

SERFF Tracking Number: SALA-125767657 State: Arkansas  
Filing Company: AIG SunAmerica Life Assurance Company State Tracking Number: 40429  
Company Tracking Number: ASE-6238 (6/08) ET AL.  
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable  
Product Name: New Optional Death Benefit Endorsement  
Project Name/Number: /ASE-6238 (6/08) ET AL.

## Filing at a Glance

Company: AIG SunAmerica Life Assurance Company

Product Name: New Optional Death Benefit SERFF Tr Num: SALA-125767657 State: ArkansasLH

Endorsement

TOI: A02.1G Group Annuities - Deferred Non- SERFF Status: Closed State Tr Num: 40429  
Variable and Variable

Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: ASE-6238 (6/08) ET State Status: Approved-Closed  
AL.

Filing Type: Form

Co Status: Reviewer(s): Linda Bird  
Authors: Tina Smith, Aly Lopez Disposition Date: 10/09/2008  
Date Submitted: 10/02/2008 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number: ASE-6238 (6/08) ET AL.

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our domiciliary state, Arizona, exempts this filing per ARS 20-1110.F and R20-6-218.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/09/2008

State Status Changed: 10/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The mentioned out-of-state group annuity forms are being submitted for your review and approval. They are new forms and will not replace any form previously approved by your Department.

<i>SERFF Tracking Number:</i>	<i>SALA-125767657</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AIG SunAmerica Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>40429</i>
<i>Company Tracking Number:</i>	<i>ASE-6238 (6/08) ET AL.</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>New Optional Death Benefit Endorsement</i>		
<i>Project Name/Number:</i>	<i>/ASE-6238 (6/08) ET AL.</i>		

For an additional fee, endorsement form ASE-6238 (6/08) is an optional death benefit that provides for the greatest of three components; contract value or the contract's highest contract quarter value or purchase payments accumulated at a specific growth rate based on the Owner's age. This endorsement also provides for the spousal beneficiary continuation upon the death of the Owner.

The attached Application forms are the forms that will be used to apply for coverage. Application ASA-579E will be used to apply for coverage electronically. The difference between ASA-579E and ASA-579; ASA-579-1 versions are that ASA-579E only includes selected information on it.

The difference between versions ASA-579 and ASA-579-1 are the optional features. These application forms are being submitted as a result of the NAVA STP "Straight Through Processing" Standards Initiative that establishes a comprehensive set of standards for managing new annuity business processes electronically.

These forms will be used with approved annuity contracts when appropriate.

To the best of our knowledge and belief, this submission is in compliance with the statutes and regulations of your state and contains nothing that had been previously objected to or disapproved by your department. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Thank you for your attention to this filing. If you have any questions regarding this filing, please call me at the following toll free telephone number (800) 871-2000 x6195 or fax (310) 772-6569 or email [alopez@sunamerica.com](mailto:alopez@sunamerica.com).

## **Company and Contact**

### **Filing Contact Information**

Aly Lopez, Contract Analyst II	<a href="mailto:alopez@sunamerica.com">alopez@sunamerica.com</a>
1999 Ave of the Stars	(800) 871-2000 [Phone]
Los Angeles, CA 90701	(310) 772-6569[FAX]

### **Filing Company Information**

AIG SunAmerica Life Assurance Company	CoCode: 60941	State of Domicile: Arizona
1999 Ave of the Stars	Group Code:	Company Type: Annuity

*SERFF Tracking Number:* SALA-125767657 *State:* Arkansas  
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Variable and Variable  
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*Project Name/Number:* /ASE-6238 (6/08) ET AL.

37th Floor

Los Angeles, CA 90067  
(800) 871-2000 ext. [Phone]

Group Name: AIG  
FEIN Number: 86-0198983

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$80.00  
Retaliatory? No  
Fee Explanation: 4 Forms @ \$20 each.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG SunAmerica Life Assurance Company	\$80.00	10/02/2008	22879708

SERFF Tracking Number: SALA-125767657 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/09/2008	10/09/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Optional Death Benefit Endorsement	Form	Aly Lopez	10/02/2008	10/02/2008
Deferred Variable Annuity Application/Enrollment Form	Form	Aly Lopez	10/02/2008	10/02/2008
Deferred Variable Annuity Application/Enrollment Form	Form	Aly Lopez	10/02/2008	10/02/2008
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## **Disposition**

Disposition Date: 10/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SALA-125767657 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form (revised)	Optional Death Benefit Endorsement		Yes
Form	Optional Death Benefit Endorsement		Yes
Form	Deferred Variable Annuity Application/Enrollment Form		Yes
Form	Deferred Variable Annuity Application/Enrollment Form		Yes
Form	Deferred Variable Annuity Application/Enrollment Form		Yes

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**Amendment Letter**

Amendment Date:  
 Submitted Date: 10/02/2008

**Comments:**

We inadvertently did not attach the application forms. They are attached on this amendment in addition to the endorsement filed.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ASE-6238 (6/08)	Certificate Amendment, Death Insert Page, Benefit Endorsemen t or Rider	Optional Endorsemen t	Initial				50	ASE-6238 (6-08).pdf

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ASA-579 (6/08)	Application/Enrollment Form	Deferred Variable Annuity Application/Enrollment Form	Initial				52	ASA-579 (6-08).pdf

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ASA-579-1 (6/08)	Application/Enrollment Form	Deferred Variable Annuity	Initial				52	ASA-579-1 (6-08).pdf

SERFF Tracking Number: SALA-125767657 State: Arkansas  
 Filing Company: AIG SunAmerica Life Assurance Company State Tracking Number: 40429  
 Company Tracking Number: ASE-6238 (6/08) ET AL.  
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
 Variable and Variable  
 Product Name: New Optional Death Benefit Endorsement  
 Project Name/Number: /ASE-6238 (6/08) ET AL.  
 Application/E  
 nrollment  
 Form

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ASA-579E (6/08)	Application/Enrollment Form	Deferred Variable Annuity Application/Enrollment Form	Initial				50	ASA-579E (6-08).pdf

SERFF Tracking Number: SALA-125767657 State: Arkansas  
 Filing Company: AIG SunAmerica Life Assurance Company State Tracking Number: 40429  
 Company Tracking Number: ASE-6238 (6/08) ET AL.  
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
 Variable and Variable  
 Product Name: New Optional Death Benefit Endorsement  
 Project Name/Number: /ASE-6238 (6/08) ET AL.

