

# Tax Certification form for Foreign Nationals and Visa Holders



## Zurich American Life Insurance Company

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This certification to be completed by the Visa holder (not green card holder) or foreign national Proposed Insured or Proposed Annuitant. It is also to be completed by the policyowner or contract owner (the "Owner") when the Proposed Insured or Proposed Annuitant is not the Owner.

### Visa holder (not green card) or foreign national certification regarding taxes and laws

As used in this document "Company" means Zurich American Life Insurance Company.

I, the Proposed Insured or Proposed Annuitant, and, as applicable, the Owner, certify that the attached application was completed in the state of \_\_\_\_\_ and all solicitation of this application occurred in that state.

I represent to the best of my knowledge and belief that the laws of my country of legal citizenship or residence permit me to purchase this policy or contract. I represent and warrant that ascertaining any tax or other legal implications or treatment that the policy or contract may have in the United States or in my country of legal citizenship or residence is solely my responsibility, and that neither the Company, nor any of its employees, representatives, agents or affiliates have provided me with any tax or legal advice, or have guaranteed or promised any particular legal or tax consequences arising out of or relating to the policy or contract. I affirm that the Company has advised me to obtain legal and tax advice regarding the policy or contract from my own independent advisors and I have had the opportunity to do so.

I understand and agree that if the policy or contract has any tax or other legal implications in the United States or my country of legal citizenship or residence I will bear the full cost of any taxes due or any other charge or expense resulting from the purchase of the policy or contract and will not hold the Company responsible.

I understand that: (1) all insurance policies or contracts issued and any administrative communications regarding such policies or contracts will be in English, and (2) the English version of any such documents will control in any and all disputes regarding such policies or contracts.

\_\_\_\_\_  
Proposed Insured or Proposed Annuitant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposed Insured or Proposed Annuitant Printed Name

\_\_\_\_\_  
Owner Signature (if other than Proposed Insured or Proposed Annuitant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Printed Name