

# Guaranteed Retirement Income Benefit Cancellation



**Zurich American Life  
Insurance Company (ZALICO)**

Regular Mail Address:  
Scudder Destinations  
PO Box 19097  
Greenville, SC 29602-9097

Overnight Delivery Address:  
Scudder Destinations  
2006 Wade Hampton Boulevard  
Greenville, SC 29615-1064

Administrative Offices:  
PO Box 19097  
Greenville, SC 29602-9097  
800/449-0523

Please Print Clearly.

## Section 1: Owner Information

Name (First, Middle, Last)		Date of Birth	
Street Address			
City		State	Zip
Daytime Telephone		E-mail Address (Optional)	
Contract Number	Contract Number	Contract Number	

## Section 2: Acknowledgement

**I hereby elect to cancel the Guaranteed Retirement Income Benefit that is part of my Scudder Destinations annuity contract.**

*I understand that any benefits guaranteed under this rider will be lost and that the Endorsement — Guaranteed Retirement Income Benefit\* is not longer part of my Scudder Destinations contract. Once canceled, the GRIB rider cannot be elected again.*

*I acknowledge that I have been advised to discuss this cancellation with my broker and/or tax advisor. I understand that the additional annual charge of .25% of contract value will cease upon receipt of this form at Zurich American Life Insurance Company and that prior charges will not be refunded.*

*\*FORM NUMBER: L-8198, L-8198 (10/98), L-8198 (2/99), L-8199, 6-8199 (10/98), L-8199 (2/99), L-8390, L-8390 (MD), & L-8390 (WA) as appropriate.*

Signature of Contract Owner(s)		Date
Signature of Joint Owner		Date