## Form Schedule

Lead Form Number: ASE-6238 (6/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ASE-6238 (6/08)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Optional Death Benefit Endorsement	Initial		50	ASE-6238 (6-08).pdf
	ASA-579 (6/08)	Application/Deferred Enrollment Form	Variable Annuity Application/Enrollme nt Form	Initial		52	ASA-579 (6-08).pdf
	ASA-579-1 (6/08)	Application/Deferred Enrollment Form	Variable Annuity Application/Enrollme nt Form	Initial		52	ASA-579-1 (6-08).pdf
	ASA-579E (6/08)	Application/Deferred Enrollment Form	Variable Annuity Application/Enrollme nt Form	Initial		50	ASA-579E (6-08).pdf

## OPTIONAL DEATH BENEFIT ENDORSEMENT

Notwithstanding any provision in the Contract or Certificate (“Contract”) to the contrary, this Endorsement becomes a part of the Participant’s or Owner’s (“Owner”) Contract to which it is attached. Should any provision in this Endorsement conflict with the Contract, the provisions of this Endorsement will prevail.

### ENDORSEMENT SPECIFICS

<b>PURCHASE PAYMENT LIMIT:</b>	<i>The sum of Purchase Payments cannot exceed [\$1,500,000] without Company approval.</i>
<b>OPTIONAL DEATH BENEFIT CHARGE:</b>	<i>[Annual fee of [0-1.50%] of the average daily ending value of the assets attributable to the Accumulation Units of the Variable Portfolio(s) or Subaccounts(s) to which Your Contract is allocated. We deduct this charge daily. This charge is in addition to other charges, fees and expenses described in Your Contract.]</i>
<b>ACCUMULATION PERCENTAGE:</b>	<i>[7%] if Your age on the Contract Date is [0 – 69]; [6%] if Your age on the Contract Date is [70 – 75].</i>  <i>Spousal Beneficiary: The applicable percentage above is based on the attained age of the Spousal Beneficiary on the Continuation Date.</i>

This Endorsement modifies the “**AMOUNT OF DEATH BENEFIT**” under the section titled “**DEATH OF OWNER BEFORE THE ANNUITY DATE**” in the Contract.

The following are added to the “**DEFINITIONS**” section of the Contract:

[“**CONTRACT QUARTER**” - Each [three month period] starting from the Contract Date.]

“**CONTINUATION DATE**” - The date on which We receive, at Our Annuity Service Center: (a) the Spousal Beneficiary’s written request to continue the Contract; and (b) Due Proof of Death of the Owner. If We receive (a) and (b) on different dates, the Continuation Date will be the later date.

“**REQUIRED DOCUMENTATION**” - (a) Due Proof of Death that the Owner or the Spousal Beneficiary died before the Annuity Date; and (b) an election form specifying the payment option(s); and (c) any other documentation We may require.

“**SPOUSAL BENEFICIARY**” - The original deceased Owner’s surviving spouse who is designated as the sole primary Beneficiary at the time of the Owner’s death and who may continue the Contract as the Owner on the Continuation Date.

“**WITHDRAWAL(S)**” - Amount(s) withdrawn from the Contract Value including any charges and fees applicable to each such Withdrawal.

“**YOU, YOUR**” - The Owner. If the Contract is jointly owned, the older Owner. If the Contract is owned by a non-natural entity, the Annuitant, and if there are Joint Annuitants, the older Annuitant.

Item 3 under the section titled “**DEATH OF OWNER BEFORE THE ANNUITY DATE**” in the Contract is modified as follows:

3. “If eligible, continue the Contract as a Spousal Beneficiary. On the Continuation Date, We will contribute to the Contract any amount by which the Death Benefit exceeds the Contract Value. This amount is not considered a Purchase Payment except in the calculation of certain death benefits upon the death of the Spousal Beneficiary.”

**Amount of Death Benefit**

[If You were Age [75 or younger] on the Contract Date,] Upon Our receipt of all Required Documentation at Our Annuity Service Center, We will calculate the Death Benefit as the greatest of the three components listed below:

1. The Contract Value for the NYSE business day during which We receive all Required Documentation at Our Annuity Service Center; or
2. The Highest [Contract Quarter] Value is determined as described below up to and including the earlier of:
  - (a) The date of death; or
  - (b) The end of the last [Contract Quarter] prior to Your [85<sup>th</sup>] birthday.

The initial Highest [Contract Quarter] Value is equal to the initial Purchase Payment. On each [Contract Quarter] thereafter, if the current Contract Value exceeds the previous Highest [Contract Quarter] Value, the Highest [Contract Quarter] Value is increased to the current Contract Value. [On or after Your [85<sup>th</sup>] birthday, Highest Values are determined on an annual basis. On each Contract anniversary on or after the [85<sup>th</sup>] birthday, if the current Contract Value exceeds the previous Highest Value, the Highest Value will be increased to the current Contract Value.] Highest [Contract Quarter] Value is increased by Subsequent Purchase Payment(s) received since that [Contract Quarter], but prior to Your [86<sup>th</sup>] birthday, and reduced for each Withdrawal since that [Contract Quarter] in the same proportion that the Contract Value is reduced by such Withdrawal; or

3. Purchase Payments accumulated at the applicable Accumulation Percentage as shown under the Endorsement Specifics on page 1 of this Endorsement through the earliest of:
  - (a) [15 years] after the Contract Date; or
  - (b) The day before Your [80<sup>th</sup>] birthday; or
  - (c) The Owner’s date of death.

Purchase Payments received by Us on or after Your [80<sup>th</sup>] birthday and before Your [86<sup>th</sup>] birthday will not accrue at the applicable Accumulation Percentage but will be included in the Amount of Death Benefit as calculated in (3) above.

Each Withdrawal reduces the amount of Death Benefit in the same proportion that the Contract Value is reduced by such Withdrawal.

### **Spousal Beneficiary Continuation**

If the Spousal Beneficiary continues the Contract on the Continuation Date and does not terminate this Endorsement, the Death Benefit payable upon the death of the Spousal Beneficiary will be as follows:

If the Spousal Beneficiary was age [84 or younger] on the Continuation Date, we will calculate the Death Benefit as the greatest of the three components listed below:

1. The Contract Value for the NYSE business day during which We receive all Required Documentation at Our Annuity Service Center; or
2. The Highest [Contract Quarter] Value is determined as described below up to and including the earlier of:
  - (a) The date of death; or
  - (b) The end of the last [Contract Quarter] prior to the Spousal Beneficiary's [85<sup>th</sup>] birthday.

