

SERFF Tracking Number: AGNN-126133443 State: Arkansas  
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42246  
Company Tracking Number: VL 18038 VER 5/2009  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: Premiere 5 & 7  
Project Name/Number: /VL 18038 VER 5/2009

## Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: Premiere 5 & 7

SERFF Tr Num: AGNN-126133443 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-  
Variable

SERFF Status: Closed-Approved- State Tr Num: 42246  
Closed

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: VL 18038 VER 5/2009 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Natalie Prevost

Disposition Date: 05/11/2009

Date Submitted: 04/30/2009

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: VL 18038 VER 5/2009

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Simultaneously  
filing in Texas

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/11/2009

Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Deemer Date:

Created By: Natalie Prevost

Submitted By: Natalie Prevost

Corresponding Filing Tracking Number:

Filing Description:

April 30, 2009

VIA SERFF

Re: The Variable Annuity Life Insurance Company

NAIC: 70238

SERFF Tracking Number: AGNN-126133443 State: Arkansas  
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Variable  
Product Name: Premiere 5 & 7  
Project Name/Number: /VL 18038 VER 5/2009  
FEIN: 74-1625348  
Form: VL 18038 VER 5/2009

Dear:

The above referenced form is being submitted through SERFF for your review and approval. This filing does not contain any unusual or controversial items.

Form VL 18038 VER 5/2009 is not intended to replace any forms previously approved in your state. This form is identical to form VL 18038 VER 1/2008 except that the Company name and brand throughout is updated from AIG Retirement to AIG VALIC. To the best of our knowledge, information and belief, the forms submitted herewith are in compliance with the provisions of the insurance laws, rules, regulations and bulletins of your state. Such forms contain no provisions previously disapproved by your Department.

Form VL 18038 VER 5/2009 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 09, 2005.

If you have any questions or need additional information, please contact me at 1-800-262-4764 x8705 or via e-mail at natalie.prevost@valic.com. I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost

Natalie Prevost  
Legal Analyst

Attachments

## Company and Contact

### Filing Contact Information

Natalie Prevost,  
2919 Allen Parkway  
L10-30

natalie.prevost@aigretirement.com  
713-831-8705 [Phone]  
713-831-6932 [FAX]

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Houston, TX 77019

**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: Fee for filing in Texas  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	04/30/2009	27540280

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/11/2009	05/11/2009

*SERFF Tracking Number:* AGNN-126133443      *State:* Arkansas  
*Filing Company:* The Variable Annuity Life Insurance Company      *State Tracking Number:* 42246  
*Company Tracking Number:* VL 18038 VER 5/2009  
*TOI:* A021 Individual Annuities- Deferred Non-      *Sub-TOI:* A021.002 Flexible Premium  
Variable  
*Product Name:* Premiere 5 & 7  
*Project Name/Number:* /VL 18038 VER 5/2009

## **Disposition**

Disposition Date: 05/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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	SOV		Yes
Form	Premiere 5 & 7 Annuity Application		Yes

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## Form Schedule

**Lead Form Number: VL 18038 VER 5/2009**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL 18038 VER 5/2009	Application/Premiere 5 & 7 Enrollment Annuity Application Form	Initial		45.000	John Doe.pdf



FILED COPY

# Premiere 5<sup>SM</sup> and Premiere 7<sup>SM</sup> Annuity Application

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

Premiere 5<sup>SM</sup>  Premiere 7<sup>SM</sup>

**1. OWNER**

Name: John Doe SSN or Tax ID: 999-99-9999  
 Mr.  Mrs.  Ms.  Dr.  Rev. Gender:  Male  Female Age: 35 Date of Birth: 01-01-1973  
 Marital Status:  Married  Not Married  Civil Union/Domestic Partner (If recognized by your state, see Information page.)

Residence Address: 123 Main Street  
 City: Anywhere State: USA ZIP: XXXXX Daytime Phone: (123) 456-7890

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

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

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mr.  Mrs.  Ms.  Dr.  Rev. Gender:  Male  Female Daytime Phone: (\_\_\_\_) \_\_\_\_\_  
 Marital Status:  Married  Not Married  Civil Union/Domestic Partner (If recognized by your state, see Information page.)

**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.

PRIMARY:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name: <u>Jane Doe</u>	<u>Wife</u>		<u>01-01-1974</u>	<u>100</u>
<b>CONTINGENT:</b>	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name: _____	_____	_____	_____	_____

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

Initial Premium Payment: \$ 10,000 Annuity Date: 09-01-2039  
 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**

[Are you or the joint owner of this account an active duty service member of the United States Armed Forces?  No  Yes (If yes, complete VL 22059.)  
 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 section, including fraud warnings and withdrawal restrictions for 403(b) plans, if applicable.

John Doe Anywhere, USA 09-01-2009  
 Owner's Signature Signed at City/State Date

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

**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 or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.

## 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  
If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms?  Yes  N/A  
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Bill Q. Agent  
Licensed Agent's Signature

09.01.2009  
Date

4321  
Region #

Bill Q. Agent  
Licensed Agent (Print name)

1234  
State License #

007  
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 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.

**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.

**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.

**Louisiana, Maryland and Massachusetts Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

**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 an 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:

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

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

Overnight Delivery:

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

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> FLSHCERT.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> n/a- filing a application which is attached on the form schedule tab		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> SOV		
<b>Comments:</b>		
<b>Attachment:</b> SOV.pdf		

## CERTIFICATION

VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC # 70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the forms achieved the following score:

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 18038 VER 5/2009	Premiere 5 and 7 Annuity Application	45

*Natalie Prevost*

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Natalie Prevost  
Legal Analyst

April 30, 2009

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Date

## Statement of Variability for Form VL 18038 VER 5/2009

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

- Section 1, OWNER: The box that states " Civil Union/Domestic Partner (If recognized by your state, see information page.)" is bracketed. This statement will either be included or not appear on the applications.
- Section 5, SIGNATURES: Replacement Information: To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
- Section 6, REPRESENTATIVE INFORMATION: Replacement Information: To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.

### Information Section on Page 2:

- a. The following items are bracketed: to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
  - California Senior Disclosure
  - State specific Fraud Warnings
  - Withdrawal Restrictions for 403(b) Participants
  - Civil Union / Domestic Partner Disclosure
- b. The contact information is bracketed to allow for flexibility when that information may change.



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Tracey Harris  
Vice President  
April 29, 2009