

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
Filing Company: Zurich American Life Insurance Company State Tracking Number:
Company Tracking Number: 2011-0168
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Supplemental Application to Part I
Project Name/Number: /

Filing at a Glance

Company: Zurich American Life Insurance Company

Product Name: Supplemental Application to Part I SERFF Tr Num: ZUUG-127876906 State: Arkansas

Part I

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: L08.000 Life - Other

Co Tr Num: 2011-0168

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Ute Luedtke-Ahrens

Disposition Date: 01/27/2012

Date Submitted: 01/23/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/20/2011

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our domiciliary state of Illinois is part of the Interstate Insurance Product Regulation Commission, and the form was filed as part of the IIPRC filing.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/27/2012

State Status Changed: 01/27/2012

Deemer Date:

Created By: Ute Luedtke-Ahrens

Submitted By: Ute Luedtke-Ahrens

Corresponding Filing Tracking Number: MLLM-127738968 (SIUL), MLLM-127089333 (IUL)

Filing Description:

Zurich American Life Insurance Company - NAIC # 90557

Dear Commissioner Bradford:

Zurich American Life Insurance Company wishes to file the following new Supplemental Application for your approval:

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
Filing Company: Zurich American Life Insurance Company State Tracking Number:
Company Tracking Number: 2011-0168
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Supplemental Application to Part I
Project Name/Number: /

Form number: ZM-11220LL (12/11)

Title : Supplement to Part I of Application for Life Insurance – for Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest Options

Form number ZM-11220LL (12/11) will replace form number ZM-10620AL (01/11) previously approved by your State on 05/19/2011 under SERFF filing number MLLM-127089333. The new Supplement Application was designed to accommodate both Joint and Single life plans and to be used with:

Form Number : IUL121AR-01

Title: FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH INDEX-LINKED INTEREST OPTIONS
Approved/SERFF: 05/19/2011 / MLLM-127089333

Form Number: SIUL121AR-01

Title: FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE INSURANCE POLICY WITH INDEX-LINKED INTEREST OPTIONS
Approved/SERFF: 12/27/2011 / MLLM-127738968

The new application was designed as a paper application, to be taken in person and signed by the applicant at the time of completion. We will continue to use the Part I of Application for Individual Life Insurance, form number ZM-10300GK (12/10), and Part II of Application for Individual Life Insurance, form number ZM-10000GK (07/10).

Thank you for your consideration of our filing. Please do not hesitate to contact me if you have any questions.

Sincerely,

Ute Luedtke-Ahrens

Company and Contact

Filing Contact Information

Ute Luedtke-Ahrens, Product Development ute.luedtke-ahrens@zurichna.com
Consultant
7045 College Blvd 913-339-1697 [Phone]
Overland Park, KS 66211 913-664-3611 [FAX]

Filing Company Information

Zurich American Life Insurance Company CoCode: 90557 State of Domicile: Illinois
1400 American Lane Group Code: 212 Company Type: Life and Annuity

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Supplemental Application to Part I
Project Name/Number: /

Schaumburg, IL 60196
(847) 605-6000 ext. [Phone]

Group Name: Zurich North America State ID Number:
FEIN Number: 36-3050975

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Domiciliary State of Illinois charges \$50.00 per form.
1 x 50 = 50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Life Insurance Company	\$50.00	01/23/2012	55718370

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
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 Product Name: Supplemental Application to Part I
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/27/2012	01/27/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Ute Luedtke-Ahrens	01/24/2012	01/24/2012

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Supplemental Application to Part I
Project Name/Number: /

Disposition

Disposition Date: 01/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
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 Company Tracking Number: 2011-0168
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Supplemental Application to Part I
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Supplement to Part I of Application for Life Insurance - for Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest Options		Yes

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
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Company Tracking Number: 2011-0168
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Product Name: Supplemental Application to Part I
Project Name/Number: /

Amendment Letter

Submitted Date: 01/24/2012

Comments:

When submitting our filing on 1/23/2012 we omitted to include the Statement of Variability for the variable items shown in the Supplemental Application. We are attaching the Statement of Variability at this time.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment: Attached please find the Statement of Variability for variable items shown in the Supplemental application.
ZM-11220LL - Supplemental Part I Application 10pt - 2012 01 18 (bracketed).pdf
IIPRC SOV for ZM-11220LL.pdf

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
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Form Schedule

Lead Form Number: ZM-11220LL (12/11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ZM-11220LL (12/11)	Application/ Enrollment Form	Supplement to Part I of Application for Life Insurance - for Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest Options	Initial		49.200	ZM-11220LL - Supplemental Part I Application 10pt - 2012 01 18.pdf

Supplement to Part I of Application for Life Insurance - for Flexible Premium Adjustable Life Insurance Policy with Index - Linked Interest Options



Zurich American Life Insurance Company

Administrative Office
7045 College Boulevard
Overland Park, KS 66211-1523

Phone: 877.678.7534
Fax: 888.871.7537
www.zlifeusa.com

First Proposed Insured Name

First Name _____ Middle Initial _____ Last Name _____

Second Proposed Insured Name

First Name _____ Middle Initial _____ Last Name _____

1. Section 7702 Compliance Method

The following method will be used for compliance with Internal Revenue Service Code Section 7702 for the life of the policy (check one box):

Cash Value Accumulation Test (CVAT) Guideline Premium Test (GPT)

2. Optional Riders

Zurich Index UL™

I (We) elect the following optional rider(s): Lapse Protection Period Extension Rider Other _____

Check box if no optional riders are elected.

Zurich Survivor Index UL™

I (We) elect the following optional rider(s): Lapse Protection Period Extension Rider Other _____

Joint First to Die Rider Four-Year Level Term Insurance Rider

Check box if no optional riders are elected.

These are my (our) Premium Allocation instructions for the percentage of each net premium to be allocated to the Short Term Holding Account, Long Term Fixed Account, or the Index Interest Account(s) on the Issue Date and on any subsequent Premium Allocation Dates.

