Fund Transfer/Allocation Change Form

One time fund transfer or asset rebalance form

101

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 _____

Trades will be effective the day they are received in good order.

Section 1: Transfer of Existing Funds

Please refer to contract provisions on minimum amounts that may apply.

☐ Check here to rebalance the entire account value. (Must complete "TO Investment Option" instructions below.)

From Investment Option	Dollar ($) Amount or Percentage (%)	TO Investment Option	Dollar ($) Amount or Percentage (%)

Section 2: Change of Future Allocation (New Money)

Investment Option	Percentage (%)	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

ZA-8658

11-0040 250 (01/11)