

Transfer/Rollover Form



Used to Request Transfers and Rollovers to ZALICO

**Zurich American Life
Insurance Company (ZALICO)**

Administrative Offices:
PO Box 19097
Greenville, SC 29602-9097
800/449-0523

Owner Name _____

Participant Name _____

Contract Number _____

Daytime Phone Number _____

To allow us to expedite your request, the following items must be completed: 1) Owner's signature(s) is required on this form, 2) Spousal consent may be required (see section 6), 3) A replacement form should be completed and signed if required by the state, and 4) An application for the new product must be completed and signed by the annuitant(s) and all contract owner(s).

Section 1: Transfer/Rollover From Releasing Carrier

Please process a Transfer/Direct Rollover as requested below.

Releasing Carrier Name _____ Account Number (Releasing Carrier) _____ Phone Number of Releasing Carrier _____

Street Address _____ City _____ State _____ Zip _____

Replacement Compliance:

Do you have any existing life insurance or annuity policies? Yes No

Is this transaction intended to replace or change any existing life insurance or annuity? Yes No

Plan Type at Releasing Carrier:

403(b) 403(b) ERISA 401 457(b) Governmental 457(b) Non-Governmental Traditional IRA

SEP IRA Simple IRA Roth IRA ORP Non-Qualified

Please check with the releasing carrier on whether or not a required minimum distribution must be taken before rolling over proceeds to ZALICO ("the Company").

Section 2: Distribution Instructions

Releasing Company—Please process the following on the above referenced account and do not withhold taxes from the proceeds:

Check One: Contract/Policy enclosed

My contract/certificate specified above has been LOST, DESTROYED, or MISLAID, and I request that the value of said contract/certificate be paid. I hereby agree (on my behalf and on behalf of my heirs, assignees, and legal representatives, or any other person claiming rights through me) to indemnify and protect the Company against any claim which may be asserted against the Company on the basis of this contract/certificate and to reimburse the Company for any payment it may make or expense it may incur, with respect to any such claim.

Check One: Full Transfer \$ _____ Partial Transfer \$ _____

Check One: Transfer the proceeds immediately. I am aware of all penalties that may apply.

Transfer the proceeds on _____

I wish to effect this transfer as soon as possible and would prefer not to be contacted by a representative of the Releasing Company. Thank you for your past service and assistance.

Section 3: Transfer/Rollover To ZALICO Plan Type

- 403(b) 403(b) ERISA 401 457(b) Governmental 457(b) Non-Governmental Traditional IRA
 SEP IRA Simple IRA Roth IRA ORP Non-Qualified

Section 4: Transfer/Rollover Types (must check one)

- Transfer of Assets** (ie; non-qualified mutual funds or bank account(s), does not include 1035 ex changes).
The releasing carrier plan type is: (check one)
 Bank Account Mutual Fund Other _____
- Transfer of Assets (Trustee to trustee and 90-24 transfers)**
- Rollover of Assets**

Section 5: Letter of Acceptance (To be completed by home office)

The Company has received an approved application for an annuity contract of the type indicated in Section 3 above. You may consider this Letter of Acceptance by the Company. Please make the check payable to Zurich American Life Insurance Company and send to the following address:

Regular Mail Address:

Zurich American Life Insurance Company
Attn: **ZALICO Service Center** _____
FBO: _____
Contract Number: _____
PO Box 19097, Greenville, SC 29602-9097

Overnight Address:

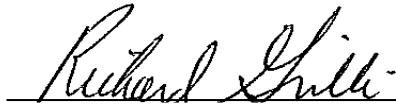
Zurich American Life Insurance Company
Attn: **ZALICO Service Center** _____
FBO: _____
Contract Number: _____
2000 Wade Hampton Boulevard, Greenville, SC 29615-1064

Richard Grilli

Officer's Name

Chief Operating Officer

Title



Officer Signature

800/449-0523

Phone Number

Owner Name _____

Participant Name _____

Contract Number _____

Daytime Phone Number _____

Section 7 must be completed in its entirety. The issuance of an insurance contract(s) will be delayed or rejected if not completed in full.

