Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Allianz

Allianz Authorization to Transfer Funds Tip Sheet

Please make sure to complete all applicable sections to expedite your transfer request to Allianz Life Insurance Company of North America (Allianz). Incomplete responses may delay processing of the request. For more information please see www.allianzlife.com.

Instructions

- If possible, attach a copy of the contract, policy or account statement for the funds being transferred.
- To avoid delays, complete this form carefully and obtain all necessary signatures.
- Return the original forms to the home office when completed (see mailing addresses below).
- Call the financial institution currently holding the assets to see what they require to transfer the funds. Many financial institutions have different requirements on what is needed to process an outgoing transfer request (e.g., a call to liquidate the account at the existing financial institution or their own transfer form may be required).
- Transfers can involve tax consequences. Customers may want to consult a tax professional before requesting a transfer.

Mailing Transfer Form/Check to Allianz

Allianz Fixed Annuity and Life Addresses:

If shipping **overnight**, please send checks to:
Allianz
ATTN: 360348
500 Ross Street 154-0455
Pittsburgh, PA 15250

If sending regular mail please send **checks** to:
Allianz
PO Box 360348
Pittsburgh, PA 15250-6348

If shipping **transfer form** overnight (not including checks), please send to:
Allianz
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Please send **transfer form** (not including checks) to:
Allianz
PO Box 59060
Minneapolis, MN 55459-0060

Allianz Variable Annuity Addresses:

If shipping **overnight**, please send checks to:
Allianz
NW 5989
1801 Parkview Drive
Shoreview, MN 55126

If sending regular mail please send **checks** to:
Allianz
NW 5989
PO Box 1450
Minneapolis, MN 55485-5989

If shipping **transfer form** overnight (not including checks), please send to:
Allianz
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Please send **transfer form** (not including checks) to:
Allianz
PO Box 561
Minneapolis, MN 55440-0561

Fax numbers

Fixed Annuities New Business fax number: 763-582-6603
Variable Annuities New Business fax number: 800-721-2672 or 763-765-7917
Life fax number: 763-582-6002

Questions

For assistance with completion of the Authorization to Transfer Funds form please call:
Fixed Annuity phone line: 800-950-7372
Variable Annuity phone line: 800-624-0197
Life phone line: 800-950-1962

Allianz Life Insurance Company
of North America

Allianz

Authorization to Transfer Funds

Funds to be applied to Allianz Life Insurance Company of North America (Allianz)

☐ Fixed Annuity/Fixed Indexed Annuity
Producer submitted through a ☐ FMO ☐ Broker Dealer
☐ Variable Annuity
☐ Life Policy (new policy only)

☐ New Allianz contract/policy number (if known): ________________ ☐ Existing Allianz contract/policy number: ________________

Original paperwork will need to be mailed to Allianz as many financial institutions will require originals.

1. Financial institution holding assets

Company name: ____________________

Contract/policy/account number (one per transfer form): ____________________

Company address (No PO Boxes): ____________________

____

City: ____________________ State: ________ ZIP code: __________ - ______

Phone number: (____)-_____-_______

2. Existing owner information at financial institution shown in section 1

Owner ____________________

Social Security number____________________

Address: ____________________ City: ____________________ State: ________ Zip code: __________

Joint Owner (if applicable) ____________________

Social Security number____________________

Insured/annuitant(s) (if other than owner) ____________________

Social Security number(s)____________________

The undersigned requests and directs the following action be taken to transfer the contract, policy, or account funds identified below.

3. Existing plan type for assets described in section 1 and 2

☐ **Nonqualified or after tax** ☐ **Traditional IRA** ☐ **Roth IRA** ☐ **SEP IRA** ☐ **SIMPLE IRA[1]**

☐ **Governmental 457(b)** ☐ **Qualified retirement plan (specify type: 401, Pension, PSP, 403(b))[1,2]** ____________________

☐ **Beneficial ________ IRA (specify type: Traditional, Roth, SIMPLE)[1]**

☐ **Qualified Plan Beneficiary** ☐ **Other** ____________________

[1]SIMPLE IRAs are not available for variable annuities at Allianz. 403(b) contracts are not available at Allianz for fixed or variable business. However, 403(b) assets can be rolled over to an IRA at Allianz if the assets are eligible for rollover.

