Disability Certification Form

Zurich American Life Insurance Company (ZALICO)

Administrative Offices:
PO Box 64361
St. Paul MN 55164-0361
(800) 449-0523

Contract Owner _____

Contract Number _____

Daytime Phone Number _____

Please Note: This rider may not be applicable on all products. Please refer to contract provisions.

Withdrawal charges will not be assessed when a total or partial withdrawal is requested in a form satisfactory to ZALICO if the Owner or Annuitant is disabled. Disability must begin after the issue date of the contract and prior to age 65.

Withdrawal charges will not be waived when disability is due to substance abuse, mental or personality disorders without a demonstrable organic disease. A degenerative brain disease such as Alzheimer's Disease is considered an organic disease.

For waiver of withdrawal charges:

"Disability" is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted, or can be expected to last, for a continuous period of not less that 12 months.

"Disabled" is defined as having the condition of the disability definition.

Section 1: Disability Status

If you are temporarily disabled, certification of your disability will be required every 12 months.

Check one: ☐ Permanently Disabled

☐ Temporarily Disabled

Date you became disabled _____

Current age _____

Section 2: Signatures

Your signature certifies that the information provided is complete and accurate.

Name of Owner/Trustee (Please Print)	Owner/Trustee Signature	Date
Name of Physician (Please Print)	Physician Signature	Date