

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