[2]Qualified plans (401(k)/pension plans) generally require their own withdrawal paperwork. Clients should contact their former employer to initiate the transfer. If a tax plan is not specified above, and an IRA is being established at Allianz, the transaction will be reported in the Rollover contributions box of IRS Form 5498.

4. Transaction Type (see page 3 of 3 for disclosures on the transaction being requested)

Nonqualified Exchange (as indicated in section 3):

☐ 1035 Exchange (registration of owner must be "like to like" with the same ownership)
Cost basis requested: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, furnish a statement to the Assignee and to the former contract, policy or account holder of the cost basis in the contract, policy or account if available.

☐ Non-1035 Exchange/ other nonqualified assets

Qualified Exchange (as indicated in section 3):

☐ Direct Rollover (e.g., 401(k) to IRA) ☐ Direct Transfer (e.g., IRA to IRA)

☐ Roth IRA Conversion (IRA to Roth IRA) (see disclosure on acceptance letter provided by Allianz)

5. Type of investment held at financial institution described in section 1 and 2 (this section must be fully completed)

If the assets being transferred are currently or were held in an annuity contract or life insurance policy within the last 12 months, state replacement forms may be required in order to be compliant with your state's replacement regulations.

☐ **Annuity**
☐ **Variable Annuity** ☐ **Fixed Annuity/Fixed Indexed Annuity**

☐ **Life Policy**

☐ **Certificate of deposit** (see section 6 for maturity date instructions)

☐ **Brokerage account**[1] ☐ **Mutual fund(s)**[1]

☐ **Money market(s)**

[1]Contact financial institution to liquidate the account prior to submitting transfer paperwork for securities.

6. Transfer instructions for assets described in section 1 and 2 (this section must be fully completed)

This is to request liquidation and/or transfer from the contract/policy/account listed in section 1:

☐ Full liquidation (estimated $ amount) ______________________

☐ Partial liquidation[2] ($ amount) ______________________

[2]Partial 1035 exchange(s) is (are) not permitted on life policies. In order to be considered a 1035 exchange by the IRS, the amount being requested must be transferred and retained in the receiving contract/policy/account.

Transfer and/or liquidation effective:

☐ Immediately- I am aware of penalties that may occur from an early withdrawal.

☐ On maturity/liquidation date[3]_____/_____/_____

[3] Submit all transfer paperwork at least 10 business days prior to maturity date. Do not submit transfer paperwork requesting to hold for a maturity date any later then 15 business days. If outside of the time frame, requested processing can not be guaranteed. (Does not apply for life policies being established at Allianz)

If neither box is checked, transfer/liquidation will occur immediately.

☐ **Please waive any conservation period that may apply and process transfer request.**

Optional at the request of writing producer/registered representative: Overnight funds to Allianz (address on acceptance letter provided by Allianz)

Overnight Carrier (e.g., UPS, FedEx): ____

Overnight Account Number: ____

7. Lost contract statement

☐ Contract is attached

☐ Certificate of lost contract – I/We certify that the above referenced contract has been lost or destroyed, and to the best of my/our knowledge and belief is not in anyone's possession.

8. Disclosures

I am aware of any surrender/withdrawal penalties which may apply, and I authorize the transaction described above. This transfer request also authorizes Allianz to receive information on the status of this transfer or exchange by phone or in writing.

The undersigned represents and agrees that Allianz is participating in this transfer at the undersigned's specific request. It is further agreed that Allianz has made no representations and that it has no responsibility nor liability concerning the tax treatment of this transaction under the Internal Revenue Code.

Transaction Disclosure Information
Tax Qualified Transactions:

Transfers: This Certificate of Deposit, brokerage account, mutual fund, money market, and/or annuity contract is held in the IRA type marked above and is to be transferred to the same type of IRA.

Direct Rollover: This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.

Required Minimum Distributions:

Important note to existing financial institution: If I must receive a required minimum distribution (RMD) for any reason (I am age 70 1/2 or older, this is a beneficial IRA, etc.), do not transfer or roll over my current year's RMD calculated for this account.

Important note to owner: The existing financial institution has the most accurate information to ensure that you receive the correct RMD from this account. If you do not receive the full amount of your RMD, you may be subject to an IRS penalty of of up to 50% of the underpayment. If necessary, instruct your existing financial institution before effecting this transfer to either: (1) pay your RMD to you now, or (2) retain that amount for distribution to you later.

