

SERFF Tracking Number: SALA-126038810 State: Arkansas
Filing Company: AIG SunAmerica Life Assurance Company State Tracking Number: 41740
Company Tracking Number: ASA-579EJ (6/08)
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: E-Application
Project Name/Number: /

Filing at a Glance

Company: AIG SunAmerica Life Assurance Company

Product Name: E-Application SERFF Tr Num: SALA-126038810 State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 41740
Variable and Variable Closed
Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: ASA-579EJ (6/08) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Tina Smith, Aly Lopez, Disposition Date: 03/09/2009
Laura Bradshaw
Date Submitted: 03/05/2009 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: 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: Group
Submission Type: New Submission Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Discretionary
Filing Status Changed: 03/09/2009 Explanation for Other Group Market Type:
State Status Changed: 03/09/2009
Deemer Date: Created By: Aly Lopez
Submitted By: Aly Lopez Corresponding Filing Tracking Number:

Filing Description:
The mentioned Application is being submitted for your review and approval. It is a new form and will not replace any form previously approved by your Department. The application is to be used with approved contracts when appropriate. The application is similar to the ASA-579E (6/08) which was approved on 10/9/08 under your file # 40429.

SERFF Tracking Number: SALA-126038810 State: Arkansas
 Filing Company: AIG SunAmerica Life Assurance Company State Tracking Number: 41740
 Company Tracking Number: ASA-579EJ (6/08)
 TOI: A02.1G Group Annuities - Deferred Non- Variable and Variable Sub-TOI: A02.1G.002 Flexible Premium
 Product Name: E-Application
 Project Name/Number: /

The changes made to the newly submitted version are as shown on the application as redlined We have added an Optional benefit to the Application and added language to the application for clarity. The changes have been redlined for ease in reviewing. Other than the redlined changes the Application verbiage remains the same as the approved versions.

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.

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.

Company and Contact

Filing Contact Information

Aly Lopez, Contract Analyst II alopez@sunamerica.com
 1999 Ave of the Stars 800-871-2000 [Phone] 6195 [Ext]
 37th Floor 310-772-6569 [FAX]
 Los Angeles, CA 90701

Filing Company Information

AIG SunAmerica Life Assurance Company CoCode: 60941 State of Domicile: Arizona
 1999 Ave of the Stars Group Code: Company Type: Annuity
 37th Floor Group Name: AIG State ID Number:
 Los Angeles, CA 90067 FEIN Number: 86-0198983
 (800) 871-2000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 application @ \$20.00
 Per Company: No

SERFF Tracking Number: SALA-126038810 *State:* Arkansas
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Variable and Variable
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG SunAmerica Life Assurance Company	\$20.00	03/05/2009	26163536

SERFF Tracking Number: SALA-126038810 State: Arkansas
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Variable and Variable
Product Name: E-Application
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/09/2009	03/09/2009

SERFF Tracking Number: SALA-126038810 *State:* Arkansas
Filing Company: AIG SunAmerica Life Assurance Company *State Tracking Number:* 41740
Company Tracking Number: ASA-579EJ (6/08)
TOI: A02.1G Group Annuities - Deferred Non- *Sub-TOI:* A02.1G.002 Flexible Premium
Variable and Variable
Product Name: E-Application
Project Name/Number: /

Disposition

Disposition Date: 03/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SALA-126038810 State: Arkansas
 Filing Company: AIG SunAmerica Life Assurance Company State Tracking Number: 41740
 Company Tracking Number: ASA-579EJ (6/08)
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
 Variable and Variable
 Product Name: E-Application
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Redline Document		Yes
Form	Deferred Variable Annuity Application/Enrollment Form		Yes

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



SunAmerica
AIG 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.sunamerica.com

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, the maximum issue age and any investment requirements.