The initial Highest [Contract Quarter] Value is equal to the Contract Value on the Continuation Date. On each [Contract Quarter] after the Continuation Date, if the current Contract Value exceeds the previous Highest [Contract Quarter] Value, the Highest [Contract Quarter] Value is increased to the current Contract Value. [On or after the Spousal Beneficiary's [85<sup>th</sup>] birthday, Highest Values are determined on an annual basis. On each Contract anniversary on or after the [85<sup>th</sup>] birthday, if the current Contract Value exceeds the previous Highest [Contract Quarter] Value, the Highest [Contract Quarter] Value will be increased to the current [Contract Value].] Highest [Contract Quarter] Value is increased by Subsequent Purchase Payment(s) received since that [Contract Quarter], but prior to the Spousal Beneficiary's [86<sup>th</sup>] birthday, and reduced for each Withdrawal made since that [Contract Quarter] in the same proportion that the Contract Value is reduced by each such Withdrawal; or

3. The Contract Value on the Continuation Date plus any Purchase Payments received after the Continuation Date but prior to the Spousal Beneficiary's [80<sup>th</sup>] birthday will be accumulated at the applicable Accumulation Percentage as shown under the Endorsement Specifics on page 1 of this Endorsement through the earliest of:
  - (a) [15 years] after the Contract Date; or
  - (b) The day before the Spousal Beneficiary's [80<sup>th</sup>] birthday; or
  - (c) The Spousal Beneficiary's date of death.

Following the Continuation Date, Purchase Payments received by Us on or after the Spousal Beneficiary's [80<sup>th</sup>] birthday but before the [86<sup>th</sup>] birthday will not accrue at the applicable Accumulation Percentage but will be included in the Amount of Death Benefit as calculated in (3) above.

Each Withdrawal made after the Continuation Date reduces the amount of the Death Benefit in the same proportion that the Contract Value is reduced by such Withdrawal.

If the Spousal Beneficiary was Age [85] or older on the Continuation Date, the Death Benefit will be the Contract Value for the NYSE business day during which We receive all Required Documentation at Our Annuity Service Center and the Optional Death Benefit Charge will no longer be deducted.

**Termination of Death Benefit**

Termination by the Owner(s) – Once elected, this Endorsement may not be terminated.

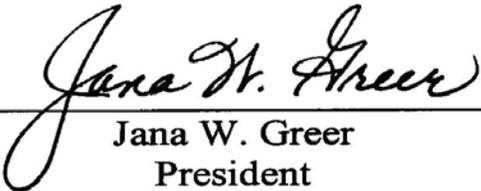
Termination by the Spousal Beneficiary – The Spousal Beneficiary who decides to continue the Contract may terminate this Death Benefit Endorsement on the Continuation Date. After the Continuation Date, the Spousal Beneficiary may not terminate this Endorsement.

Upon termination of this Endorsement by the Spousal Beneficiary, the Optional Death Benefit Charge will no longer be deducted. The Death Benefit described under the “Spousal Beneficiary Continuation” section under the “Amount of Death Benefit” in the Contract to which this Endorsement is attached applies.

Signed for the Company to be effective on the Contract Date.

**AIG SUNAMERICA LIFE ASSURANCE COMPANY**

  
\_\_\_\_\_  
**Mallery L. Reznik**  
**Senior Vice President**

  
\_\_\_\_\_  
**Jana W. Greer**  
**President**

# Deferred Variable Annuity Application/Enrollment Form ("Application")



**AIG SunAmerica  
Life Assurance Company**  
21650 Oxnard Street  
Woodland Hills, CA 91367-4901  
Domicile State: Arizona

## New Business Documents

with checks:  
P.O. Box 100330  
Pasadena, CA 91189-0330

without checks:  
P.O. Box 54299  
Los Angeles, CA 90054-0299

overnight with checks:  
Lock Box 100330  
Building #6, Suite 120  
2710 Media Center Drive  
Los Angeles, CA 90065-0330

☎ 1-800-445-7862  
[www.aigsunamerica.com](http://www.aigsunamerica.com)

Please print or type

## 1 Product Selection *(Complete product name must be provided to ensure Application is processed immediately. Solicitation state indicates the state in which this Application is signed.)*

Complete product name <i>(Enter complete name as shown on cover of Prospectus)</i> _____	Solicitation state <i>(Enter two-character state code)</i> _____
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## 2 Owner(s) / Participant(s) ("Owner") Information

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN or TIN \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Joint Owner (if applicable)

Name: \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## 3 Annuitant(s) Information *(Complete only if different from Owner)*

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Joint Annuitant (if applicable)

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### 4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If MarketLock Income Plus or either of the MarketLock For Life Plus options is elected with Joint Life (2 covered persons) under Section 6(a) below, you **must** provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		<input type="checkbox"/> Primary			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

#### 5 Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to AIG SunAmerica Life Assurance Company. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below.	5b. Qualified Contract Indicate type of plan, source of funds, and amount below.																					
<input type="checkbox"/> Amount enclosed: \$ _____ OR <input type="checkbox"/> 1035 Exchange Estimated dollars: \$ _____	<table border="1"> <thead> <tr> <th>Type of Plan</th> <th>Source of Funds</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> IRA</td> <td><input type="checkbox"/> Transfer</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 403(b)</td> <td><input type="checkbox"/> Rollover</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 401(k)</td> <td><input type="checkbox"/> Contribution</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Roth IRA</td> <td><input type="checkbox"/> 457</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SEP</td> <td><input type="checkbox"/> Keogh</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>IRA Tax Year: _____</td> <td></td> </tr> </tbody> </table>	Type of Plan	Source of Funds	Amount	<input type="checkbox"/> IRA	<input type="checkbox"/> Transfer	\$ _____	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Rollover	\$ _____	<input type="checkbox"/> 401(k)	<input type="checkbox"/> Contribution	\$ _____	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 457		<input type="checkbox"/> SEP	<input type="checkbox"/> Keogh		<input type="checkbox"/> Other _____	IRA Tax Year: _____	
Type of Plan	Source of Funds	Amount																				
<input type="checkbox"/> IRA	<input type="checkbox"/> Transfer	\$ _____																				
<input type="checkbox"/> 403(b)	<input type="checkbox"/> Rollover	\$ _____																				
<input type="checkbox"/> 401(k)	<input type="checkbox"/> Contribution	\$ _____																				
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 457																					
<input type="checkbox"/> SEP	<input type="checkbox"/> Keogh																					
<input type="checkbox"/> Other _____	IRA Tax Year: _____																					

#### 6 Optional Benefits

Once elected by the Owner, optional benefits may not be changed or terminated (with the exception of living benefit elections). See your registered representative and/or the prospectus for information about optional elections, including availability and the maximum issue age. Investment requirements apply to certain optional benefits. The investment requirements are indicated on the Investment Option Election Form.