3. Premium Allocation Instructions (Percentage of Net Premium to be allocated to the Short Term Holding Account, Long Term Fixed Account, or the Index Interest Account(s) after a Premium Payment).

Indicate a percentage from 5 to 100% for each of the Accounts below. Percentages must be whole numbers, and must total 100%.

Check box if there are no premium allocations to Index Interest Account Account(s).

Check box if there are no premium allocations to Long Term Fixed Account.

A.	Short Term Holding Account	%	D.	Domestic Multi Index Interest Account	%
B.	Long Term Fixed Account	%	E.	Global Multi Index Interest Account	%
C.	S&P 500® Index Interest Account	%			

The Premium Allocation percentages shown above will remain in effect for future premium payments unless You send Us Written Notice.

4. Monthly Automatic Transfer Instructions

These are my (our) instructions for Monthly Automatic Transfers from the Short Term Holding Account to the Long Term Fixed Account, or the Index Interest Account(s). If this section is completed, these instructions replace any premium allocation instructions provided in Section 3 above with respect to new net premiums. Monthly Automatic Transfers can be stopped at any time.

Indicate a percentage from 5 to 100% for each of the Accounts below. Percentages must be whole numbers, and must total 100%:

A.	Long Term Fixed Account	%	C.	Domestic Multi Index Interest Account	%
B.	S&P 500® Index Interest Account	%	D.	Global Multi Index Interest Account	%

Note that Monthly Automatic Transfers will occur on a Monthly Date and will result in the total allocation of the Short Term Holding Account to the receiving accounts gradually over the Policy Year. The Monthly Automatic Transfer percentages shown above will remain in effect unless You send Us Written Notice.

5. Remarks

6. Acknowledgements:

I (We) acknowledge that:

- I (We) am (are) applying for a Flexible Premium Adjustable or Flexible Premium Adjustable Survivorship Life Insurance Policy with Index-Linked Interest Options. This policy includes a Short Term Holding Account, Long Term Fixed Account and Index Interest Accounts (each an "Account" and collectively the "Accounts"). The Index Interest Accounts use an outside financial index (indices) to calculate the total annual crediting rate.
- I (We) understand the policy is not designed to be an investment vehicle and is not a variable product or any type of investment contract. I (We) further understand that the policy values may be affected by external index (indices), and the policy itself is not an investment in the stock market.
- Net premiums will be initially credited to the Short Term Holding Account and will, if I (We) elect, be allocated to the Index Interest Accounts and Long Term Fixed Account on the next eligible Premium Allocation Date.
- The Premium Allocation instructions listed above indicate my (our) request for premium allocations to the Short Term Holding Account, Long Term Fixed Account, or the Index Interest Account(s). I (We) may change my (our) instructions by Written Request to Zurich American Life Insurance Company's Administrative Office. Such Written Requests must be received at least five business days prior to a Premium Allocation Date.
- Even though values of the policy may be determined, in part, by reference to an external index (indices), the policy does not directly participate in any stock or equity investments, or dividends on the external index (indices).
- Please check appropriate box:
 - I (We) have received an illustration of the policy for which I (We) applied.
 - I (We) have NOT received an illustration of the policy for which I (We) applied. I (We) acknowledge that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- Any values shown in the policy or illustration, other than guaranteed values, are not guarantees, promises, or warranties.

7. Signatures

If You are signing on behalf of an entity, You represent that You are authorized to execute this document and to make the representations herein. If the entity is a corporation, You further represent that all requirements under applicable law and under the corporation's governing documents have been satisfied concerning the execution of this document, including the use of the corporate seal and number of signing officers.

Signed and dated in:

_____		_____
City/State		Date (MM/DD/YYYY)
X	X	
_____	_____	
Signature of Proposed Policy Owner*	Witness	
X		

Signature of Second Proposed Policy Owner (if applicable)		

* If a corporation, the signature and title of any authorized representative is required. If a trust, all required trustees must sign according to the trust agreement.

8. Key Terms Used Above

Long Term Fixed Account: The Long Term Fixed Account credits interest to the portion of Policy Value allocated to it. The Long Term Fixed Account has a Guaranteed Interest Rate that is specified in Your policy. The Long Term Fixed Account may credit interest at a rate in excess of the Guaranteed Interest Rate.

Index Interest Accounts: The portion of the contract's Policy Value allocated to the Index Interest Accounts may earn interest based on the percentage change(s) in the value(s) of an external index (indices), subject to the Index Interest Account Guaranteed Interest Rate, Growth Cap and Participation Rate. The Growth Cap is the maximum Index Growth Rate (after adjustment by the Participation Rate) that will be used in calculating the total interest credited to an Index Interest Segment. The Participation Rate is the percentage of the Index Growth Rate that will be used in calculating the total interest credited to an Index Interest Segment.

Indices:

1. "Standard & Poor's®", "S&P®", "S&P 500®", and "Standard & Poor's 500™" are trademarks of Standard & Poor's Financial Services LLC and have been licensed for use by ZFUS Services, LLC and its affiliates. The S&P 500® Index Interest Account (the "Product") is not sponsored, endorsed, sold or promoted by S&P or its third party licensors. Neither S&P nor its third party licensors makes any representation or warranty, express or implied, to the owner of the Product or any member of the public regarding the advisability of investing in securities generally or in the Product particularly or the ability of the S&P 500 index to track general stock market performance. S&P's and its third party licensor's only relationship to ZFUS Services, LLC is the licensing of certain trademarks and trade names of S&P and of the S&P 500 index which is determined, composed and calculated by S&P or its third party licensors without regard to ZFUS Services, LLC or the Product. S&P and its third party licensors have no obligation to take the needs of ZFUS Services, LLC or the owners of the Product into consideration in determining, composing or calculating the S&P 500 index. Neither S&P nor its third party licensors is responsible for and has not participated in the determination of the prices and amount of the Product or the timing of the issuance or sale of the Product or in the determination or calculation of the equation by which the Product is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the Product.