Nonqualified Transactions

Annuity/Life 1035: Surrender a nonqualified annuity contract(s) or life insurance policy for the purchase of another nonqualified annuity contract under Sec 1035 of the Internal Revenue Code. Annuities only: For partial 1035 exchanges, any surrender or withdrawal from the existing or new annuity contract within 180 days of the exchange may subject you to adverse tax consequences unless you receive amounts as an annuity for the period of 10 or more years (or over your life expectancy). Please see your tax professional for further details.

Surrender (Annuity/Life): The undersigned as owner of this contract or policy specified in this transaction, elects to surrender the assets for its net cash value and directs the transferring company to make payment(s) to the name Assignee. This does not qualify as a 1035 exchange.

Absolute Assignment for 1035 Exchanges of Life or Annuity Contracts

The owner of the above contract(s) hereby assigns ownership and beneficial rights under the contract(s) to the following assignee, Allianz Life Insurance Company of North America, Assignee ID Number: 41-1366075.

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s) as to the partial or total amounts shown above, are revoked. The sole beneficiary and payee of the partial or total amounts shown above, shall be the named assignee.

IRA Rollover

Please note that, effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA. Please consult your tax advisor for any questions.

9. Transaction authorization

Sign and Date Here

Owner/Plan Administrator ____________________ Date

Joint Owner (if applicable) ____________________ Date

Annuitant/Insured (life policy/different than owner) ____________________ Date

Spouse[1] (Only in AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI) ____________________ Date

Trust:______________________ as trustee of the:______________________ ______________
Trustee's signature   Trust name (printed)   Date

Medallion Stamp Guarantee

For requesting securities at the transferring company, if required.

[1] If you reside in one of the above listed community property states, the spouse must also sign.

If you have additional questions, please call Allianz at 800.950.5872.

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372

Allianz

Life Insurance Policy Worksheet

1. Proposed primary/first insured

First name	MI	Last name	
☐ Male ☐ Female	Date of birth (mm/dd/yyyy)	Age	Social Security number
Residence address (street required)			
City	State	ZIP code	Email address
Place of birth (state and country)		Driver's license number	State of issue

If owner is other than proposed primary/first insured, or juvenile, complete Supplemental Life Insurance Worksheet NB5057-R6.

2. Policy information

Delivery state	Specified amount (face amount)	Rate class

Premium information

Total amount submitted with Worksheet ☐ None, or enter amount $____________________________

Frequency, check one ☐ Single premium ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly (complete EFT authorization, and provide void check)

Lump-sum amount (Non-1035 exchange) $ 1035 exchange amount +$ Total lump sum =$	Billed premium amount $	Additional billed amount $

Is lump sum coming from a 1035 exchange of a life insurance policy? ☐ Yes ☐ No

If from a life insurance policy, was the contract that is being replaced a Modified Endowment Contract (MEC)? ☐ Yes ☐ No

3. Product information (Products may not be available in all states)

☐ **Allianz Life Pro+® Fixed Index Universal Life Insurance Policy (Flexible Premium Adjustable Life Insurance Policy)**

Death Benefit Option (check one). If a box is not selected, Option A will be issued.

☐ A (specified amount)
☐ B (specified amount plus accumulation value)
☐ C (specified amount plus total premium paid)

Definition of life insurance test (check one). If a box is not selected, GPT will be issued.

☐ Cash value accumulation test (CVAT) ☐ Guideline premium test (GPT)

Select the following allocations in increments of "1". The minimum allocation is 1%. Total must equal 100%.

Fixed Interest Allocation ________ %
Monthly sum **S&P 500® Index** ________ %
Annual point-to-point **S&P 500® Index** ________ %
Annual point-to-point blended ________ %
Trigger Method **S&P 500® Index** ________ %
Annual point-to-point blended w/ Annual Floor ________ %
Monthly average blended ________ %
Annual point-to-point **Barclays US Dynamic Balance Index II**[1] ________ %
Annual point-to-point with annual floor **Barclays US Dynamic Balance Index II** ________ %

Optional riders

☐ Premium Deposit Fund Rider[2] Initial Deposit amount $________
Premium Deposit Fund Period: ☐ 3 years ☐ 4 years ☐ 5 years ☐ 6 years ☐ 7 years ☐ 8 years ☐ 9 years ☐ 10 years

☐ Enhanced Cash Value Rider (not available with any other riders)