##### 6(a). Living Benefit Elections: **Only one living benefit option may be elected.**

- I.  MarketLock Income Plus (up to 7% for up to 15 years)
- II.  MarketLock For Life Plus \_\_\_\_\_ % Option (indicate either 6% or 7%; 6% option not available on Advisor III products)
- III.  MarketLock (not available on Advisor III products)

If you elected I or II above, you must indicate the number of covered persons by selecting Single Life or Joint Life below.

Covered Persons:  Single Life (1 covered person)  Joint Life (2 covered persons). You must complete the spousal beneficiary information in Section 4 above, listing the spouse as the sole primary beneficiary.

If MarketLock Income Plus or either of the MarketLock For Life Plus options is elected above, quarterly automatic asset rebalancing will occur in accordance with the investment requirements detailed in the prospectus.

##### 6(b). Death Benefit Elections: **Only one death benefit option may be elected.** If no optional death benefit is elected, your beneficiary(ies) will receive the death benefit provided in the Contract.

- I.  Combination HQ & Roll-up (Not available if a Living Benefit is elected above)
- II.  Maximum Anniversary Value
- III.  Maximum Anniversary Value with EstatePlus (See product prospectus for EstatePlus availability)

## 7 Investment Selection / Optional Service Features

The Investment Option Election Form must be included with this Application to make specific investment choices and to set up the Optional Programs. Select Optional Programs below.

### 7(a). Optional Programs

- Systematic Withdrawal:** Include Form [SA-5550SW] with this Application.
- Automatic Asset Rebalancing:** I request the accounts designated in the Investment Option Election Form to be rebalanced at the frequency selected below (see Section 6(a) above if you elected a MarketLock feature):

(Select only one)       Quarterly       Semiannually       Annually

*Note: we will use Target DCA Instructions for Automatic Asset Rebalancing if a DCA program is elected; we will use Payment Allocation if not.*

- Controlled (Restricted Beneficiary) Payout:** For information on a Restricted Beneficiary Payout, see your registered representative. If Restricted Beneficiary Payout is selected, complete form [SA-2339POS] and include with this Application.

### 7(b). Telephone, Electronic Transaction, and Electronic Delivery Authorization

- Yes**       **No**      **Telephone/Electronic Transaction Authorization:** As the Owner, I will receive this privilege automatically. If a Contract has Joint Owners, each Owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing AIG SunAmerica Life Assurance Company to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. AIG SunAmerica Life Assurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, AIG SunAmerica Life Assurance Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

**If no selection is made, the Company will assume that you authorize telephone transfers and electronic requests.**

**For applicants in Florida and North Dakota:** If no election is made, the Company will assume you do NOT want to authorize telephone transfers.

- Yes**       **No**      **Electronic Delivery Consent:** I consent to electronic delivery by the Company, when available, of:
- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
  - Account documents (quarterly statements and immediate confirmations)
  - Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service. I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call 1-800-445-7862 if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

## 8 Notices and Disclaimers

**Fraud Warning (applies to all states, except the states noted below):** Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**For applicants in Arizona:** Upon your written request, we will provide you within a reasonable period of time, reasonable, factual information regarding the benefits and provisions of the annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older) after you receive it. If the Contract you are applying for is a variable annuity, you will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

**For applicants in Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**For applicants in Colorado: Fraud Warning:** It is unlawful to knowingly provide false, incomplete, misleading facts, or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

**For applicants in the District of Columbia: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For applicants in Kentucky: Fraud Warning:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

**For applicants in Maine, Tennessee, Virginia and Washington: Fraud Warning:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**For applicants in New Jersey: Fraud Warning:** Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

**For applicants in New Mexico: Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

**For applicants in Ohio:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

**For applicants in Oklahoma: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**For Applicants in Pennsylvania: Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

## 9 Acknowledgements and Signature(s)

### 9 (a). Replacement

- Yes  No Do you have any existing life insurance or annuity contracts with any other company? (*Must check either Yes or No.*)
- Yes  No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contract in any other company? *If yes, provide the information on the required transfer and replacement forms for each contract being replaced and include them with this Application.*

### 9 (b). California Right-to-Examine Period

**For Owners and Annuitants age 60 and older, who reside in California.** Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

- Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.
- Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

### 9 (c). Statement of Owner(s)

**My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:**

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts. I have read them carefully and understand their contents (Minnesota exempted).
- After consulting with my registered representative and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)

- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios or subaccounts, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at state \_\_\_\_\_ Date \_\_\_\_\_

Owner's signature \_\_\_\_\_ Joint owner's signature (if applicable) \_\_\_\_\_

**10 Licensed Agent / Representative Information and Signature(s)**

Yes  No Do you have reason to believe that the applicant has any existing life insurance policies or annuity contracts?

Yes  No Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction assuming that the Contract applied for will be issued?