NEITHER S&P, ITS AFFILIATES, NOR THEIR THIRD PARTY LICENSORS GUARANTEE THE ADEQUACY, ACCURACY, TIMELINESS OR COMPLETENESS OF THE INDEX OR ANY DATA INCLUDED THEREIN OR ANY COMMUNICATIONS, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATIONS (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P, ITS AFFILIATES AND THEIR THIRD PARTY LICENSORS SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS OR DELAYS THEREIN. S&P MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE WITH RESPECT TO THE INDEX OR ANY DATA INCLUDED THEREIN. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P, ITS AFFILIATES OR THEIR THIRD PARTY LICENSORS BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE.

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3. Russell 2000 Index® - Russell Investment Group is the source and owner of the trademarks, service marks and copyrights related to the Russell Indexes. Russell® is a trademark of Russell Investment Group.

4. MSCI Emerging Markets Index & MSCI EAFE - The products or securities referred to herein are not sponsored, endorsed, or promoted by MSCI, and MSCI bears no liability with respect to any such products or securities or any index on which such products or securities are based. The Schedule Page contains a more detailed description of the limited relationship MSCI has with Zurich American Life Insurance Company and any related products.

Premium Allocation Date: The date on which net premiums are allocated to an Account(s).

SERFF Tracking Number: ZUUG-127876906 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification SuppApp.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The new Supplemental Application will be used with the previously approved Application Part I and II. The applications were approved on 5/19/2011 under SERFF number MLLM-127089333. We are attaching said applications for informational purposes only.		
Attachments: ZM-10300GK (07-10) - Part I Application for Life Insurance 07-20-2010.pdf ZM-10000GK (07-10) Part II of Application for Individual Life Insurance 07-16-2010.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments: Attached please find the Statement of Variability for variable items shown in the Supplemental application.		
Attachments: ZM-11220LL - Supplemental Part I Application 10pt - 2012 01 18 (bracketed).pdf IIPRC SOV for ZM-11220LL.pdf		

Zurich American Life Insurance Company

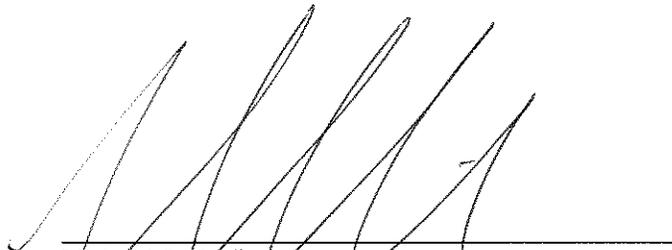
READABILITY CERTIFICATION

I hereby certify on behalf of Zurich American Life Insurance Company that the following form has been tested by an acceptable method specified in the Model Law and obtained the Flesch score indicated:

Form Number	Description	Flesch Score
1. ZM-11220LL (12/11)	Supplement to Part I of Application for Life Insurance – for Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest Options	49.2

I hereby certify that the above form complies with the N.A.I.C. Model Policy Language Simplification Act. The forms described above are presented in no less than ten point type, one point leaded. The style, arrangement and overall appearance of the forms give no undue prominence to any portion of the text or section of the form.

Unless we hear from you to the contrary, we will assume that this certification satisfies the certification requirements for compliance with any present or future readability law enacted by your state. We understand that this certification will not be valid to the extent that there is a material difference between the readability law of your state and the N.A.I.C. Model.



Michael S. Smiley
Senior Assistant General Counsel and
Assistant Secretary

Date: January 17, 2012

Part I of Application for Individual Life Insurance



Kemper Investors Life Insurance Company (the "Company")

Administrative Office
7045 College Boulevard
Overland Park, KS 66211-1523

Phone: 877.678.7534
Fax: 888.871.7537
www.zlifeusa.com

Section A: Product and Amount of Insurance

Product Name _____ Specified Amount of Insurance _____
\$ _____

Death Benefit Option (check one):

- Option A (Level) Option C (Specified Amount plus return of net premiums paid)
 Option B (Increasing) Option D (Specified Amount plus return of net premiums paid plus interest)

Section B: Proposed Insured

First Proposed Insured

1. Name (First, Middle Initial, Last)		2. Gender <input type="checkbox"/> M <input type="checkbox"/> F	3. Birth Date (MM/DD/YYYY)
4. Birth Place (Country/State)	5. Social Security Number		6. Home Phone Number
7. Work Phone Number		8. E-mail Address	
9. Address (Street, City, State, Zip Code, Country)			10. Driver's License State of Issue
11. Driver's License Number and Expiration Date			12. Occupation
13. Employer Name and Address			
14. Annual Income \$ _____	15. Net Worth (approximate) \$ _____	16. Permanent U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Citizenship			
17. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide details below			
18. Country of Citizenship	19a. <input type="checkbox"/> Green Card <input type="checkbox"/> Visa	19b. If "Visa", provide type	
20. Expiration Date	21. Country of Permanent Residence		22. Years in the U.S.

Second Proposed Insured

1. Name (First, Middle Initial, Last)		2. Gender <input type="checkbox"/> M <input type="checkbox"/> F	3. Birth Date (MM/DD/YYYY)
4. Birth Place (Country/State)		5. Social Security Number	6. Home Phone Number
7. Work Phone Number		8. E-mail Address	
9. Address (Street, City, State, Zip Code, Country)			10. Driver's License State of Issue
11. Driver's License Number and Expiration Date			12. Occupation
13. Employer Name and Address			
14. Annual Income \$	15. Net Worth (approximate) \$	16. Permanent U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Citizenship			
17. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide details below			
18. Country of Citizenship	19a. <input type="checkbox"/> Green Card <input type="checkbox"/> Visa	19b. If "Visa", provide type	
20. Expiration Date	21. Country of Permanent Residence	22. Years in the U.S.	

