

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