If yes, I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9(a) of this Application. *Please attach transfer forms and replacement forms.*

Representative's signature \_\_\_\_\_ Print name \_\_\_\_\_ SSN (1<sup>st</sup> 5 digits ONLY) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Licensed Agent ID number \_\_\_\_\_ Email \_\_\_\_\_

Broker / Dealer firm name \_\_\_\_\_ If State of Sale is Florida, Florida License Identification number \_\_\_\_\_

Check with your home office for availability (available options vary by product)

Option 1     Option 2     Option 3     Option 4     Option 5

# Deferred Variable Annuity Application/Enrollment Form ("Application")



**AIG SunAmerica  
Life Assurance Company**  
21650 Oxnard Street  
Woodland Hills, CA 91367-4901  
Domicile State: Arizona

## New Business Documents

with checks:  
P.O. Box 100330  
Pasadena, CA 91189-0330

without checks:  
P.O. Box 54299  
Los Angeles, CA 90054-0299

overnight with checks:  
Lock Box 100330  
Building #6, Suite 120  
2710 Media Center Drive  
Los Angeles, CA 90065-0330

☎ 1-800-445-7862  
[www.aigsunamerica.com](http://www.aigsunamerica.com)

Please print or type

## 1 Product Selection *(Complete product name must be provided to ensure Application is processed immediately. Solicitation state indicates the state in which this Application is signed.)*

Complete product name <i>(Enter complete name as shown on cover of Prospectus)</i> _____	Solicitation state <i>(Enter two-character state code)</i> _____
---	---

## 2 Owner(s) / Participant(s) ("Owner") Information

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN or TIN \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Joint Owner (if applicable)

Name: \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## 3 Annuitant(s) Information *(Complete only if different from Owner)*

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Joint Annuitant (if applicable)

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### 4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If MarketLock Income Plus or either of the MarketLock For Life Plus options is elected with Joint Life (2 covered persons) under Section 6(a) below, you **must** provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		<input type="checkbox"/> Primary			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

#### 5 Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to AIG SunAmerica Life Assurance Company. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below.	5b. Qualified Contract Indicate type of plan, source of funds, and amount below.	
<input type="checkbox"/> Amount enclosed: \$ _____ OR <input type="checkbox"/> 1035 Exchange Estimated dollars: \$ _____	<b>Type of Plan</b> <input type="checkbox"/> IRA <input type="checkbox"/> 403(b) <input type="checkbox"/> 401(k) <input type="checkbox"/> Roth IRA <input type="checkbox"/> 457 <input type="checkbox"/> SEP <input type="checkbox"/> Keogh <input type="checkbox"/> Other _____	<b>Source of Funds    Amount</b> <input type="checkbox"/> Transfer      \$ _____ <input type="checkbox"/> Rollover      \$ _____ <input type="checkbox"/> Contribution   \$ _____ IRA Tax Year: _____

#### 6 Optional Benefits

Once elected by the Owner, optional benefits may not be changed or terminated (with the exception of living benefit elections). See your registered representative and/or the prospectus for information about optional elections, including availability and the maximum issue age. Investment requirements apply to certain optional benefits. The investment requirements are indicated on the Investment Option Election Form.

**6(a). Optional Feature:** Only one optional feature may be elected. If elected, there will be an additional fee added to the Separate Account Charge and the elected feature replaces the default 7-year withdrawal charge period in the Contract. Refer to the prospectus for complete details.

- I.  Early Access: Provides a 4-year withdrawal charge period.
- II.  Rewards: Provides a Payment Enhancement and a 9-year withdrawal charge period.

**6(b). Living Benefit Elections:** Only one living benefit option may be elected.

- I.  MarketLock Income Plus (up to 7% for up to 15 years)
- II.  MarketLock For Life Plus \_\_\_\_\_ % Option (indicate either 6% or 7%; 6% option not available on Advisor III products)
- III.  MarketLock (not available on Advisor III products)

If you elected I or II above, you must indicate the number of covered persons by selecting Single Life or Joint Life below.

Covered Persons:  Single Life (1 covered person)       Joint Life (2 covered persons). You must complete the spousal beneficiary information in Section 4 above, listing the spouse as the sole primary beneficiary.

If MarketLock Income Plus or either of the MarketLock For Life Plus options is elected above, quarterly automatic asset rebalancing will occur in accordance with the investment requirements detailed in the prospectus.

6(c). **Death Benefit Elections: *Only one death benefit option may be elected. If no optional death benefit is elected, your beneficiary(ies) will receive the death benefit provided in the Contract.***

- I.  Combination HQ & Roll-up (*Not available if a Living Benefit is elected above*)
- II.  Maximum Anniversary Value
- III.  Maximum Anniversary Value with EstatePlus (*See product prospectus for EstatePlus availability*)

## 7 Investment Selection / Optional Service Features

The Investment Option Election Form must be included with this Application to make specific investment choices and to set up the Optional Programs. Select Optional Programs below.

### 7(a). Optional Programs

- Systematic Withdrawal:** Include Form [SA-5550SW] with this Application.
- Automatic Asset Rebalancing:** I request the accounts designated in the Investment Option Election Form to be rebalanced at the frequency selected below (see Section 6(a) above if you elected a MarketLock feature):

(Select only one)     Quarterly     Semiannually     Annually

*Note: we will use Target DCA Instructions for Automatic Asset Rebalancing if a DCA program is elected; we will use Payment Allocation if not.*

- Controlled (Restricted Beneficiary) Payout:** For information on a Restricted Beneficiary Payout, see your registered representative. If Restricted Beneficiary Payout is selected, complete form [SA-2339POS] and include with this Application.

### 7(b). Telephone, Electronic Transaction, and Electronic Delivery Authorization

- Yes**     **No**    **Telephone/Electronic Transaction Authorization:** As the Owner, I will receive this privilege automatically. If a Contract has Joint Owners, each Owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing AIG SunAmerica Life Assurance Company to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. AIG SunAmerica Life Assurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, AIG SunAmerica Life Assurance Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

**If no selection is made, the Company will assume that you authorize telephone transfers and electronic requests.**

**For applicants in Florida and North Dakota:** If no election is made, the Company will assume you do NOT want to authorize telephone transfers.

- Yes**     **No**    **Electronic Delivery Consent:** I consent to electronic delivery by the Company, when available, of:
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**For applicants in Arizona:** Upon your written request, we will provide you within a reasonable period of time, reasonable, factual information regarding the benefits and provisions of the annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older) after you receive it. If the Contract you are applying for is a variable annuity, you will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

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**For applicants in New Mexico: Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

**For applicants in Ohio:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

**For applicants in Oklahoma: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**For Applicants in Pennsylvania: Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

## 9 Acknowledgements and Signature(s)

### 9 (a). Replacement

- Yes  No Do you have any existing life insurance or annuity contracts with any other company? (*Must check either Yes or No.*)
- Yes  No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contract in any other company? *If yes, provide the information on the required transfer and replacement forms for each contract being replaced and include them with this Application.*

9 (b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older, who reside in California. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

- Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.
Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9 (c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts. I have read them carefully and understand their contents (Minnesota exempted).
After consulting with my registered representative and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios or subaccounts, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at state \_\_\_\_\_ Date \_\_\_\_\_

Owner's signature \_\_\_\_\_ Joint owner's signature (if applicable) \_\_\_\_\_

10 Licensed Agent / Representative Information and Signature(s)

Do you have reason to believe that the applicant has any existing life insurance policies or annuity contracts?

Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction assuming that the Contract applied for will be issued?

If yes, I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9(a) of this Application. Please attach transfer forms and replacement forms.

Representative's signature \_\_\_\_\_ Print name \_\_\_\_\_ SSN (1st 5 digits ONLY) \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Licensed Agent ID number \_\_\_\_\_ Email \_\_\_\_\_

Broker / Dealer firm name \_\_\_\_\_ If State of Sale is Florida, Florida License Identification number \_\_\_\_\_

Check with your home office for availability (available options vary by product)

- Option 1 Option 2 Option 3 Option 4 Option 5

# Deferred Variable Annuity Application/Enrollment Form ("Application")



**AIG SunAmerica  
Life Assurance Company**  
21650 Oxnard Street  
Woodland Hills, CA 91367-4901  
Domicile State: Arizona  
  
☎ 1-800-445-7862  
[www.aigsunamerica.com](http://www.aigsunamerica.com)

**New Business Documents**  
with checks:  
P.O. Box 100330  
Pasadena, CA 91189-0330  
  
without checks:  
P.O. Box 54299  
Los Angeles, CA 90054-0299

overnight with checks:  
Lock Box 100330  
Building #6, Suite 120  
2710 Media Center Drive  
Los Angeles, CA 90065-0330

## 1 Product Selection *Solicitation state indicates the state in which this Application is signed.*

Product name: \_\_\_\_\_ Solicitation state: \_\_\_\_\_

## 2 Owner(s) / Participant(s) ("Owner") Information

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN or TIN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Joint Owner (if applicable)

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3 Annuitant(s) Information

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

### Joint Annuitant (if applicable)

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

#### 4 Beneficiary Information

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%

#### 5 Contract/Certificate ("Contract") Type and Source of Funds

*Initial payment: Make check payable to AIG SunAmerica Life Assurance Company. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.*

Type of Plan: \_\_\_\_\_

Source of Funds:

1035 Exchange       Transfer

Rollover

Contribution

IRA Tax Year: \_\_\_\_\_

#### 6 Optional Benefits

*Once elected by the Owner, optional benefits may not be changed or terminated (with the exception of living benefit elections). See your registered representative and/or the prospectus for information about optional elections, including availability and the maximum issue age. Investment requirements apply to certain optional benefits.*

6(a). Surrender Charge Option:

6(b). Living Benefit Election:

6(c). Death Benefit Election: *If no optional death benefit is elected, your beneficiary(ies) will receive the death benefit provided in the Contract.*

#### 7 Investment Selection / Optional Service Features

7(a). Optional Programs

Systematic Withdrawal

Systematic Investment

Automatic Asset Rebalancing

Frequency:

Controlled (Restricted Beneficiary) Payout:

**7(b). Telephone, Electronic Transaction, and Electronic Delivery Authorization**

Yes  No **Telephone/Electronic Transaction Authorization:** As the Owner, I will receive this privilege automatically. If a Contract has Joint Owners, each Owner may individually make telephone and/or electronic requests. By checking "Yes," I am also authorizing and directing AIG SunAmerica Life Assurance Company to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. AIG SunAmerica Life Assurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, AIG SunAmerica Life Assurance Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost.

If no selection is made, the Company will assume that you authorize telephone transfers and electronic requests.

**For applicants in Florida and North Dakota:** If no election is made, the Company will assume you do NOT want to authorize telephone transfers.

Yes  No **Electronic Delivery Consent:** I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds).
- Account documents (quarterly statements and immediate confirmations).
- Related correspondence (privacy notice and other notices to customers).

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service. I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call 1-800-445-7862 if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

**8 Notices and Disclaimers**

**Fraud Warning:** (applies to all states, except the states noted below) Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**For applicants in Arizona:** Upon your written request, we will provide you within a reasonable period of time, reasonable, factual information regarding the benefits and provisions of the annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older) after you receive it. If the Contract you are applying for is a variable annuity, you will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

**For applicants in Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**For applicants in Colorado: Fraud Warning:** It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

**For applicants in the District of Columbia: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For applicants in Kentucky: Fraud Warning:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

**For applicants in Maine, Tennessee, Virginia and Washington: Fraud Warning:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For applicants in New Jersey: Fraud Warning:** Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

**For applicants in New Mexico: Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

**For applicants in Ohio:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete or misleading information is guilty of insurance fraud.

**For applicants in Oklahoma: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For Applicants in Pennsylvania: Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

## 9 Acknowledgements and Signature(s)

### 9 (a). Replacement

Yes  No Do you have any existing life insurance or annuity contracts with any other company?

Yes  No Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance or annuity contract in any other company?

### 9 (b). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further,

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts. I have read them carefully and understand their contents (Minnesota exempted).
- After consulting with my registered representative and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios or sub accounts, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government or any State Government; are not federally insured by the FDIC, the Federal Reserve Board or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate [Investment Option Election Form] included with this Application.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at state: \_\_\_\_\_ Date: \_\_\_\_\_ Owner's signature: \_\_\_\_\_

Joint owner's signature (if applicable): \_\_\_\_\_

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**10 Licensed Agent / Representative Information and Signature(s)**

Yes  No Do you have reason to believe that the applicant has any existing life insurance policies or annuity contracts?

Yes  No Do you have reason to believe that any existing life insurance policy or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed or otherwise reduced in value in connection with this transaction assuming that the Contract applied for will be issued?

If yes, I affirm that I have instructed the applicant to answer "Yes" to the replacement question in Section 9(a) of this Application. Please attach transfer forms and replacement forms.