Section C: Proposed Owner (If other than Proposed Insured(s))

1. Owner/Trust Name		2. Relationship to Insured(s)	
3. Social Security/Tax ID Number	4. Permanent U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. E-mail Address	7. Phone Number		
8. Name(s) Authorized Trustee(s)	9. Trust Date (MM/DD/YYYY)	10. State Trust Established	
11. Address (Street, City, State, Zip Code, Country) of Owner			

Section D: Beneficiary

Beneficiary Type	Name (First, Middle, Last)	Relationship to Proposed Insured(s)	Percentage of Proceeds (if not equal)
Primary			
Primary			
Contingent			
Contingent			

Note: Unless otherwise specified, surviving beneficiaries within a class (primary or contingent) will share equally.

Section E: Proposed Insured's Other Insurance

1. Do you have any other life insurance/annuity(ies), including ultimate death benefit amounts of any policy/rider in effect with Kemper, its affiliated companies or any other life insurance company? Yes No
 (Include any policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity.) If "Yes", complete the chart below.

Proposed Insured	Name of Company	Face amount plus riders	Year Issued	Insurance	To be replaced, changed or affected?	Section 1035 Exchange?
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1 <input type="checkbox"/> 2		\$		<input type="checkbox"/> Pers. <input type="checkbox"/> Bus.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section F: Proposed Insured(s) Personal History (Proposed Insured referred to as "you")

					First Proposed Insured		Second Proposed Insured	
					Yes	No	Yes	No
1. Have you ever used tobacco or nicotine products in any form (e.g., cigars, cigarettes, cigarillos, pipes, chewing tobacco, nicotine patches, or nicotine gum)? If "Yes", please provide details.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product(s)		Frequency/Amount		Date last used				
2. Within the next 12 months, do you plan to fly, or within the last two years have you flown, as a pilot, student pilot, or crew member? If "Yes", complete the Aviation Questionnaire.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the next 12 months, do you plan to participate in, or within the last 12 months have you participated in, parachute jumping, scuba diving, auto/motorboat/motorcycle racing, hang gliding, or mountain climbing, or any other potentially hazardous avocation? If "Yes", complete the Avocation Questionnaire.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you traveled or resided outside the U.S. or Canada within the past two years ; or do you plan to travel or reside outside the U.S. or Canada within the next two years ? If "Yes", please provide details.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past	Future	Duration (weeks)	Cities and Countries	Purpose				
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever received medical treatment or counseling for, or been advised by a physician to reduce or discontinue the use of alcohol or prescribed or non-prescribed drugs? (Do not complete if your age is 0-17 on your nearest birthday.) If "Yes", complete the Alcohol and Drug Use Questionnaire					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a driver's license suspended or revoked, been convicted of DUI or DWI, or in the last five years had any moving violations? If "Yes", please provide date(s) and violation(s):					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you applied for any other life insurance within the last six months?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had life insurance declined, rated, modified, cancelled, or not renewed?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been convicted of a felony within the past five years?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Section G: Premium and Billing Information

1. A current Policy Date will be used unless you select one of the following.
 Date to save age Specific date _____ (indicate a date, excluding 29th, 30th and 31st)
MM/DD/YYYY

By signing in the signature section, I understand that insurance and expense charges begin on the Policy Date.

2. Amount paid with this Application

The Application, Conditional Receipt, and check should all have the same date.

- A. Is an initial premium submitted with this Application?
 No Yes (Do not submit money unless the face amount is \$500,000 or less and the Conditional Receipt is completed).
- B. If "Yes", show amount of initial premium. Amount \$ _____
If "Yes", by signing in the signature section, I understand, accept, and agree to the terms of the Temporary Insurance Agreement, if eligible.
- C. Planned Periodic Premium Amount \$ _____
Frequency of premium: Weekly Monthly Quarterly Annually
- D. Will a loan be carried over from another insurance carrier? Yes No
If "Yes", what is the amount of the loan \$ _____

3. Premium Financing

All questions must be answered.

Premium financing, or borrowing life insurance premiums from a lender or other third party, can be a legitimate method of funding life insurance premiums. However, not all premium financing arrangements may be appropriate and in compliance with applicable laws and regulations. In fact, the Company does not allow its products to be used in certain premium financing arrangements and will decline applications for life insurance made in connection with a premium financing arrangement that is not approved for use with the Company products.

1. Have you entered into, or have you made plans to enter into, an agreement to borrow current or future premiums, or both, in connection with this Application for Individual Life Insurance?
 Yes No

If "Yes", indicate name of the financing agreement: _____

If "Yes", indicate name of the lender: _____

2. Have you made plans to transfer the Policy to a third party as repayment of any premium financing debt?
 Yes (Give details in the Remarks section) No

4. Premium Billing Methods

- A. Billing method: (Check one)
 Direct Monthly bank draft (Complete Section H: Pre-Authorized Checking) Single premium
- B. Frequency of Payment: (Check one)
 Annually Semi-Annually Quarterly Monthly (Available with List Bill only)
- C. Indicate the duration of the no-lapse guarantee that will be funded: _____
- D. Desired premium payment period: _____

5. Payor of Premiums

Individual or entity paying premium.

- A. Payor of premium is: (Check one)
 First Proposed Insured Second Proposed Insured Employer
 Primary Policyowner Other: _____
- B. Complete information below for above party(ies), if different from Owner.
1. Name _____ 2. Relationship to Insured(s) _____

3. Care of (if applicable) _____

4. Street _____

5. City _____

6. State _____

7. Zip Code _____

Section I: Signature: (All Proposed Insured(s) and Policy Owner must sign)

I (we) have read all the questions and answers in the Application, including all required parts. All responses are true and complete to the best of my (our) knowledge and belief. I (we) promise to tell Kemper Investors Life Insurance Company of any change in the health or habits of the Proposed Insured that occurs after completing this Application, but before the policy is delivered to me (us) and the first premium is paid. I (we) agree:

1. This Application, including all of its parts, statements and answers, will be the basis for and form part of the policy, if issued, and no information will be considered to have been given to Kemper Investors Life Insurance Company unless it is stated in the Application.
2. No Agent has authority to alter Kemper Investors Life Insurance Company's rules or requirements, the Application, any Temporary Insurance Agreement, or any policy.
3. The first premium will not be deemed paid unless any check, draft, or other instrument of payment (given as premium) is paid in accordance with its terms.
4. Except as provided in the Temporary Insurance Agreement, if given, the insurance applied for never takes effect unless, during the lifetime of the Proposed Insured:
 - (a) the policy has been issued, delivered to, and accepted by me (us);
 - (b) the required first premium has been paid while each Proposed Insured is alive; and
 - (c) any amendments issued with the policy have been completed and signed, all while the health and habits of the Proposed Insured(s) remain as stated in this Application.
5. In those states where required by state regulations, Kemper Investors Life Insurance Company will notify the Proposed Insured(s) within (60) days of the Application as to whether or not the Application has been accepted or rejected or will give the reason for further delay.