☐ Additional Term Rider Rider specified (face) amount $ ________

☐ Other Insured Term Rider (Complete Supplemental Worksheet NB5057-R6)
Rider specified (face) amount $________

☐ Child Term Rider[3] ______ units ($1,000 per unit. Minimum 5 units/maximum 10 units. Issued to child(ren) ages 15 days to age 20). Available at initial application or policy anniversary after birth of first child, complete Supplemental Worksheet NB5057-R6

☐ Waiver of Specified Premium Rider[4] Waiver amount $________
(Minimum: $300/year; Maximum: lesser of $150,000/year or 2 times the minimum annual premium)

☐ Enhanced Liquidity Rider (check one) ☐ 50% ☐ 100%

☐ Long Term Care Accelerated Benefit Rider (LTC ABR)[5] Rider specified (face) amount $ ________
LTC monthly benefit (1-4) ____ % of rider specified amount.

[1] Barclays US Dynamic Balance Index is not available in IN or OR.
[2] Premium Deposit Fund Rider not available in KS.
[3] Known as Children's Level Term Rider in MA.
[4] Waiver of Specified Premium is not available in CA.
[5] LTC ABR only available in MD and MN.

3. Product information (continued)

☐ **Allianz Life Pro+ Survivor℠ Fixed Index Universal Life Insurance Policy (Joint Last Survivor Flexible Premium Adjustable Life Insurance Policy)**

Note: The Allianz Life Pro+ Survivor product is a second to die policy. Insureds cannot be listed as each others beneficiaries. A separate person, corporation, or trust has to be named as the beneficiary.

Death Benefit Option (check one). If a box is not selected, Option A will be issued.

☐ A (specified amount)
☐ B (specified amount plus accumulation value)
☐ C (specified amount plus total premium paid)

Definition of life insurance test (check one). If a box is not selected, GPT will be issued.

☐ Cash value accumulation test (CVAT) ☐ Guideline premium test (GPT)

Select the following allocations in increments of "1". The minimum allocation is 1%. Total must equal 100%.

Fixed Interest Allocation ________ %
Monthly sum **S&P 500® Index** ________ %
Annual point-to-point **S&P 500® Index** ________ %
Annual point-to-point blended ________ %
Trigger Method **S&P 500® Index** ________ %

Annual point-to-point blended w/ Annual Floor ________ %
Monthly average blended ________ %
Annual point-to-point **Barclays US Dynamic Balance Index II** ________ %
Annual point-to-point with annual floor **Barclays US Dynamic Balance Index II** ________ %

Optional riders

☐ Premium Deposit Fund Rider Initial Deposit amount $ ________
Premium Deposit Fund Period: ☐ 3 years ☐ 4 years ☐ 5 years ☐ 6 years ☐ 7 years ☐ 8 years ☐ 9 years ☐ 10 years
☐ Waiver of Specified Premium Rider for proposed first insured Waiver amount $________
(Minimum: $300/year; Maximum: lesser of $150,000/year or 2 times the minimum annual premium)
☐ Waiver of Specified Premium Rider for proposed second insured Waiver amount $________
(Minimum: $300/year; Maximum: lesser of $150,000/year or 2 times the minimum annual premium)
☐ Enhanced Liquidity Rider (check one) ☐ 50% ☐ 100%
☐ Estate Protection Rider
☐ First-to-Die Rider Rider specified amount $________

First-to-Die Rider Beneficiary information:

First name	MI	Last name		
Address (street required)		City	State	ZIP code
☐ Primary ☐ Contingent	Percentage	Relationship to proposed insured		
Social Security number	Date of birth (mm/dd/yyyy)		Phone number	
First name	MI	Last name		
Address (street required)		City	State	ZIP code
☐ Primary ☐ Contingent	Percentage	Relationship to proposed insured		
Social Security number	Date of birth (mm/dd/yyyy)		Phone number	

The S&P 500® Index is comprised of 500 stocks representing major U.S. industrial sectors. The Dow Jones Industrial Average is a popular indicator of the stock market based on the average closing prices of 30 active U.S. stocks representative of the overall economy.

S&P® is a registered trademark of Standard & Poor's Financial Services LLC ("S&P") and Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"). These trademarks have been licensed for use by S&P Dow Jones Indices LLC. S&P marks are trademarks of S&P and Dow Jones marks are trademarks of Dow Jones. These trademarks have been sublicensed for certain purposes by Allianz Life Insurance Company of North America ("Allianz"). The S&P 500® Index ("the Index") and Dow Jones Industrial Average℠ ("the DJIA") are products of S&P Dow Jones Indices LLC and/or its affiliates and have been licensed for use by Allianz.

