

Guaranteed Retirement Income Benefit Cancellation



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

Regular Mail Address:
Scudder Destinations
PO Box 19097
Greenville, SC 29602-9097

Overnight Delivery Address:
Scudder Destinations
2000 Wade Hampton Boulevard
Greenville, SC 29615-1064

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

Please Print Clearly.

Section 1: Owner Information

Name (First, Middle, Last)

Date of Birth

Street Address

City

State

Zip

Daytime Telephone

E-mail Address (Optional)

Contract Number

Contract Number

Contract Number

Section 2: Acknowledgement

I hereby elect to cancel the Guaranteed Retirement Income Benefit that is part of my Scudder Destinations annuity contract.

I understand that any benefits guaranteed under this rider will be lost and that the Endorsement — Guaranteed Retirement Income Benefit is not longer part of my Scudder Destinations contract. Once canceled, the GRIB rider cannot be elected again.*

I acknowledge that I have been advised to discuss this cancellation with my broker and/or tax advisor. I understand that the additional annual charge of .25% of contract value will cease upon receipt of this form at Zurich American Life Insurance Company and that prior charges will not be refunded.

**FORM NUMBER: L-8198, L-8198 (10/98), L-8198 (2/99), L-8199, 6-8199 (10/98), L-8199 (2/99), L-8390, L-8390 (MD), & L-8390 (WA) as appropriate.*

Signature of Contract Owner(s)

Date

Signature of Joint Owner

Date