

SERFF Tracking Number: AGNN-125795726 State: Arkansas  
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 40116  
Company Tracking Number: VL 18038 VER 1/2008  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: VL 18038 VER 1/2008  
Project Name/Number: VL 18038 VER 1/2008/VL 18038 VER 1/2008

## Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 18038 VER 1/2008 SERFF Tr Num: AGNN-125795726 State: ArkansasLH

TOI: A021 Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 40116  
Variable

Sub-TOI: A021.002 Flexible Premium Co Tr Num: VL 18038 VER 1/2008 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Angie Fox Disposition Date: 09/02/2008

Date Submitted: 08/28/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: VL 18038 VER 1/2008

Project Number: VL 18038 VER 1/2008

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/02/2008

State Status Changed: 09/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Form VL 18038 VER 1/2008 is a flexible premium deferred annuity application to be used with policy forms FLEX5-805-X and FLEX7-805-X, approved by your Department on November 9, 2005.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

This form is revised and replaces form VL 18038 VER 8/2005, also approved by your Department on November 9, 2005.

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The two major revisions to this application are the addition of civil union language, now required by some states, as well as a change in our logo from AIG VALIC to AIG Retirement.

We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

## Company and Contact

### Filing Contact Information

Angie Fox, [angie.fox@aigretirement.com](mailto:angie.fox@aigretirement.com)  
 2919 Allen Parkway, L10-30 (713) 831-6050 [Phone]  
 Houston, TX 77019 (713) 831-6932[FAX]

### Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas  
 2929 Allen Parkway, L10-30 Group Code: 11 Company Type:  
 Houston, TX 77019 Group Name: State ID Number:  
 (713) 831-1305 ext. [Phone] FEIN Number: 74-1625348  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: The fee for making this filing in our domicile state of Texas is \$100; therefore, \$100 is included.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	08/28/2008	22190353

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/02/2008	09/02/2008

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## **Disposition**

Disposition Date: 09/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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	Flexible Premium Deferred Annuity Application		Yes



**The Variable Annuity Life Insurance Company (VALIC)**  
Houston, Texas

**FILED COPY**

**Premiere 5<sup>SM</sup>**

**Premiere 7<sup>SM</sup>**

**1. OWNER**

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Married  Not Married  Civil Union/Domestic Partner (If recognized by your state, see information page.)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**[JOINT OWNER (Optional. Non-Qualified Annuities only.)**

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Married  Not Married  Civil Union/Domestic Partner (If recognized by your state, see information page.)

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

**2. ANNUITANT (Non-Qualified Annuity only, if different from the Owner.)**

Upon the death of the Annuitant, prior to the beginning of an income plan, the Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3. OWNER'S BENEFICIARY DESIGNATION**

Beneficiary receives the proceeds if any Owner dies. In the case of Joint Ownership, the surviving Joint Owner becomes the Primary Beneficiary.

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below. In the case of the death of one of the Joint Owners, if a Beneficiary other than a Joint Owner is designated, the surviving Owner will not receive any benefits.

Please refer to Beneficiary Designations on the Information page for instructions, including how to designate a beneficiary who is a minor. List each beneficiary by name. Percentage must total 100%. If no percentage is indicated, benefits will be paid equally to beneficiaries of record.

<b>PRIMARY:</b>	Relationship	SSN or Tax ID:	Date of Birth	Percentage
Name:	or Trustee Name:	(Optional)	or Trust Date:	(Whole) %:
_____	_____	_____	_____	_____

<b>CONTINGENT:</b>	Relationship	SSN or Tax ID:	Date of Birth	Percentage
Name:	or Trustee Name:	(Optional)	or Trust Date:	(Whole) %:
_____	_____	_____	_____	_____

**4. PURCHASE PAYMENT Checks must be made payable to The Variable Annuity Life Insurance Company (VALIC).**

Initial Premium Payment: \$ \_\_\_\_\_ Annuity Date: \_\_\_\_\_

**PLAN TYPE** (required):  **Non-Qualified**  **Qualified**

**Tax-Qualified Plans:**  Traditional IRA  SEP IRA  Roth IRA  403(b)

Check one:  Initial Contribution for Tax Year: \_\_\_\_\_  Transfer  Rollover  Roth IRA Conversion Year: \_\_\_\_\_

**5. SIGNATURES**

Do you have any existing life insurance policies or annuity contracts in this or any other company?  Yes  No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company?  Yes  No

If yes, complete the following:

Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief. I have read and understand the important disclosures in the Information page located on the reverse of this application, including fraud warnings and withdrawal restrictions for 403(b) plans, if applicable.

**Arizona Residents:** On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age on the date of application for the annuity contract, after the contract is delivered and receive a refund of all monies paid.

Owner's Signature \_\_\_\_\_ Signed at City/State \_\_\_\_\_ Date \_\_\_\_\_

[ Joint Owner's Signature (if applicable) \_\_\_\_\_ Signed at City/State \_\_\_\_\_ Date ]

## 6. REPRESENTATIVE INFORMATION

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract.  Yes  No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity?  Yes  No

As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms?  Yes  No

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Region # \_\_\_\_\_

Licensed Agent (Print name) \_\_\_\_\_

State License # \_\_\_\_\_

Agent # \_\_\_\_\_

## INFORMATION

**[California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

### FRAUD WARNING

**In some states we are required to advise you of the following:** Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**[Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only:** 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, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

**Colorado Residents Only:** It is unlawful to knowingly provide false, incomplete, or 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia, Kansas, Kentucky, New Mexico, Ohio and Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Florida Residents Only:** 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.

**Louisiana and Massachusetts Residents Only:** 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.

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

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

## BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If you intend to name multiple beneficiaries or a beneficiary is a minor, please complete and attach a Service Request Form (VL 100). VALIC will pay claims only to a custodian or through an alternative guardianship arrangement for a Beneficiary who is a minor.

### [WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/1988 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Disability
- Age 59½ or older
- Death
- Hardship (contributions only)

Your Employer's plan may contain other withdrawal restrictions.

Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.]

### [CIVIL UNION/DOMESTIC PARTNER

Although, your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

### Please send completed forms to:

[AIG Retirement Document Control  
P.O. Box 15648  
Amarillo, TX 79105-5648]

Call [1-800-448-2542] for assistance.

Overnight Delivery:

[AIG Retirement Document Control  
2271 S.E. 27th Avenue  
Amarillo, Texas 79103]

AIG Retirement is the marketing name for the group of companies comprising AIG Retirement Advisors, Inc.; AIG Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a subsidiary of American International Group, Inc.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

08/28/2008

**Comments:**

please refer to general information tab