Amendments to plan, amounts, classification or benefits will be made only with my (our) consent. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. Kemper Investors Life Insurance Company or its reinsurers may make a brief report regarding me to other companies to whom I have applied or may apply.

I (We) authorize Kemper Investors Life Insurance Company to obtain an investigative consumer report on me (us). (Upon written request, you may obtain a copy of the report. There may be a fee for the copy.)

I (We) agree to be interviewed if an investigative consumer report is prepared in connection with this Application. Kemper Investors Life Insurance Company, its reinsurers, insurance support organizations, the Medical Information Bureau and their authorized representatives may obtain medical and other information in order to evaluate my (our) Application for life insurance. Any employer, consumer reporting agency, insurance company, licensed physician or medical practitioner, hospital, clinic, the Veterans Administration, the Medical Information Bureau, or other medical or medically related facility who possesses information of care, treatment or advice of me or my health or information of care, treatment or advice of my (our) children or their health may furnish such information to Kemper Investors Life Insurance Company, its reinsurers, insurance support organizations, the Medical Information Bureau and their authorized representatives upon presenting this Authorization. I (We) understand that this Authorization includes information about drugs, alcoholism or mental illness, and that I (we) or my (our) representative may request and receive a copy of this Authorization. A copy of this Authorization is as valid as the original. This Authorization is valid for two and one-half years from the date this form is signed.

Signed at _____ X
 City and State Signature of Proposed Insured/Signature of Parent or Guardian (if Proposed Insured is a minor)

on _____ X
 MM/DD/YYYY Signature of Owner/Applicant, if other than Proposed Insured

X
 Signature of Broker/Witness _____ Print Broker Name _____ Broker License Number _____

X
 Signature of Second Proposed Insured _____ Print Second Proposed Insured Name _____

Section J: Broker Identification and Certification

(Incomplete information may delay your Application)

1. What is the purpose of insurance? (Check **all** that apply)
 - Estate planning Charitable giving
 - Buy/sell If "Yes", percentage of Business Owned: _____ % Fair market value of Business \$ _____
 - Key person Income protection Other _____
2. Is this insurance a replacement? Yes No
3. Have you completed and attached the required replacement forms? Yes No N/A
4. Have you attached the Internal Revenue Code Section 1035 form? Yes No N/A
5. Did you use only sales material approved for use by the appropriate Company? Yes No
6. Did you see all persons to be insured on the date the Application was taken? Yes No
If "No", why not? _____
7. Are you related to the Proposed Insured(s)? Yes No
If "Yes", indicate relationship: _____

Certification of Owner Identity:

- I certify that I personally met with the Owner(s)/legal representative(s) of the entity and reviewed the appropriate identification documents. To the best of my knowledge, the documents accurately reflect the identity of the Owner(s)/legal representatives of the entity.
- I did not meet in person with the Owner(s)/legal representative(s) of the entity or I was otherwise unable to personally review the Owner(s)/entity's identification documents. I certify that, to the best of my knowledge, the Owner(s)/entity's identification information provided by the legal representative(s) either by mail or phone is accurate.

I certify that I have truly and accurately recorded on all parts of this Application the information supplied by the Proposed Insured(s) or the applicant(s). As noted in Question Number 6 above, I have personally observed each Proposed Insured. Apart from any admissions recorded on the Application or any additional comments that I have supplied to underwriting, each appears to me to be healthy. The purpose of this sale has been discussed with the Owner(s) and I believe this Application to be an appropriate recommendation.

Producer Name (Please print full name)	Sales Office/ Agency Number/ID	Broker Number/ID	Commission Split %	
			1st Year	Renewal

Section K: Signatures

I have personally reviewed this Application for appropriateness of sale. I was appropriately licensed and appointed on the date the Application was signed.

_____ X _____
 Name of Broker Broker Signature Date (MM/DD/YYYY)

Section L: Temporary Insurance Agreement

Proposed Insured Name _____

Date of Birth (MM/DD/YYYY) _____

Application Number _____

Notice to Proposed Insured and Owner

Subject to a signed and dated Application for Individual Life Insurance (Application) bearing the same number as the Application Number printed above, the Terms of Eligibility below, and payment of the full first modal premium for the policy applied for in the Application, coverage provided by this Temporary Insurance Agreement (TIA) is limited to the amount applied for in the Application (exclusive of riders or supplemental benefits) or \$500,000, whichever is less, and applies to the life of the Proposed Insured named in the Application Part 1. Coverage under this TIA begins on the Start Date and ends on the Stop Date described below. No Agent or Representative has the authority to change the terms and conditions of this TIA.

