selected by the investment advisor will be referenced following “Commission Option:”.</p> <p>Additionally, the following two statements may print in lieu of or below the “Note” statement in Section 10(b):</p> <ul style="list-style-type: none"> - <input type="checkbox"/> The purchase of this annuity is a recommendation by an [Investment Advisor] - Indicate DOL Exemption used for this sale: <input type="checkbox"/> BICE <input type="checkbox"/> None - Please include the [Systematic Withdrawal Program for Advisory Fees Form] with this Application to cover payments in connection with advisory or investment management services (Advisory Fee) from this variable annuity. <p>The administrative form name referenced above may change and include an administrative form number.</p>