6(a). Surrender Charge Option:

6(b). Living Benefit Election:

6(c). Death Benefit Option:

6(d). Rights of Accumulation/Letter Of Intent: *Applicable for A-Class Product Only*

Breakpoint Type:

Breakpoint Range:

7 Investment Selection / Optional Service Features

7(a). Optional Programs

Systematic Withdrawal

Systematic Investment

Automatic Asset Rebalancing

Frequency:

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

- Yes No Telephone Transaction Authorization
 Yes No Electronic Transaction Authorization

As the Owner, I will receive these privileges 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 the Company to act on telephone and/or electronic instructions from any other person(s) authorized by the Owner of the Contract who can furnish proper identification. The Company will use reasonable procedures as established by the Company to confirm that these instructions are authorized and genuine. As long as these procedures are followed, the 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/or 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 and/or 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 Maryland: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 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: _____

Address: _____

Phone: _____ Licensed Agent ID number: _____ Email: _____

Broker/Dealer firm name: _____

If Solicitation State is Florida, Florida License Identification number: _____

Commission Option:

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 Variable and Variable
 Product Name: E-Application
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachments:			
CT Cert.pdf			
CT Discl.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A this is an application form filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Redline Document		
Comments:			
Attachment:			
ASA-579EJ (6-08) RED.pdf			

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



SunAmerica
AIG 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.sunamerica.com

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 and any investment requirements. *Investment requirements apply to certain optional benefits.**

6(a). Surrender Charge Option:

6(b). Living Benefit Election:

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

6(d). Rights of Accumulation/Letter Of Intent: *Applicable for A-Class Product Only*

Breakpoint Type:

Breakpoint Range:

7 Investment Selection / Optional Service Features

7(a). Optional Programs

Systematic Withdrawal

Systematic Investment

Automatic Asset Rebalancing

Frequency:

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

- Yes No Telephone Transaction Authorization
 Yes No Electronic Transaction Authorization

As the Owner, I will receive ~~this~~ these privileges 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 the Company to act on telephone and/or electronic instructions from any other person(s) authorized by the Owner of the Contract who can furnish proper identification. The Company will use reasonable procedures as established by the Company to confirm that these instructions are authorized and genuine. As long as these procedures are followed, the 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/or 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 and/or 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 Maryland: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 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: _____

Address: _____

Phone: _____ Licensed Agent ID number: _____ Email: _____

Broker/Dealer firm name: _____

If Solicitation State is Florida, Florida License Identification number: _____

Commission Option:

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

CERTIFICATION OF READABILITY

This is to certify that the forms listed below are in compliance with Public Act 79-300.

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 Certification is applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Application	ASA-579EJ (6/08)	50.1

B. Test Option Selected

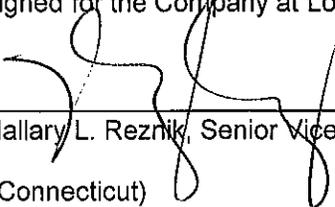
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification+

A checked box indicates the standard has been achieved.

1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point lead. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy, of any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

Signed for the Company at Los Angeles, California on 3.5.09



Mallery L. Reznik, Senior Vice President

(Connecticut)

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

DISCLOSURE OF MARKETING INTENT AND INFORMATION

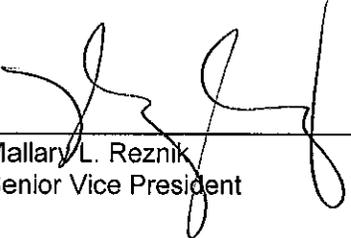
Form Number(s):

ASA-579EJ (6/08) Deferred Variable Annuity Application/Enrollment Form

The following information is provided in compliance with Bulletin No. PF-8, dated September 20, 1976:

1. This form will be marketed on a general-use basis Single-case basis
2. This form is intended for pension and welfare plans that are qualified for favorable tax treatment under the provisions of the Internal Revenue Code.
3. No limitation of the form by certain agents or brokers.
4. No change in policy benefits occur while the policy is maintained in force.
5. Commissions and premiums are consistent with those of our other group policies.
6. Normal retention limits only.

Signed for the Company at Los Angeles, California on 3-5-09.



Mallery L. Reznik
Senior Vice President

(Connecticut)