

Replacement Procedures

Forms included in this Packet

- Definition of Replacement
- Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts
- Agent's Request for Disclosure Statement Information and Policyowner's Authorization form

For every application for a First SunAmerica ("FSA") annuity:

- Complete the **Definition of Replacement** with the applicant to determine whether the transaction will involve replacement of an existing life insurance or annuity policy. Both you and the applicant must sign and date the **Definition of Replacement** a copy to be provided to the client.
 - If all questions are answered NO, the transaction does not involve a replacement and no additional replacement forms need to be completed. Submit the signed application and **Definition of Replacement** to FSA. You do not need to proceed with the steps below.
 - If any question is answered YES, a replacement has occurred or is likely to occur. Please proceed with the following steps.
- Obtain a list of all policies to be replaced from your client and include this information on FSA's **Agent's Request for Disclosure Information and Policyowner's Authorization** form.
- Submit the **Agent's Request for Disclosure Statement Information and Policyowner's Authorization** and a copy of the policyowner's most recent statement for the policy(ies) being replaced to FSA, Attn: Regulation 60 Desk at the mailing address above.
- If the surrendering insurer does not provide the Disclosure Information to FSA within 20 days, we will telephone you to obtain the amount to be invested.

*FSA will complete the hypothetical information for the new annuity and send the **Disclosure Statement** to you to complete.*

- After the value information is returned to you by FSA on the **Disclosure Statement**, complete the Agent's Statement section and sign the **Disclosure Statement** sent by FSA. Please keep the disclosure information provided to you by the replaced insurer and by FSA for your records. FSA will retain a copy as well.
- Have the applicant read and sign the **Disclosure Statement** and the **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts**.
- Give a photocopy of each of the following completed forms to the applicant:
 - **Disclosure Statement**
 - **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts**
- Submit to FSA the original of each of the following forms:
 - FSA Annuity Application (which includes a list of all policies being replaced)
 - **Definition of Replacement**
 - **Disclosure Statement** with copies of any sales proposals and hypotheticals used in the replacement sale
 - **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts**
 - **Request to Transfer Funds** form (FSA 102-FI)
 - Any other forms required by your broker/dealer or firm
- If you do not submit the proper forms to us, or if there is a deficiency on a form, we will notify you of the deficiency immediately. If you do not correct the deficiency within 10 days of our receipt of the application, we must reject the application. If the application is rejected, we will send a letter to the applicant explaining why the application is rejected.

Definition of Replacement

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?

YES NO

- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?

YES NO

- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?

YES NO

- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?

YES NO

- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?

YES NO

- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?

YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF APPLICANT

DATE

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION:

YES NO

SIGNATURE OF AGENT

DATE

Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts

THIS NOTICE IS FOR YOUR BENEFIT AND IS REQUIRED BY REGULATION NO. 60

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT IS REQUIRED TO GIVE YOU THIS NOTICE TOGETHER WITH A SIGNED DISCLOSURE STATEMENT CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE – OR A MISTAKE – SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION.
2. ASK THE COMPANY OR AGENT FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION AND THE DISCLOSURE STATEMENT. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM. THEIR CUSTOMER SERVICE TELEPHONE NUMBER IS CONTAINED IN THE DISCLOSURE STATEMENT.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE CONTINUED

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF THIS PART.

IMPORTANT: THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "**IMPORTANT NOTICE**" AND HAVE RECEIVED A COPY OF SAME.

Signature of Applicant

Date

Signature of Applicant

Date

Agent's Request for Disclosure Statement Information and Policyowner's Authorization

A. INSTRUCTIONS 1. DO NOT USE HIGHLIGHTER.

2. Please print or type.
3. Owner's and agent's signatures required on this form.
4. Send completed form to replaced insurer.

