

# Guaranteed Retirement Income Benefit Cancellation



Zurich American Life  
Insurance Company (ZALICO)

Regular Mail Address:  
Scudder Destinations PO  
Box 64361  
St Paul MN 55164-0361

Overnight Delivery Address:  
Scudder Destinations  
7805 Hudson Rd, Ste 180  
Woodbury MN 55125

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

Please Print Clearly.

**Section 1: Owner Information**

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Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Street Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Daytime Telephone \_\_\_\_\_ E-mail Address (Optional) \_\_\_\_\_

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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 no 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: 1-R198, 1-R198 (10/98), 1-R198 (7/99), 1-R199, 6-R199 (10/98), 1-R199 (7/99), 1-R390, 1-R390 (MD), & 1-R390 (WA) as appropriate.*

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Signature of Contract Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_