Terms of Eligibility

If the following five questions cannot be truthfully answered "No" or if any questions are left blank, no Agent of Kemper Investors Life Insurance Company is authorized to collect premiums associated with your Application and this TIA and no life insurance coverage is in force by virtue of your Application or this TIA until the policy requested in your Application takes effect.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the Proposed Insured less than 15 days old or more than 70 years old as of the date of the Application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the Proposed Insured had or ever been told he/she had or consulted a physician for or received treatment for any of the following: disorder of the heart or blood vessels, angina, heart attack, stroke, cancer, tumor, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARCS) or any other immunological disorder, drug dependency, or alcohol dependency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Within the past two years, has the Proposed Insured had any symptoms of, treatment for, or any medical condition that resulted in hospitalization for more than five days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the Proposed Insured ever applied for insurance which has been declined, rated or modified in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within the past 90 days, has the Proposed Insured been unable to perform the normal duties of his/her occupation for fifteen or more working days because of health reasons? | <input type="checkbox"/> | <input type="checkbox"/> |

Agreement

This TIA provides for a death benefit limited to the amount applied for in the Application (exclusive of riders or supplemental benefits) or \$500,000, whichever is less. Life insurance benefits will be paid, subject to the Limitations described below, upon presentation of due proof of death of the Proposed Insured occurring between the Start Date and Stop Date of this TIA. The death benefit will be paid to the person who would have received payment under the policy applied for had it been issued. In the event the Application is declined or withdrawn or this TIA is cancelled for any reason, Kemper Investors Life Insurance Company's only obligation will be to return the premium paid.

Start Date

Once the Terms of Eligibility have been met and the full first modal premium for the policy applied for in the Application has been paid, the coverage provided under this TIA begins on the date the Application for Individual Life Insurance bearing the same number as this TIA is signed.

Policy Effective Date

If the policy applied for is issued on the plan, for the amount and at the rate specified in the Application, and the full first modal premium has been paid, the policy will take effect on the Issue Date assigned by Kemper Investors Insurance Company. If the policy can not be issued as applied for or a request to backdate the policy has been made, the policy will take effect on its Issue Date once it has been issued, delivered and accepted by the Policy Owner and the full first modal premium has been paid. All of the funds used to purchase TIA coverage will be applied to the policy as it takes effect.

Stop Date

Coverage under this TIA ends when the policy takes effect or when the Company receives the Policy Owner's signed request to cancel or withdraw the Application or this TIA.

Coverage under the TIA also ends when the Policy Owner receives notice that either this TIA or the Application has been declined; and in no case later than 12:01 A.M. Pacific Standard Time of the fifth day after Kemper Investors Life Insurance Company has mailed a letter giving such notice.

Limitations

No benefits under this TIA will be paid if the full first modal premium check/draft submitted is not honored by the bank upon first presentation. If a material misrepresentation or omission of fact is made with respect to the Terms of Eligibility requirements above or the Proposed Insured dies by suicide, whether sane or insane, coverage under this TIA will be void and Kemper Investors Life Insurance Company's only obligation will be to return the premium paid.

I (We) represent that: (1) I (We) have read and received a copy of this TIA and agree to all of its terms and conditions; (2) I (We) understand and agree that no life insurance coverage, other than coverage provided by this TIA, is in force by virtue of my Application, until the policy takes effect; (3) I (We) understand that purchasing the coverage under this TIA does not guarantee that Kemper Investors Insurance Company will issue a policy on the Proposed Insured's life; and (4) I (We) understand that the Agent is not authorized to change or waive the terms of this TIA or collect premium if the Proposed Insured is not eligible for coverage.

Signature of Proposed Insured

Date of this TIA
(MM/DD/YYYY)

Signature of Proposed Policy Owner
(if other than Proposed Insured)

Licensed Broker's Statement

Amount Remitted: \$ _____ Person from whom received: _____

On the Date of this TIA, I received the Amount Remitted in exchange for this TIA. This TIA bears the same date and number as the Application - Part I. I agree that I am not authorized to change or waive the terms of this TIA and represent that I have not attempted to do so. I have read and explained the terms of this TIA to the Proposed Insured and Owner. I have left a copy with the Owner.

Signature of Broker

Broker's Number

Section M: Notice to Owner and Proposed Insured(s) Regarding Coverage

No insurance coverage is in force as a result of your insurance Application unless and until the policy applied for has been issued on the plan, for the amount and at the rate specified in the Application, and the full first modal premium has been paid, at which time the policy will take effect on the Issue Date assigned by the Company. If the policy cannot be issued as applied for or a request to backdate the policy has been made, no insurance coverage is in force as a result of this Application unless and until the Company issues a policy that has been delivered and accepted by Owner and the full first modal premium has been paid, at which time the policy will take effect on its Issue Date. If eligible, you have the right to purchase coverage under a Temporary Insurance Agreement that will provide a limited amount of coverage from the time this Application is signed until the policy takes effect. The terms and conditions for eligibility, coverage, duration and termination are described on the TIA attached to and bearing the same number as this Application. If you are eligible and choose to purchase coverage under the TIA, 100% of the premium paid for the TIA will be applied to the policy as of its Issue Date if the policy is issued as applied for. If the policy cannot be issued as applied for or a request to backdate the policy has been made, 100% of the premium paid for coverage under the TIA will be applied to the policy as of its Issue Date at the time the Policy is delivered and accepted, as issued, by Owner. If you are not eligible or choose not to purchase, no Agent of Kemper Investors Life Insurance Company is allowed to accept a premium payment in connection with this Application or an Application for coverage under a TIA and no coverage of any kind is in force by virtue of this Application until a policy takes effect.

Part II of Application for Individual Life Insurance



Kemper Investors Life Insurance Company

Administrative Office
7045 College Boulevard
Overland Park, KS 66211-1523

Phone: 877.678.7534
Fax: 888.871.7537
www.zlifeusa.com

Paramedical The following is to be completed by the Proposed Insured (referred to as "you").

- 1.a. Proposed Insured (Please Print)
First Name _____ Middle Initial _____ Last Name _____
- b. Height _____ ft. _____ in. c. Weight _____ lbs. d. Birth Date (MM/DD/YYYY) _____
- e. Has your weight changed by more than 10 pounds in the last 6 months? Yes No
If Yes, please provide details: _____
- 2.a. Name and address of personal physician
(or medical facility if used instead): (If none, so state) _____
- b. Date and reason for last medical or health consultation (within last five years): _____
- c. What treatment was given or recommended? (If none, so state) _____

Please provide full details for all "Yes" answers on Page 2.

