

# Telephone Transfer Authorization

## Fixed and Variable Products



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

**Participant Name** \_\_\_\_\_

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

**Contract Number** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

**By signing this authorization, the owner(s) agrees and understands that:**

- 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.
- 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.
- This authorization shall continue in force until the earlier of a **a**) written revocation is received by ZALICO, or **b**) ZALICO discontinues this privilege.
- 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