Allianz products are not sponsored, endorsed, sold, or promoted by S&P Dow Jones Indices LLC, Dow Jones, S&P, or any of their respective affiliates (collectively, "S&P Dow Jones Indices"). S&P Dow Jones Indices make no representation or warranty, express or implied, to the owners of the Allianz products or any member of the public regarding the advisability of investments generally or in Allianz products particularly or the ability of the Index and Average to track general market performance. S&P Dow Jones Indices' only relationship to Allianz with respect to the Index and Average is the licensing of the Index and Average and certain trademarks, service marks, and/or trade names of S&P Dow Jones Indices and/or its third-party licensors. The Index and Average are determined, composed, and calculated by S&P Dow Jones Indices without regard to Allianz or the products. S&P Dow Jones Indices have no obligation to take the needs of Allianz or the owners of the products into consideration in determining, composing, or calculating the Index and Average. S&P Dow Jones Indices are not responsible for and have not participated in the design, development, pricing, and operation of the products, including the calculation of any interest payments or any other values credited to the products. S&P Dow Jones Indices have no obligation or liability in connection with the administration, marketing, or trading of products. There is no assurance that investment products based on the Index and Average will accurately track index performance or provide positive investment returns. S&P Dow Jones Indices LLC and its subsidiaries are not investment advisors. Inclusion of a security or futures contract within an index is not a recommendation by S&P Dow Jones Indices to buy, sell, or hold such security or futures contract, nor is it considered to be investment advice. Notwithstanding the foregoing, CME Group Inc. and its affiliates may independently issue and/or sponsor financial products unrelated to products currently being issued by Allianz, but which may be similar to and competitive with Allianz products. In addition, CME Group Inc., an indirect minority owner of S&P Dow Jones Indices LLC, and its affiliates may trade financial products which are linked to the performance of the Index and Average. It is possible that this trading activity will affect the value of the products.

S&P DOW JONES INDICES DO NOT GUARANTEE THE ADEQUACY, ACCURACY, TIMELINESS, AND/OR THE COMPLETENESS OF THE INDEX AND AVERAGE OR ANY DATA RELATED THERETO OR ANY COMMUNICATION, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATION (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P DOW JONES INDICES SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS, OR DELAYS THEREIN. S&P DOW JONES INDICES MAKE NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIM ALL WARRANTIES, OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE OR AS TO RESULTS TO BE OBTAINED BY ALLIANZ, OWNERS OF THE PRODUCTS, OR ANY OTHER PERSON OR ENTITY FROM THE USE OF THE INDEX AND AVERAGE OR WITH RESPECT TO ANY DATA RELATED THERETO. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P DOW JONES INDICES 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. THERE ARE NO THIRD-PARTY BENEFICIARIES OF ANY AGREEMENTS OR ARRANGEMENTS BETWEEN S&P DOW JONES INDICES AND ALLIANZ OTHER THAN THE LICENSORS OF S&P DOW JONES INDICES.

The EURO STOXX 50®, Europe's leading Blue-chip index for the Eurozone, provides a blue-chip representation of supersector leaders in the Eurozone. The index covers 50 stocks from 12 Eurozone countries: Austria, Belgium, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal and Spain. STOXX has no relationship to Allianz Life Insurance Company of North America ("Allianz"), other than the licensing of the EURO STOXX 50® and the related trademarks for use in connection with Allianz products.

STOXX does not: sponsor, endorse, sell or promote Allianz products, recommend that any person invest in Allianz products or any other securities, have any responsibility or liability for or make any decisions about the timing, amount or pricing of Allianz products, have any responsibility or liability for the administration, management or marketing of Allianz products, consider the needs of Allianz products or the owners of Allianz products in determining, composing or calculating the EURO STOXX 50 or have any obligation to do so.

