Systematic Transfer Form

Repetitive transfer form for Dollar Cost Averaging, Interest Sweeps and Asset Rebalancing



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Zurich American Life Insurance Company (ZALICO)

Participant Name	Administrative Offices:		
Contract Number	PO Box 64361 St. Paul MN 55164-0361		
Daytime Phone Number	800/449-0523		
This form is being submitted due to: New			
Systematic Transfer Set Up			
Changes to Existing Systematic Transfer			
Section 1: Dollar Cost Averaging (DCA)			
Transfer Option (select one)			
Dollar Cost Average \$from the	account. (Indicate a whole dollar amount of \$100 or more)		
(please enter account	name or number)		
Transfer interest earnings from my fixed account. (Interest sweep may be from	om General accounts only.)		
Please refer to contract provisions on available accounts for the Dollar Cost Av	veraging program. Dollar Cost		
Average to:			
Investment Option	Percentage (%)		
- investment Option	reiteiliage (/o)		
	Total 100%		
I would like my DCA to occur: (Interest sweeps are processed monthly and qua	arterly)		
☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐	Annually		
Circle the month to begin the transfer: Jan Feb March Apr May June July Aug Se	ept Oct Nov Dec, Year 20		
Indicate the day of the month for the transfer to occur (1-31)	If		
you do not indicate a start date, the first transfer will occur on the date this form	m is received.		
I would like my DCA to end:			
Discontinue transfers on the following date, 20			
Unless you specify a date above, Dollar Cost Averaging will cease when all assets			
may notify us at any time if you would like to discontinue DCA transfers.			

Section 2: Asset Rebalancing						
I would like my As	sset Rebalancing to occur:					
Monthly	Quarterly	Semi-Annually	Annually			
Circle the month to begin the transfer: Jan Feb March Apr May June July Aug Sept Oct Nov Dec, Year 20						
Indicate the day of the month for the transfer to occur (section 1-31)If						
you do not indicat	te a start date, the first asse	t rebalance will occur on the date	this form is received. You may	у		
notify us at any time if you would like to discontinue Asset Rebalancing.						
Please refer to contract provisons on available accounts for the Asset Rebalancing program.						
Asset Rebalance as follows:						
Investment Option		Percentage (%)				
				Total 100%		
			1			
Section 3: Sign	atures					
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Name of Owner/Tr	rustee (please print)	Owner/Truste	Owner/Trustee Signature			
Name of Joint Own	er (please print)	Joint Owner S	Joint Owner Signature			
Name of Participan	nt (if other than the owner)	Participant Sig	Participant Signature			
Name of Plan Admi	inistrator (if any)	Plan Administ	Plan Administrator Signature (ifany)			