B. EXISTING POLICY INFORMATION

POLICY OWNER'S NAME		SOCIAL SECURITY NUMBER OR TAX ID NUMBER
NAME OF EXISTING INSURER		EXISTING POLICY/CONTRACT NUMBER
STREET ADDRESS OF EXISTING INSURER		
CITY	STATE	ZIP CODE

C. PROPOSED FIRST SUNAMERICA POLICY

PRODUCT NAME

D. AGENT'S REQUEST FOR INFORMATION NECESSARY TO COMPLETE DISCLOSURE STATEMENT

As the agent on the proposed replacement policy, I hereby request the information necessary to complete the New York Department of Insurance Disclosure Statement, for the above-referenced policy. Please send the information to me at the following address:

AGENT'S NAME	BROKER-DEALER FIRM NAME	
AGENT'S STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	NEW YORK LICENSE NUMBER	
AGENT'S SIGNATURE	DATE	

E. POLICYOWNER'S AUTHORIZATION TO RELEASE INFORMATION NECESSARY TO COMPLETE DISCLOSURE STATEMENT

I may replace the above policy with a new **annuity** policy. Please accept this signed form as my authorization for you to release the information necessary to complete the required Disclosure Statement for the above-referenced policy. Please mail the information to: 1) the agent identified above; 2) the agent of record on my existing policy (if different than the agent listed above); and 3) First SunAmerica Life

POLICYOWNER'S SIGNATURE	DATE
JOINT OWNER'S SIGNATURE (IF APPLICABLE)	DATE

Disclosure Statement

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

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

Name of Applicant	Telephone #
Address	
Name of Agent	Telephone #

Company	Address
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The information on existing coverage on this form was obtained from

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

	DESCRIPTION OF TRANSACTION: Proposed Policy/Contract		AS OF DATE: Existing Policies/Contracts Affected	
		(1)	(2)	(3)
_____	Company	_____	_____	_____
_____	Customer Service	_____	_____	_____
_____	Telephone Number	_____	_____	_____
_____	Type of Insurance	_____	_____	_____
\$ _____	Face Amount	\$ _____	\$ _____	\$ _____
\$ _____	Rider	\$ _____	\$ _____	\$ _____
\$ _____	Rider	\$ _____	\$ _____	\$ _____
\$ _____	Rider	\$ _____	\$ _____	\$ _____
\$ _____	Rider	\$ _____	\$ _____	\$ _____
\$ _____	Rider	\$ _____	\$ _____	\$ _____
\$ _____	Premium	\$ _____	\$ _____	\$ _____
_____	Contract Number	# _____	# _____	# _____
_____	Issue Date	_____	_____	_____
\$ _____	Surrender Charge	\$ _____	\$ _____	\$ _____
_____	Guaranteed	_____	_____	_____
_____ %	Interest Rate	_____ %	_____ %	_____ %
_____	Loan	_____	_____	_____
_____ %	Interest Rate	_____ %	_____ %	_____ %
_____ Years	Contestable Expiry	_____ Month/Year	_____ Month/Year	_____ Month/Year
_____ Years	Suicide Expiry Date	_____ Month/Year	_____ Month/Year	_____ Month/Year

DISCLOSURE STATEMENT CONTINUED

Existing coverage to be changed by:

Lapse or Surrender	[]	[]	[]
Amendment or Reissue	[]	[]	[]
Loan or Withdrawal	[]	[]	[]
Reduction To	\$ _____	\$ _____	\$ _____
Reduced Paid-Up For	\$ _____	\$ _____	\$ _____
Extended Term For	____ Yrs ____ Mos	____ Yrs ____ Mos	____ Yrs ____ Mos

Cash released by change

Year _____	\$ _____	\$ _____	\$ _____
Year _____	\$ _____	\$ _____	\$ _____
Year _____	\$ _____	\$ _____	\$ _____

Use of cash released: _____

2. SUMMARY RESULT COMPARISON

New With Existing Coverage Changed			Existing Coverage Unchanged	
Guaranteed	Non-Guaranteed	<u>Annual Premium</u>	Guaranteed	Non-Guaranteed
\$ _____	\$ _____	At Present	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____
Guaranteed	Non-Guaranteed	<u>Surrender Value</u>	Guaranteed	Non-Guaranteed
\$ _____	\$ _____	At Present	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____
Guaranteed	Non-Guaranteed	<u>Death Benefit</u>	Guaranteed	Non-Guaranteed
\$ _____	\$ _____	At Present	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____
Guaranteed	Non-Guaranteed	<u>Dividends</u>	Guaranteed	Non-Guaranteed
\$ _____	\$ _____	At Present	\$ _____	\$ _____
\$ _____	\$ _____	5 Years Hence	\$ _____	\$ _____
\$ _____	\$ _____	10 Years Hence	\$ _____	\$ _____

DISCLOSURE STATEMENT CONTINUED

AGENT'S STATEMENT:

1. The primary reason(s) for recommending the new life insurance policy or annuity contract is (are):

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

REMARKS:

The attached proposal, including sales material*, was used in this sale.