STOXX will not have any liability in connection with Allianz products. Specifically, STOXX does not make any warranties, express or implied and disclaims any and all warranties about: the results to be obtained by Allianz products, the owner of Allianz products or any other person in connection with the use of the EURO STOXX 50 and the data included in the EURO STOXX 50®; the accuracy or completeness of the EURO STOXX 50 and its data; the merchantability and the fitness for a particular purpose or use of the EURO STOXX 50® and its data; STOXX has no liability for any errors, omissions or interruptions in the EURO STOXX 50® or its data; under no circumstances will STOXX be liable for any lost profits or indirect, punitive, special or consequential damages or losses, even if STOXX knows that they might occur.

The licensing agreement between Allianz and STOXX is solely for their benefit and not for the benefit of the owners of Allianz products or any other third parties.

The Barclays US Dynamic Balance Index II is comprised of the US Aggregate RBI® Series 1 Index and the S&P 500® Index and shifts weighting daily, up to 3%, between them based on realized market volatility. The Barclays US Aggregate RBI® Series 1 Index is comprised of a portfolio of derivative instruments plus cash that are designed to track the Barclays US Aggregate Bond Index. The Barclays US Aggregate Bond Index is comprised of U.S. investment-grade, fixed-rate bond market securities, including government, agency, corporate, and mortgage-backed securities. Barclays Risk Analytics and Index Solutions Limited and its affiliates ("Barclays") is not the issuer or producer of any Allianz products and Barclays has no responsibilities, obligations or duties to investors in respect of any Allianz products. The Barclays US Aggregate Bond Index, the Barclays US Aggregate RBI® Series 1 Index and the Barclays US Dynamic Balance Index II are trademarks owned by Barclays, and the Barclays US Aggregate Bond Index and Barclays US Dynamic Balance Index II are licensed for use by Allianz Life Insurance Company of North America ("Allianz") as the Issuer of Allianz products. Barclays' only relationship with the Issuer in respect of the Barclays US Aggregate Bond Index, the Barclays US Aggregate RBI® Series 1 Index and the Barclays US Dynamic Balance Index II is the licensing of the Barclays US Aggregate Bond Index and the Barclays US Dynamic Balance Index II, which are determined, composed and calculated by

Barclays, or any successor thereto, without regard to the Issuer or any Allianz product or the owners of any Allianz products. Additionally, while Allianz may for itself execute transaction(s) with Barclays in or relating to the Barclays US Aggregate Bond Index, the Barclays US Aggregate RBI® Series 1 Index or the Barclays US Dynamic Balance Index II in connection with Allianz products, investors acquire Allianz products from Allianz Life Insurance Company of North America and investors neither acquire any interest in the Barclays US Aggregate Bond Index, the Barclays US Aggregate RBI® Series 1 Index or the Barclays US Dynamic Balance Index II nor enter into any relationship of any kind whatsoever with Barclays upon making an investment in any Allianz product. The Allianz products are not sponsored, endorsed, sold or promoted by Barclays. Barclays does not make any representation or warranty, express or implied regarding the advisability of investing in any Allianz product or the advisability of investing in securities generally or the ability of the Barclays US Aggregate Bond Index, the Barclays US Aggregate RBI® Series 1 Index or the Barclays US Dynamic Balance Index II to track corresponding or relative market performance. Barclays has not passed on the legality or suitability of any Allianz product with respect to any person or entity. Barclays is not responsible for and has not participated in the determination of the timing of, prices at, or quantities of any Allianz products to be issued. Barclays has no obligation to take the needs of the Issuer or the owners of any Allianz product or any other third party into consideration in determining, composing or calculating the Barclays US Aggregate Bond Index, the Barclays US Aggregate RBI® Series 1 Index or the Barclays US Dynamic Balance Index II. Barclays has no obligation or liability in connection with administration, marketing or trading of any Allianz product.

The licensing agreement between Allianz Life Insurance Company of North America and Barclays is solely for the benefit of Allianz Life Insurance Company of North America and Barclays and not for the benefit of the owners of the Allianz products, investors or other third parties.

