



**Zurich American Life
Insurance Company (ZALICO)**
Administrative Offices:
PO Box 64361
St Paul MN 55164-0361
USA
(800) 449-0523

Overnight deliveries can be sent to:
7805 Hudson Rd, Ste 180
Woodbury MN 55125
USA

For Payments to Payees Living Abroad for Scudder Destinations Annuity contracts and Farmers VA I contracts

Notice to Payees Living Abroad Concerning How Payments Will Be Made:

Zurich American Life Insurance Company (“ZALICO”) makes payments under annuity contracts only to the payee(s) contractually entitled to such payments, such as the contract owner, annuitant or beneficiary. When the payee is living abroad (*i.e.*, outside of the United States of America), payments will only be made by **Wire Transfer** to a bank account in the name of the payee located in the country where the payee actually lives or has a permanent residence. An exception to this restriction may be available at the insurance company’s sole discretion, after evaluation of the facts and circumstances. Under no circumstances will cash payments be made under the contract.

Notice to Payees Living Abroad Concerning Taxation:

ZALICO’s policies/contracts are designed to be sold to and serviced for owners who reside in the United States of America. ZALICO does not provide any tax advice. If you live outside of the United States, you should obtain independent legal or tax advice concerning the tax consequences, relative to the contract, of residing outside the United States when the contract is issued or when changing your country of residence after the contract has been issued. ZALICO expressly rejects any responsibility or liability whatsoever for any tax consequences that may arise in respect of (1) your contract and/or (2) any payments made under your contract, as a result of your living abroad at the time of issue or changing your country of residence after the contract has been issued.

Please complete the form on page 2 to provide your International Wire Transfer Authorization.

Contract Owner / Annuitant Name: _____

Contract Number: _____

International Wire Transfer Authorization Form (You will receive payments in US Dollars)

Account Holder Name: _____

Receiving Bank Name: _____

SWIFT Code: _____

Account Number: _____

Branch Address: _____

Branch City, State: _____

Branch Country: _____

International Bank Account Number (IBAN) (Optional): _____

Your Email Address: _____

Your Address (where I live outside of the United States):

Special Instructions: _____

Note: Do not use initials or abbreviations when entering wire information, unless the title exactly matches the name for the account or institution.

Certification:

- I understand that Zurich American Life Insurance Company (“ZALICO”) makes payments under its annuity contracts only to the payee(s) contractually entitled to such payments and that payments will be made by Wire Transfer to my Receiving Bank account in my name where I actually live or have a permanent residence abroad.
- I authorize ZALICO to wire the payment under my contract to my Receiving Bank according to my instructions provided above.
- I understand that ZALICO may reduce my annuity payment amount for the related fees or service charges incurred by ZALICO’s bank.
- I understand that I will obtain independent legal or tax advice concerning the tax consequences, relative to my contract, of residing outside of United States.

Owner/Annuitant Signature: _____ Date: _____

Joint Owner/Annuitant (if any) Signature _____ Date: _____

Contract Owner / Annuitant Name: _____

Contract Number: _____

Additional Options for Foreign Payees:

• **If you have annuitized your contract and you are receiving periodic annuitization payments,**

If you are interested in receiving a lump sum payment to fully commute your contract, please check this box and we will send you the necessary paperwork. Sign your name after you have read the written statements below:

1. I am interested in commuting my contract shown on this page with a lump sum payment provided by Zurich American Life Insurance Company.
2. I understand that my contract shown on this page will be terminated immediately following my receipt of the lump sum payment.
3. I confirm that I am aware of the potential tax obligations that I may have outside of the United States.
4. I confirm that you have recommended that I obtain independent tax advice in regard to this option and my Scudder Destinations Variable Annuity Contract and, in particular, in regard to the commutation of my contract.

Contract Annuitant's Signature: _

Date: _____

If you are interested in converting to an annual payment schedule, please check this box and we will send you the necessary paperwork. Sign your name after you have read the written statements below:

1. I am interested in converting my current payment schedule to an annual payment schedule provided by Zurich American Life Insurance Company.
2. I understand that my payment amount and payment schedule will be changed.
3. I confirm that I am aware of the potential tax obligations that I may have outside of the United States.
4. I confirm that you have recommended that I obtain independent tax advice in regard to this option and my Scudder Destinations Variable Annuity Contract and, in particular, in regard to the conversion of my payment schedule.

Contract Annuitant's Signature: _

Date: _____

OR

• **Foreign Payee's Exception Request:**

If you wish to pursue an exception as mentioned above, please check this box and sign your name after you read the written statements below:

1. I confirm that I am aware of the potential tax obligations that I may have outside of the United States.
2. I confirm that I comply with my tax obligations in the United States and in the country in which I reside. In support of this statement, I submit the following evidence that I comply with my tax obligations: [here describe the evidence you are submitting, such as copies of U.S. and country of residence tax returns]. and
3. I confirm that you have recommended that I obtain independent tax advice in relation to my Scudder Destinations Variable Annuity Contract.

Contract Annuitant's Signature: _

Date: _____