

Request for Service



Zurich American Life Insurance Company

Administrative Office
7045 College Boulevard
Overland Park, KS 66211-1523

Phone: 888.634.6780
Fax: 888.796.7545
www.zlifeusa.com

Policy Number _____ Insured Name(s) _____ Owner (if other than Insured) _____ Date _____

1. Change Beneficiary

I revoke any prior beneficiary designations and designate new beneficiaries for the policy as follows:

Beneficiary Type (Primary or Contingent)	Check if Irrevocable	Name (First, Middle, Last)	Address	Phone Number	Relation to Insured	Social Security or Taxpayer ID Number	Date of Birth or Date of Trust	Percentage of Proceeds (if not equal)
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							

If proceeds are **not** to be paid in one sum, check here and attach instruction for method payment.

I understand and agree that, unless otherwise directed above, the policy proceeds will be paid in equal shares to beneficiaries in the same class in order of Primary first, then Contingent as provided in the policy. I further understand and agree that any primary beneficiary designated as irrevocable may not be changed without the consent of the irrevocable beneficiary, and that other rights may be afforded to the irrevocable beneficiary under state law. I have either sought the advice of my own attorney before designating an irrevocable beneficiary or have declined to seek such advice.

2. Transfer Ownership

I request that all right, title, interest, benefits and privileges incident to ownership of the above policy be vested in the new owner named below, and to such owner's heirs, executors, administrators, assignees, and/or successors in interest.

Type of Owner: (Select one) Individual(s) Trust Corporation Partnership Other _____

New Owner Name(s)

Social Security/Tax ID Number(s) [Must Submit Form W-9]

New Owner Birth Date(s)/Trust Date

New Owner(s) Relationship to Insured(s)

Address (complete address required)

City

State

Zip

New Owner's Telephone Number

Signature(s) of New Owner(s)

Title (if applicable)

Signature of Witness

Name of Witness (please print)

Address of Witness

Witness Telephone

3. Name Change

Check one: Insured Policy Owner Beneficiary Other _____

Reason for Name Change: (Submit documentation showing change of name):

Marriage Divorce Other _____

Print Previous Name:

Print New Name:

Previous Signature

New Signature

Signature of Witness

Name of Witness (please print)

Address of Witness

Witness Telephone Number

4. Address Change

Check one: Insured Policy Owner Beneficiary Other _____

New Address

City

State

Zip

New Telephone Number

Country

5. Add/Change Payor

Please send all additional (check one) premium billing notices to the following payor named below at the address indicated:

Payor's Name _____ Relationship to Owner _____ Payor's Telephone Number _____
Address _____ City _____ State _____ Zip _____

6. Policy Loan

The maximum policy loan available.

Please process a loan against the above policy for the following amount: \$ _____ **[Must Submit Form W-9]**

If the amount requested exceeds the maximum loan amount available, the maximum available loan will be processed.

Proceeds of policy loans taken against a Modified Endowment Contract (MEC) as defined under the Technical and Miscellaneous Revenue Act of 1998 (TAMRA) are treated as gain first and basis later. By law, Zurich American Life Insurance Company ("Zurich") is required to withhold federal and state income taxes for loans taken against a MEC unless specifically waived by the recipient. If you do not want taxes withheld, please check the box below.

I do not want federal and state income tax withheld.

Please Note: Failure to withhold taxes can result in estimated tax and penalties if the recipient's withholding and estimated tax payments are insufficient. In addition, for states that do not allow withholding to be waived, applicable state taxes will be withheld regardless of your election. Zurich will not withhold taxes if the amount to be withheld is less than your state's required minimum.

7. Partial Withdrawal

I request a Partial Withdrawal in the amount of \$ _____ subject to any limitation and condition of the above policy or under applicable law. I understand that a prorata surrender charge may be deducted from the policy value and that if Death Benefit Option A is in effect, the policy's Specified Amount will be reduced by the amount of the Partial Withdrawal before any Surrender charge.

[Must Submit Form W-9]

No bankruptcy proceedings are outstanding against me, and no liens are pending against the policy, except as follows:

Proceeds of a partial withdrawal taken from a Modified Endowment Contract (MEC) as defined under the Technical and Miscellaneous Revenue Act of 1998 (TAMRA) are treated as gain first and basis later. By law, Zurich American Life Insurance Company ("Zurich") is required to withhold federal and state income taxes for loans taken against a MEC unless specifically waived by the recipient. If you do not want taxes withheld, please check the box below.

I do not want federal and state income tax withheld.

Please Note: Failure to withhold taxes can result in estimated tax and penalties if the recipient's withholding and estimated tax payments are insufficient. In addition, for states that do not allow withholding to be waived, applicable state taxes will be withheld regardless of your election. Zurich will not withhold taxes if the amount to be withheld is less than your state's required minimum.

8. Full Surrender

I request the net cash value in exchange for a Full Surrender of the attached policy subject to any limitation and condition of the above policy or under applicable law. Policy enclosed Policy lost, misplaced or destroyed.

No bankruptcy proceedings are outstanding against me, and no liens are pending against the policy, except as follows:

[Must Submit Form W-9]

By law, Zurich American Life Insurance Company ("Zurich") is required to withhold federal and state income taxes from a distribution of policy values unless specifically waived by the recipient. If you do not want taxes withheld, please check the box below.

I do not want federal and state income tax withheld.

Please Note: Failure to withhold taxes can result in estimated tax and penalties if the recipient's withholding and estimated tax payments are insufficient. In addition, for states that do not allow withholding to be waived, applicable state taxes will be withheld regardless of your election. Zurich will not withhold taxes if the amount to be withheld is less than your state's required minimum.

9. Important Community Property Notice

If the policy was acquired by one or both of the parties to a marriage, civil union or domestic partnership while living in a community property state, the policy or any proceeds thereof may be considered "community property" under state law. Please consult with your legal advisor regarding each party's rights to the policy or its proceeds before requesting an ownership or beneficiary change, loan, partial withdrawal or full surrender; Zurich American Life Insurance Company ("Zurich") cannot give legal advice. Zurich administers its life insurance policies according to their contractual terms and any changes must be signed by the policy owner and recorded with Zurich to become effective.

10. Signatures

By signing below, I direct and authorize Zurich American Life Insurance Company ("Zurich") to make the changes requested above. I certify under penalty of perjury that the statements I have provided in this document are complete and true to the best of my knowledge and belief. I understand that any beneficiary designations or other changes become effective as indicated under the terms of the policy.

Signed and dated in: _____ on _____
(City/State) Date (MM/DD/YYYY)

Signature of Policy Owner Name of Policy Owner (please print)

Signature of Additional Policy Owner Name of Additional Policy Owner (please print)

Signature of Irrevocable Beneficiary (if any) Name of Irrevocable Beneficiary (please print)

Signature and of Title of Assignee (if any) Name of Assignee (please print)

Signature of Witness Name of Witness (please print)

Address of Witness Witness Telephone Number

11. For Zurich Home Office use only

Acknowledgement of request for change - **Please attach to policy**

The Zurich American Life Insurance Company ("Zurich") has recorded the change(s) requested above at its Administrative Office, 7045 College Boulevard, Overland Park, KS 66211-1523 and retained the request.

Dated at Overland Park, Kansas _____
Date Recorded

ZURICH AMERICAN LIFE INSURANCE COMPANY

By _____
An Officer of the Company