3. Are you being treated by diet, drugs or other means? Yes No
4. Have you ever had, been told you have, or been treated by a physician for:
- | | |
|---|--|
| a. High blood pressure, chest discomfort, stroke, circulatory or heart disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Diabetes, sugar in the urine, thyroid, or other glandular (endocrine) disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Kidney, bladder, urinary, reproductive organ or prostate disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Protein (albumin), blood or pus in the urine, sexually transmitted disease or venereal disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Cancer, tumor, polyp, or disorder of the skin or breast? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Asthma, pneumonia, emphysema, or any other respiratory or lung disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Seizure, convulsion, fainting, loss of consciousness, tremor, paralysis, or other disorder of the nervous system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Anxiety, depression, stress or any psychological or emotional condition or disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Colitis, hepatitis, ulcers, or other disorders of the stomach, liver or digestive system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Arthritis, gout, back or joint pain, bone fracture, or muscle disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Anemia, bleeding, or blood disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l. Have you ever been told by a physician that you have, or have you been treated by a physician for, Acquired Immune Deficiency Syndrome (AIDS)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m. A positive blood test for antibodies to the AIDS (HIV) virus? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
5. Have you:
- | | |
|---|--|
| a. Used amphetamines, marijuana, cocaine, hallucinogens, heroin or other drugs except as prescribed by a physician? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Been treated or counseled for alcoholism or drug abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Been advised to reduce your consumption of alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
6. Other than previously stated, have you within the past five years:
- | | |
|---|--|
| a. Consulted a physician or any other practitioner, had a checkup, illness, surgery or been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Had an electrocardiogram, stress or exercise test, x-ray, blood test or other diagnostic test? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Been advised to have, or scheduled, any diagnostic test, hospitalization or surgery which was not completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
7. Have you, within the last five years:
- | | | |
|------------------------------------|--|-------------------------|
| a. Smoked cigarettes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last use? _____ |
| b. Used any other form of tobacco? | <input type="checkbox"/> Yes <input type="checkbox"/> No | What type? _____ |

Medical Report on Proposed Insured

Name of Proposed Insured _____

Birth Date (MM/DD/YYYY) _____

Age _____

10. Height	Weight (Clothed)	Chest (Full Inspiration)	Chest (Forced Expiration)	Abdomen Relaxed at Umbilicus
ft. in.	lbs.	in.	in.	in.
Did you weigh? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you measure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weight change in past year? _____ lbs. <input type="checkbox"/> Gain <input type="checkbox"/> Loss-Cause				
Is appearance unhealthy or older than stated age? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Examiner's remarks and description of positive findings:

11. **Blood Pressure** (if 140/90 or over, must give at least two additional readings)

	First Reading	Second Reading	Third Reading
Systolic			
Diastolic			

12. **Pulse**

	At Rest	After Exercise	3 Minutes Later
Rate			
Irregularities Per Min.			

13. **Heart**

a Is there any cardiovascular disorder? Yes No

b Is heart enlarged? Yes No (If Yes, describe) _____

c Is murmur present? Yes No (If Yes, complete 12d)

d Murmur is: Constant Inconstant

Transmitted Systolic Apical Soft (Gr. 1-2)

Localized Presystolic Basal Mod. (Gr. 3-4)

Diastolic Other Loud (Gr. 5-6)

Unchanged Increased

Decreased Absent

Show location of:

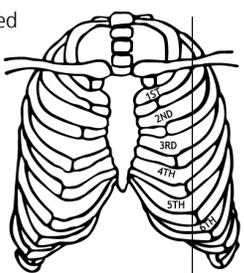
Apex by _____

Area of murmur by _____

Point of greatest intensity by _____

Transmission by _____

e Diagnostic Impression: _____



14. **Is there any abnormality of the following:** (Circle applicable items and give details)

a Eyes, ears, nose, mouth, pharynx (If vision or hearing markedly impaired, indicate degree and correction)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Skin (incl. scars): lymph nodes; blood vessels (Incl. varicose veins)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c Nervous system (Include reflexes, gait, paralysis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
d Respiratory system	<input type="checkbox"/> Yes <input type="checkbox"/> No
e Abdomen (Including scars or hernias)	<input type="checkbox"/> Yes <input type="checkbox"/> No
f Genitourinary system	<input type="checkbox"/> Yes <input type="checkbox"/> No
g Endocrine system (Include thyroid and breasts)	<input type="checkbox"/> Yes <input type="checkbox"/> No
h Musculoskeletal system (Include spine, joints, amputations, deformities)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Identification

Proposed Insured must show acceptable form of identification:

Driver's License Passport Green card

Employment I.D. Other picture/signature I.D.

In my opinion, the item checked is positive identification of Proposed Insured Yes No

Proposed Insured speaks and understands the English language Yes No

*If either question answered "No," give details of negative reply:

15. Have you any pertinent information not brought out above? Yes No

Medical Examiner: _____

Signature of Medical Examiner _____

When paying fees we are required to show and report Social Security or Employer I.D. Number. Please give us this information below.

Include All Hyphens → _____

Examined at: My Office Other: _____

Date and Hour of Examination _____ A.M. P.M.

Fraud Warnings and Other Notices

Please review the warning and/or notice applicable to your state, if any.

Arkansas, Louisiana, New Mexico, Rhode Island, and West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia - **Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Maine - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland - "Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Minnesota Guarantee Association Notice - *This applies only to the variable funds of life and annuity policies:* This policy or contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In case of insolvency, payment of claims is not guaranteed. Only the assets of this insurer will be available to pay your claim.

Missouri - Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy where the policy is issued to a Missouri citizen, unless the insurer can show that the insured intended suicide when s/he applied for the policy, regardless of any language to the contrary in this policy.

