

Name(s) of Prospective Purchaser(s) _____ Contract Number (if any) _____

Instructions to Agents: This form must be provided to any prospective purchaser(s) who is an active duty (full-time) service member (officer or enlisted) of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, and Coast Guard). This includes members of the National Guard and Reserve while serving under published orders for active duty or full-time training for 31 or more calendar days. You and the prospective purchaser(s) must sign and date this form. You must then submit this form to First SunAmerica Life Insurance Company. **If the prospective purchaser(s) is NOT an active duty service member of the United States Armed Forces, you must check the box below, sign and date this form, and submit it to First SunAmerica Life Insurance Company.**

If you are considering the purchase of one of our annuity products, please review the following important information before purchasing:

- Subsidized life insurance is available to members of the Armed Forces from the Federal Government under the Servicemembers' Group Life Insurance program (also referred to as "SGLI"), under subchapter III of Chapter 19 of Title 38, United States Code.
- SGLI coverage is available in \$50,000 increments up to the maximum of \$400,000. SGLI premiums are currently 6.5 cents per month per \$1,000 of insurance coverage, regardless of the member's age. More details may be obtained on-line at the following website: <http://www.insurance.va.gov/SgliSite/SGLI/SGLI.htm>.
- The product that is the subject of this disclosure is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the product being offered.
- No person has received any referral fee or incentive compensation in connection with the offer or sale of the product that is the subject of this disclosure, unless that person is a licensed agent of First SunAmerica Life Insurance Company.

Neither First SunAmerica Life Insurance Company, nor its agents or representatives are authorized to give legal or tax advice. Please consult with your personal attorney or accountant regarding your particular situation.

If the solicitation or sale of this product occurred on a military installation, I was provided the Personal Commercial Solicitation Evaluation form DD Form 2885.

Signed this _____ day of _____, _____.

Name of Active Duty Service Member (Please Print)

Name of Active Duty Service Member (Please Print)

Signature of Active Duty Service Member

Signature of Active Duty Service Member

As agent, I certify by checking the box and signing below that I have confirmed with the prospective purchaser(s) that he or she is NOT an active duty service member of the United States Armed Forces.

Signed this _____ day of _____, _____.

Name of Agent (Please Print)

Signature of Agent