Representative's signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Licensed Agent ID number: \_\_\_\_\_ Email: \_\_\_\_\_

Broker/Dealer firm name: \_\_\_\_\_

If Solicitation State is Florida, Florida License Identification number: \_\_\_\_\_

**Commission Option:**

*SERFF Tracking Number:* SALA-125767657      *State:* Arkansas  
*Filing Company:* AIG SunAmerica Life Assurance Company      *State Tracking Number:* 40429  
*Company Tracking Number:* ASE-6238 (6/08) ET AL.  
*TOI:* A02.1G Group Annuities - Deferred Non-      *Sub-TOI:* A02.1G.002 Flexible Premium  
Variable and Variable  
*Product Name:* New Optional Death Benefit Endorsement  
*Project Name/Number:* /ASE-6238 (6/08) ET AL.

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: SALA-125767657 State: Arkansas  
Filing Company: AIG SunAmerica Life Assurance Company State Tracking Number: 40429  
Company Tracking Number: ASE-6238 (6/08) ET AL.  
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable  
Product Name: New Optional Death Benefit Endorsement  
Project Name/Number: /ASE-6238 (6/08) ET AL.

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

08/08/2008

**Comments:**

**Attachments:**

AR Cert grp6.pdf

CofR.pdf

**AIG SUNAMERICA LIFE ASSURANCE COMPANY  
1 SUNAMERICA CENTER  
LOS ANGELES, CALIFORNIA 90067-6022**

**Certification of Compliance**

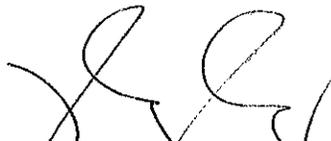
AIG SUNAMERICA LIFE ASSURANCE COMPANY does hereby certify that the following listed form(s):

ASE-6238 (6/08) Optional Death Benefit Endorsement;  
ASA-579 (6/08) Deferred Variable Annuity Application/Enrollment Form  
ASA-579-1 (6/08) Deferred Variable Annuity Application/Enrollment Form  
ASA-579E (6/08) Deferred Variable Annuity Application/Enrollment Form

Do comply with all Sections of the **Arkansas** Insurance Code and regulations applicable to such insurance policies and related forms, and will be so construed. We also certify that we are in compliance with Rule and Regulation 6 regarding Variable Annuity Contracts.

10.1.08

Date

  
\_\_\_\_\_  
Mallary L. Reznik  
Senior Vice President

**AIG SUNAMERICA LIFE ASSURANCE COMPANY**  
**1 SunAmerica Center**  
**Los Angeles, CA 90067-6022**

**CERTIFICATION OF READABILITY**

This is to certify that the form(s) listed below is/are in compliance with the Flesch Readability Score

**A. Option Selected**

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is \_\_\_\_\_.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the Policy are indicated below.

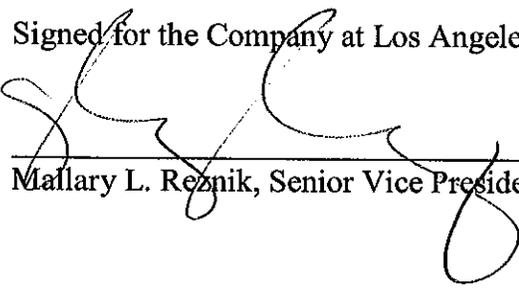
Forms and Form Numbers to which Certificate is applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Endorsement	ASE-6238 (6/08)	50.3
Application	ASA-579 (6/08)	52.2
Application	ASA-579-1 (6/08)	51.6
Application	ASA-579E (6/08)	50.1

**B. Test Option Selected**

1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

Signed for the Company at Los Angeles, California on 10.1.08.

  
\_\_\_\_\_  
Mallery L. Reznik, Senior Vice President



## OPTIONAL DEATH BENEFIT ENDORSEMENT

Notwithstanding any provision in the Contract or Certificate (“Contract”) to the contrary, this Endorsement becomes a part of the Participant’s or Owner’s (“Owner”) Contract to which it is attached. Should any provision in this Endorsement conflict with the Contract, the provisions of this Endorsement will prevail.

### ENDORSEMENT SPECIFICS

<b>PURCHASE PAYMENT LIMIT:</b>	<i>The sum of Purchase Payments cannot exceed [\$1,500,000] without Company approval.</i>
<b>OPTIONAL DEATH BENEFIT CHARGE:</b>	<i>[Annual fee of [0-1.50%] of the average daily ending value of the assets attributable to the Accumulation Units of the Variable Portfolio(s) or Subaccounts(s) to which Your Contract is allocated. We deduct this charge daily. This charge is in addition to other charges, fees and expenses described in Your Contract.]</i>
<b>ACCUMULATION PERCENTAGE:</b>	<i>[7%] if Your age on the Contract Date is [0 – 69]; [6%] if Your age on the Contract Date is [70 – 75].</i>  <i>Spousal Beneficiary: The applicable percentage above is based on the attained age of the Spousal Beneficiary on the Continuation Date.</i>

This Endorsement modifies the “**AMOUNT OF DEATH BENEFIT**” under the section titled “**DEATH OF OWNER BEFORE THE ANNUITY DATE**” in the Contract.

The following are added to the “**DEFINITIONS**” section of the Contract:

[“**CONTRACT QUARTER**” - Each [three month period] starting from the Contract Date.]

“**CONTINUATION DATE**” - The date on which We receive, at Our Annuity Service Center: (a) the Spousal Beneficiary’s written request to continue the Contract; and (b) Due Proof of Death of the Owner. If We receive (a) and (b) on different dates, the Continuation Date will be the later date.

“**REQUIRED DOCUMENTATION**” - (a) Due Proof of Death that the Owner or the Spousal Beneficiary died before the Annuity Date; and (b) an election form specifying the payment option(s); and (c) any other documentation We may require.

“**SPOUSAL BENEFICIARY**” - The original deceased Owner’s surviving spouse who is designated as the sole primary Beneficiary at the time of the Owner’s death and who may continue the Contract as the Owner on the Continuation Date.

“**WITHDRAWAL(S)**” - Amount(s) withdrawn from the Contract Value including any charges and fees applicable to each such Withdrawal.

“**YOU, YOUR**” - The Owner. If the Contract is jointly owned, the older Owner. If the Contract is owned by a non-natural entity, the Annuitant, and if there are Joint Annuitants, the older Annuitant.