New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Oklahoma - **Warning:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania - "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Tennessee, Virginia and Washington - "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Supplement to Part I of Application for Life Insurance - for Flexible Premium Adjustable Life Insurance Policy with Index - Linked Interest Options



Zurich American Life Insurance Company

Administrative Office
7045 College Boulevard
Overland Park, KS 66211-1523

Phone: 877.678.7534
Fax: 888.871.7537
www.zlifeusa.com

First Proposed Insured Name

First Name _____ Middle Initial _____ Last Name _____

Second Proposed Insured Name

First Name _____ Middle Initial _____ Last Name _____

1. Section 7702 Compliance Method

The following method will be used for compliance with Internal Revenue Service Code Section 7702 for the life of the policy (check one box):

Cash Value Accumulation Test (CVAT) Guideline Premium Test (GPT)

2. Optional Riders

Zurich Index UL™

I (We) elect the following optional rider(s): Lapse Protection Period Extension Rider Other _____

Check box if no optional riders are elected.

Zurich Survivor Index UL™

I (We) elect the following optional rider(s): Lapse Protection Period Extension Rider Other _____

Joint First to Die Rider Four-Year Level Term Insurance Rider

Check box if no optional riders are elected.

These are my (our) Premium Allocation instructions for the percentage of each net premium to be allocated to the Short Term Holding Account, Long Term Fixed Account, or the Index Interest Account(s) on the Issue Date and on any subsequent Premium Allocation Dates.

3. Premium Allocation Instructions (Percentage of Net Premium to be allocated to the Short Term Holding Account, Long Term Fixed Account, or the Index Interest Account(s) after a Premium Payment).

Indicate a percentage from 5 to 100% for each of the Accounts below. Percentages must be whole numbers, and must total 100%.

Check box if there are no premium allocations to Index Interest Account Account(s).

Check box if there are no premium allocations to Long Term Fixed Account.

A.	Short Term Holding Account	%	D.	Domestic Multi Index Interest Account	%
B.	Long Term Fixed Account	%	E.	Global Multi Index Interest Account	%
C.	S&P 500® Index Interest Account	%	[]	[]	[]

The Premium Allocation percentages shown above will remain in effect for future premium payments unless You send Us Written Notice.

4. Monthly Automatic Transfer Instructions

These are my (our) instructions for Monthly Automatic Transfers from the Short Term Holding Account to the Long Term Fixed Account, or the Index Interest Account(s). If this section is completed, these instructions replace any premium allocation instructions provided in Section 3 above with respect to new net premiums. Monthly Automatic Transfers can be stopped at any time.

Indicate a percentage from 5 to 100% for each of the Accounts below. Percentages must be whole numbers, and must total 100%:

A.	Long Term Fixed Account	%	[C.]	[Domestic Multi Index Interest Account]	%
B.	[S&P 500® Index Interest Account]	%	[D.]	[Global Multi Index Interest Account]	%

Note that Monthly Automatic Transfers will occur on a Monthly Date and will result in the total allocation of the Short Term Holding Account to the receiving accounts gradually over the Policy Year. The Monthly Automatic Transfer percentages shown above will remain in effect unless You send Us Written Notice.

5. Remarks

6. Acknowledgements:

I (We) acknowledge that:

- I (We) am (are) applying for a Flexible Premium Adjustable or Flexible Premium Adjustable Survivorship Life Insurance Policy with Index-Linked Interest Options. This policy includes a Short Term Holding Account, Long Term Fixed Account and Index Interest Accounts (each an "Account" and collectively the "Accounts"). The Index Interest Accounts use an outside financial index (indices) to calculate the total annual crediting rate.
- I (We) understand the policy is not designed to be an investment vehicle and is not a variable product or any type of investment contract. I (We) further understand that the policy values may be affected by external index (indices), and the policy itself is not an investment in the stock market.
- Net premiums will be initially credited to the Short Term Holding Account and will, if I (We) elect, be allocated to the Index Interest Accounts and Long Term Fixed Account on the next eligible Premium Allocation Date.
- The Premium Allocation instructions listed above indicate my (our) request for premium allocations to the Short Term Holding Account, Long Term Fixed Account, or the Index Interest Account(s). I (We) may change my (our) instructions by Written Request to Zurich American Life Insurance Company's Administrative Office. Such Written Requests must be received at least five business days prior to a Premium Allocation Date.
- Even though values of the policy may be determined, in part, by reference to an external index (indices), the policy does not directly participate in any stock or equity investments, or dividends on the external index (indices).
- Please check appropriate box:
 - I (We) have received an illustration of the policy for which I (We) applied.
 - I (We) have NOT received an illustration of the policy for which I (We) applied. I (We) acknowledge that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- Any values shown in the policy or illustration, other than guaranteed values, are not guarantees, promises, or warranties.

7. Signatures

If You are signing on behalf of an entity, You represent that You are authorized to execute this document and to make the representations herein. If the entity is a corporation, You further represent that all requirements under applicable law and under the corporation's governing documents have been satisfied concerning the execution of this document, including the use of the corporate seal and number of signing officers.

Signed and dated in:

_____	_____
City/State	Date (MM/DD/YYYY)
X _____	X _____
Signature of Proposed Policy Owner*	Witness
X _____	
Signature of Second Proposed Policy Owner (if applicable)	

* If a corporation, the signature and title of any authorized representative is required. If a trust, all required trustees must sign according to the trust agreement.

8. Key Terms Used Above

Long Term Fixed Account: The Long Term Fixed Account credits interest to the portion of Policy Value allocated to it. The Long Term Fixed Account has a Guaranteed Interest Rate that is specified in Your policy. The Long Term Fixed Account may credit interest at a rate in excess of the Guaranteed Interest Rate.

Index Interest Accounts: The portion of the contract's Policy Value allocated to the Index Interest Accounts may earn interest based on the percentage change(s) in the value(s) of an external index (indices), subject to the Index Interest Account Guaranteed Interest Rate, Growth Cap and Participation Rate. The Growth Cap is the maximum Index Growth Rate (after adjustment by the Participation Rate) that will be used in calculating the total interest credited to an Index Interest Segment. The Participation Rate is the percentage of the Index Growth Rate that will be used in calculating the total interest credited to an Index Interest Segment.

Indices:

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Premium Allocation Date: The date on which net premiums are allocated to an Account(s).

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