Fund Transfer/Allocation Change Form



Zurich American Life

One time fund transfer or asset rebalance form 101

Particinant Name			Insurance Company (ZALICO)	
Participant Name Contract Number			Administrative Offices:	
Daytime Phone Number			PO Box 64361 St. Paul MN 55164-0361 800/449-0523	
Trades will be effective the day they are	received in good order.			
Section 1: Transfer of Existing Fu	nds			
Please refer to contract provisions on min	· ·	rpply. e "TO Investment Option" instructions below.)		
From Investment Option	Dollar (\$) Amount or Percentage (%)	TO Investment Option	Dollar (\$) Amount or Percentage (%)	
Section 2: Change of Future Alloc	cation (New Money)			
Investment Option	Percentage (%)	Investment Option	Percentage (%)	
_				
			Total 100%	
Section 3: Signatures				
Name of Owner/Trustee (please print)		ner/Trustee Signature	Date	
Name of Joint Owner (please print)		nt Owner Signature	Date	
Name of Participant (if other than the owner)		rticipant Signature	Date	
Name of Plan Administrator (if any)		n Administrator Signature (ifany)	Date	