Item 3 under the section titled “**DEATH OF OWNER BEFORE THE ANNUITY DATE**” in the Contract is modified as follows:

3. “If eligible, continue the Contract as a Spousal Beneficiary. On the Continuation Date, We will contribute to the Contract any amount by which the Death Benefit exceeds the Contract Value. This amount is not considered a Purchase Payment except in the calculation of certain death benefits upon the death of the Spousal Beneficiary.”

**Amount of Death Benefit**

[If You were Age [75 or younger] on the Contract Date,] Upon Our receipt of all Required Documentation at Our Annuity Service Center, We will calculate the Death Benefit as the greatest of the three components listed below:

1. The Contract Value for the NYSE business day during which We receive all Required Documentation at Our Annuity Service Center; or
2. The Highest [Contract Quarter] Value is determined as described below up to and including the earlier of:
  - (a) The date of death; or
  - (b) The end of the last [Contract Quarter] prior to Your [85<sup>th</sup>] birthday.

The initial Highest [Contract Quarter] Value is equal to the initial Purchase Payment. On each [Contract Quarter] thereafter, if the current Contract Value exceeds the previous Highest [Contract Quarter] Value, the Highest [Contract Quarter] Value is increased to the current Contract Value. [On or after Your [85<sup>th</sup>] birthday, Highest Values are determined on an annual basis. On each Contract anniversary on or after the [85<sup>th</sup>] birthday, if the current Contract Value exceeds the previous Highest Value, the Highest Value will be increased to the current Contract Value.] Highest [Contract Quarter] Value is increased by Subsequent Purchase Payment(s) received since that [Contract Quarter], but prior to Your [86<sup>th</sup>] birthday, and reduced for each Withdrawal since that [Contract Quarter] in the same proportion that the Contract Value is reduced by such Withdrawal; or

3. Purchase Payments accumulated at the applicable Accumulation Percentage as shown under the Endorsement Specifics on page 1 of this Endorsement through the earliest of:
  - (a) [15 years] after the Contract Date; or
  - (b) The day before Your [80<sup>th</sup>] birthday; or
  - (c) The Owner’s date of death.

Purchase Payments received by Us on or after Your [80<sup>th</sup>] birthday and before Your [86<sup>th</sup>] birthday will not accrue at the applicable Accumulation Percentage but will be included in the Amount of Death Benefit as calculated in (3) above.

Each Withdrawal reduces the amount of Death Benefit in the same proportion that the Contract Value is reduced by such Withdrawal.

### **Spousal Beneficiary Continuation**

If the Spousal Beneficiary continues the Contract on the Continuation Date and does not terminate this Endorsement, the Death Benefit payable upon the death of the Spousal Beneficiary will be as follows:

If the Spousal Beneficiary was age [84 or younger] on the Continuation Date, we will calculate the Death Benefit as the greatest of the three components listed below:

1. The Contract Value for the NYSE business day during which We receive all Required Documentation at Our Annuity Service Center; or
2. The Highest [Contract Quarter] Value is determined as described below up to and including the earlier of:
  - (a) The date of death; or
  - (b) The end of the last [Contract Quarter] prior to the Spousal Beneficiary's [85<sup>th</sup>] birthday.

The initial Highest [Contract Quarter] Value is equal to the Contract Value on the Continuation Date. On each [Contract Quarter] after the Continuation Date, if the current Contract Value exceeds the previous Highest [Contract Quarter] Value, the Highest [Contract Quarter] Value is increased to the current Contract Value. [On or after the Spousal Beneficiary's [85<sup>th</sup>] birthday, Highest Values are determined on an annual basis. On each Contract anniversary on or after the [85<sup>th</sup>] birthday, if the current Contract Value exceeds the previous Highest [Contract Quarter] Value, the Highest [Contract Quarter] Value will be increased to the current [Contract Value].] Highest [Contract Quarter] Value is increased by Subsequent Purchase Payment(s) received since that [Contract Quarter], but prior to the Spousal Beneficiary's [86<sup>th</sup>] birthday, and reduced for each Withdrawal made since that [Contract Quarter] in the same proportion that the Contract Value is reduced by each such Withdrawal; or

3. The Contract Value on the Continuation Date plus any Purchase Payments received after the Continuation Date but prior to the Spousal Beneficiary's [80<sup>th</sup>] birthday will be accumulated at the applicable Accumulation Percentage as shown under the Endorsement Specifics on page 1 of this Endorsement through the earliest of:
  - (a) [15 years] after the Contract Date; or
  - (b) The day before the Spousal Beneficiary's [80<sup>th</sup>] birthday; or
  - (c) The Spousal Beneficiary's date of death.

Following the Continuation Date, Purchase Payments received by Us on or after the Spousal Beneficiary's [80<sup>th</sup>] birthday but before the [86<sup>th</sup>] birthday will not accrue at the applicable Accumulation Percentage but will be included in the Amount of Death Benefit as calculated in (3) above.

Each Withdrawal made after the Continuation Date reduces the amount of the Death Benefit in the same proportion that the Contract Value is reduced by such Withdrawal.

If the Spousal Beneficiary was Age [85] or older on the Continuation Date, the Death Benefit will be the Contract Value for the NYSE business day during which We receive all Required Documentation at Our Annuity Service Center and the Optional Death Benefit Charge will no longer be deducted.

**Termination of Death Benefit**

Termination by the Owner(s) – Once elected, this Endorsement may not be terminated.

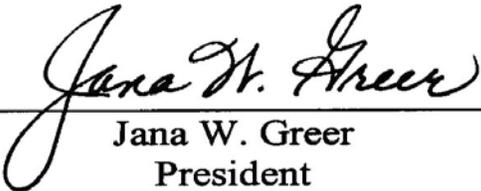
Termination by the Spousal Beneficiary – The Spousal Beneficiary who decides to continue the Contract may terminate this Death Benefit Endorsement on the Continuation Date. After the Continuation Date, the Spousal Beneficiary may not terminate this Endorsement.

Upon termination of this Endorsement by the Spousal Beneficiary, the Optional Death Benefit Charge will no longer be deducted. The Death Benefit described under the “Spousal Beneficiary Continuation” section under the “Amount of Death Benefit” in the Contract to which this Endorsement is attached applies.

Signed for the Company to be effective on the Contract Date.

**AIG SUNAMERICA LIFE ASSURANCE COMPANY**

  
\_\_\_\_\_  
**Mallery L. Reznik**  
**Senior Vice President**

  
\_\_\_\_\_  
**Jana W. Greer**  
**President**