Section 7: Replacement Questionnaire (To be completed by the Representative)

The intent of this section is to ensure the consumer is making an informed decision when considering replacement, and authorizes the purchase of any new contract(s) to be funded by using cash values of existing contracts.

The following topics must be discussed before you replace an existing policy(ies):

- Surrender charges
- Interest rates
- Differences in cash value or death benefits
- Surrender period
- Risk factors
- Investment strategies
- Tax consequences
- Guarantee period
- Early Withdrawal Charges (Certificates of Deposit, IRAs, Other Accounts)

“REPLACEMENT” is defined as: A transaction in which a new contract is to be purchased, and it is known or should be known to the proposing representative that by reason of the transaction, an existing contract has been, or is to be: lapsed, forfeited, surrendered, or partially surrendered, annuitized, assigned to the replacing insurer or otherwise terminated; or otherwise reduced in value by the use of non-forfeiture benefits or other contract values; amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid; reissued with any reduction in cash value; or used in a financial purchase. “Financial Purchase” means the purchase of a new contract involving the actual or intended use of funds obtained by the withdrawal or surrender of or by borrowing from the policy or contract values of an existing contract to pay all or part of any premium or consideration due on the new contract.

The Company's definitions of *internal* and *external* replacement are as follows: An *internal* replacement is when an existing ZALICO contract is converted or exchanged for a new ZALICO contract. An *external* replacement is when a ZALICO contract is replaced by another insurer; or a ZALICO contract replaces a contract of another issuer.

Product Feature Comparison				
	Existing Policies or Contracts			Proposed
	A	B	C	Proposed Annuity
Company Name:				
Face Amt./Transfer Amt.:				
Contract/Policy Fund #:				N/A
Issue Date:				N/A
Product: (Check all boxes that apply)	<input type="checkbox"/> Non-Insurance Product (CD, Mutual Funds, IRA, etc.) <input type="checkbox"/> Annuity Product <input type="checkbox"/> Variable <input type="checkbox"/> Fixed Effective Rate: _____% Duration of Rate: _____ yrs	<input type="checkbox"/> Non-Insurance Product (CD, Mutual Funds, IRA, etc.) <input type="checkbox"/> Annuity Product <input type="checkbox"/> Variable <input type="checkbox"/> Fixed Effective Rate: _____% Duration of Rate: _____ yrs	<input type="checkbox"/> Non-Insurance Product (CD, Mutual Funds, IRA, etc.) <input type="checkbox"/> Annuity Product <input type="checkbox"/> Variable <input type="checkbox"/> Fixed Effective Rate: _____% Duration of Rate: _____ yrs	<input type="checkbox"/> Non-Insurance Product (CD, Mutual Funds, IRA, etc.) <input type="checkbox"/> Annuity Product <input type="checkbox"/> Variable <input type="checkbox"/> Fixed Effective Rate: _____% Duration of Rate: _____ yrs
Surrender Info/Charges:	_____ % \$ _____ Current Surrender Year _____	_____ % \$ _____ Current Surrender Year _____	_____ % \$ _____ Current Surrender Year _____	_____ % \$ _____

NOTE: If replacing more than two (2) annuities, USE AN ADDITIONAL SETION 7 FORM. Check box below and provide explanation in Representative's Statement. Replacing more than 2 annuities

Surrender charge comparison is acceptable (internal use only)

Representative's Statement

My reasons for recommending the replacement of the existing contract(s) are:

Name of Representative _____ ZALICO Representative # _____ Signature of Representative _____ Date _____

Applicant's Certification

For Replacement Only – I hereby certify that the representative named above has fully explained all the financial information mentioned above, that I have considered the above information and that I understand the results of replacing annuity contract(s), life insurance products, and/or non-insurance products including any penalties for early withdrawal. I understand that I will incur a surrender charge of _____% of \$ _____ upon surrendering my existing contract.

Signature Owner/Participant _____ Date _____