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)

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

Participant Name _____

Contract Number _____

Daytime Phone Number _____

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 General accounts only.)

Please refer to contract provisions on available accounts for the Dollar Cost Averaging program.

Dollar Cost Average to:

Investment Option	Percentage (%)
	Total 100%

I would like my DCA to occur: (Interest sweeps are processed monthly and quarterly)

☐ 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 (1-31)_____

If you do not indicate a start date, the first transfer will occur on the date this form 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 are transferred from the DCA account.

You may notify us at any time if you would like to discontinue DCA transfers.

Section 2: Asset Rebalancing

I would like my Asset 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 indicate a start date, the first asset rebalance will occur on the date this form is received.

You may 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%

Section 3: Signatures

Name of Owner/Trustee (please print)	Owner/Trustee Signature	Date
Name of Joint Owner (please print)	Joint Owner Signature	Date
Name of Participant (if other than the owner)	Participant Signature	Date
Name of Plan Administrator (if any)	Plan Administrator Signature (if any)	Date