Telephone Transfer Authorization



Participant Name Contract

Number Daytime Phone_____

Number

Zurich American Life Insurance Company (ZALICO)

Administrative Offices: PO Box 64361 St. Paul MN 55164-0361 800/449-0523

By signing this authorization, the owner(s) agrees and understands that:		
1. Neither ZALICO nor its agents or representatives who act on its behalf shall be subject to any claim, loss, liability, cost or expense, if it acts in good faith upon this telephone authorization.		
Transfers will be made subject to the conditions of the contract, administrative regulations of ZALICO, and for variable products, the prospectus.		
 For variable products, transfers shall be based on the Accumulation Unit Value next determined following receipt of a valid complete transfer instruction. 		
4. For variable products, which offer guarantee periods, transfers from a guarantee period shall be adjusted by the market value adjustment formula unless the transfer is made within 15 days before or after the guarantee period.		
5. This authorization shall continue in force until the earlier of a a) written revocation is received by ZALICO, or b) ZALICO discontinues this privilege.		
6. This authorizes only the owner or active agent to make telephone transfers. Please specify the name and birth date of the individual you would like to complete transfers on your behalf.		
Name		
Birthday		
I understand that as a condition of allowing telephone transfers to be made, ZALICO, in its sole option and without prior disclosure to me, any person or my representatives, may record all or part of any telephone conversation containing such instructions. All terms are binding upon my agents, heirs and assignees.		

Signatures		
Name of Owner	Owner Signature	Date
Name of Joint Owner (if any)	Joint Owner Signature (if any)	Date
Name of Annuitant	Name of Joint Annuitant (if any)	Date