

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

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