No proposal or sales material was used in this sale.

*The following First SunAmerica sales materials were used in the sale:

(Please list the applicable product sales piece, form number and revision date. You do not need to submit copies of sales materials produced by First SunAmerica Life Insurance Company.)

Sales
Piece

Form Number

Revision Date

Copies of the sales material used in the sale of the proposed annuity contract will be provided to the existing insurer upon request.

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction, or if more than one new life insurance policy or annuity contract is proposed, the first section of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed for all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts. The proposal must accompany the submission of this form to the insurer. Copies must be given to the applicant.

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

Signature of Agent

Date

I hereby acknowledge that I received and read the above “Disclosure Statement” before I signed the application for the new coverage.

Signature of Applicant

Date

Signature of Applicant

Date

Disclosure Statement (Annuity to Annuity Replacement Only)

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

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

Name of Applicant Telephone #

Address

Name of Agent Telephone #

Company Address

The information on existing coverage on this form was obtained from:

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

1. DESCRIPTION OF TRANSACTION:		AS OF DATE:	
Proposed Annuity Contract		Existing Annuity Contracts Affected	
_____	Company	_____	_____
_____	Customer Service	_____	_____
_____	Telephone Number	_____	_____
_____	Type of Annuity	_____	_____
_____	Contract Number	# _____	# _____
_____	Issue Date	_____	_____
\$ _____	Account Value	\$ _____	\$ _____
\$ _____	Minus Surrender Charge	\$ _____	\$ _____
\$ _____	Plus/Minus Market Value Adjustment (if any)	\$ _____	\$ _____
\$ _____	Equals Surrender Value	\$ _____	\$ _____

DISCLOSURE STATEMENT CONTINUED

2. SUMMARY RESULT COMPARISON:

THE PROPOSED ANNUITY

IF YOU CONTINUE YOUR CURRENT ANNUITY

Surrender Value To Be Invested \$ _____

Current Value \$ _____

If Variable Annuity
Hypothetical Rates of Return

If Variable Annuity
Hypothetical Rates of Return

At Guaranteed Rate At Current Rate @ 0% @ 6% @ 12%

At Guaranteed Rate At Current Rate @ 0% @ 6% @ 12%

SURRENDER VALUE

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 5 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 10 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

DEATH BENEFIT

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 5 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	In 10 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

AGENT'S STATEMENT:

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

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

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

4. The surrender charge, if my client replaces his or her existing annuity contract is _____%, or \$_____. The new annuity my client is applying for imposes a new surrender charge as follows: **(Describe percentage rate of surrender charge for each year in which surrender charge is imposed)**
Year 1____%, Year 2____%, Year 3____%, Year 4____%, Year 5____%, Year 6____%, Year 7____%, Year 8____%, Year 9____%, Year 10____%

REMARKS: _____

The attached proposal, including sales material*, was used in the sale.

No proposal or sales material was used in this sale.

*The following First SunAmerica sales materials were used in the sale:

(Please list the applicable product sales piece, form number and revision date. You do not need to submit copies of sales materials produced by First SunAmerica Life Insurance Company.)

<u>Sales Piece</u>	<u>Form Number</u>	<u>Revision Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Copies of the sales material used in the sale of the proposed annuity contract will be provided to the existing insurer upon request.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the first section of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison shall be completed for all existing annuity contracts to all proposed annuity contracts. The proposal must accompany the submission of this form to the insurer. Copies must be given to the applicant.

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

Signature of Agent

Date

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

Signature of Applicant

Date

Signature of Applicant

Date