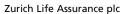
## **United States National Declaration**

Application Number:								
Applicant(s):								
1. (Check one of the f	following)							
I am a United St	ates citizen.							
I am the holder	of a "green card" issued by the United S	States Immigrat	ion and Natu	ıralization	Servic	æ.		
2. I reside outside the	United States and have no intention of i	returning to the	United State	es while r	ny poli	icy is i	n effe	ect.
policy. I understand Code for qualifying applies to qualifying	ependent advice and acknowledge and u the policy was not designed to comply life insurance or annuity contracts and t g life insurance or annuity contracts. I ag ence suffered by me as a result of the po	with the condit hat the policy r ree not to hold	ions prescribenay not bene	ed in the efit from t	U.S. Ir he tax	iterna treat	l Reve ment	that
may become due b pursued for any suc	any annual tax liability, state premium ta ecause of premiums paid or benefits pay th taxes in the United States payable by It values or any amount payable under th	able under the me, I hereby giv	policy. In the e the compa	e event th any an irre	at the evocab	comp le rigl	any i nt to	
company may be u respect to the follow	understand that if at any time while the nable to accept any further instructions t wing actions, and may decline to process ns that otherwise allow such actions:	from me, my be	eneficiaries o	r my/their	repres	sentat	ives v	
a) accept payment	of scheduled premiums;							
	ase scheduled premiums;							
d) switch policy asse	of premiums that are not scheduled (eithets between investment options, change			ge allocat	ions o	f acco	ount	
	estment options; ement options at maturity or upon deatl	n other than na	yment of cas	·h valuo·				
	changes in terms or conditions, including				; or			
	nership without the company's consent.							
6. I agree to notify the	e company if I recommence residence in	the United Stat	es while the	policy is i	n effe	ct.		
	gree that the company will make this do e policy conflict with the provisions of th							
Signature								
X		Date						
D'ALNIA AL								
Print Name								
Signature								
X		Date						
Print Name								



Please sign and date.

Please sign and date.

Note:

As used in this document,
 "policy" refers to the
insurance policy, annuity
or endowment for which
this application has been
submitted; "I" "me" and
"my" refer to all owners
of the policy to which
Question 1 applies; the
"company" refers to
Zurich Life Assurance plc.