BARCLAYS SHALL HAVE NO LIABILITY TO THE ISSUER, INVESTORS OR TO OTHER THIRD PARTIES FOR THE QUALITY, ACCURACY AND/OR COMPLETENESS OF THE BARCLAYS US AGGREGATE BOND INDEX, THE BARCLAYS US AGGREGATE RBI® SERIES 1 INDEX OR THE BARCLAYS US DYNAMIC BALANCE INDEX II OR ANY DATA INCLUDED THEREIN OR FOR INTERRUPTIONS IN THE DELIVERY OF THE BARCLAYS US AGGREGATE BOND INDEX, THE BARCLAYS US AGGREGATE RBI® SERIES 1 INDEX OR THE BARCLAYS US DYNAMIC BALANCE INDEX II. BARCLAYS MAKES NO WARRANTY, EXPRESS OR IMPLIED, AS TO RESULTS TO BE OBTAINED BY THE ISSUER, THE INVESTORS OR ANY OTHER PERSON OR ENTITY FROM THE USE OF THE BARCLAYS US AGGREGATE BOND INDEX, THE BARCLAYS US AGGREGATE RBI® SERIES 1 INDEX OR THE BARCLAYS US DYNAMIC BALANCE INDEX II OR ANY DATA INCLUDED THEREIN. BARCLAYS MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE WITH RESPECT TO THE BARCLAYS US AGGREGATE BOND INDEX, THE BARCLAYS US AGGREGATE RBI® SERIES 1 INDEX OR THE BARCLAYS US DYNAMIC BALANCE INDEX II OR ANY DATA INCLUDED THEREIN. BARCLAYS RESERVES THE RIGHT TO CHANGE THE METHODS OF CALCULATION OR PUBLICATION, OR TO CEASE THE CALCULATION OR PUBLICATION OF THE BARCLAYS US AGGREGATE BOND INDEX, THE BARCLAYS US AGGREGATE RBI® SERIES 1 INDEX OR THE BARCLAYS US DYNAMIC BALANCE INDEX II, AND BARCLAYS SHALL NOT BE LIABLE FOR ANY MISCALCULATION OF OR ANY INCORRECT, DELAYED OR INTERRUPTED PUBLICATION WITH RESPECT TO ANY OF THE BARCLAYS US AGGREGATE BOND INDEX, THE BARCLAYS US AGGREGATE RBI® SERIES 1 INDEX OR THE BARCLAYS US DYNAMIC BALANCE INDEX II. BARCLAYS SHALL NOT BE LIABLE FOR ANY DAMAGES, INCLUDING, WITHOUT LIMITATION, ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES, OR ANY LOST PROFITS AND EVEN IF ADVISED OF THE POSSIBILITY OF SUCH, RESULTING FROM THE USE OF THE BARCLAYS US AGGREGATE BOND INDEX, THE BARCLAYS US AGGREGATE RBI® SERIES 1 INDEX OR THE BARCLAYS US DYNAMIC BALANCE INDEX II OR ANY DATA INCLUDED THEREIN OR WITH RESPECT TO THE ALLIANZ PRODUCT.

None of the information supplied by Barclays Risk Analytics and Index Solutions Limited and used in this publication may be reproduced in any manner without the prior written permission of Barclays Risk Analytics and Index Solutions Limited. Barclays Risk Analytics and Index Solutions Limited is registered in England No. 08934023.

The Russell 2000® Index is an equity index that measures the performance of the 2,000 smallest companies in the Russell 3000® Index, which is made up of 3, 000 of the biggest U.S. stocks. The Russell 2000® Index is constructed to provide a comprehensive and unbiased small-cap barometer and is completely reconstituted annually to ensure larger stocks do not affect the performance and characteristics of the true small-cap index.

Allianz products are not sponsored, endorsed, sold or promoted by Frank Russell Company ("Russell"). Russell makes no representation or warranty, express or implied, to the owners of Allianz products or any member of the public regarding the advisability of investing in securities generally or in Allianz products particularly or the ability of the Russell 2000® Index to track general stock market performance or a segment of the same. Russell's publication of the Russell 2000® Index in no way suggests or implies an opinion by Russell as to the advisability of investment in any or all of the securities upon which the Russell 2000® Index is based. Russell's only relationship to Allianz Life Insurance Company of North America ("Allianz") is the licensing of certain trademarks and trade names of Russell and of the Russell 2000® Index which is determined, composed and calculated by Russell without regard to Allianz or Allianz products. Russell is not responsible for and has not reviewed the Allianz products nor any associated literature or publications and Russell makes no representation or warranty express or implied as to their accuracy or completeness, or otherwise. Russell reserves the right, at any time and without notice, to alter, amend, terminate or in any way change the Russell 2000® Index. Russell has no obligation or liability in connection with the administration, marketing or trading of Allianz products.

RUSSELL DOES NOT GUARANTEE THE ACCURACY AND/OR THE COMPLETENESS OF THE RUSSELL 2000® INDEX OR ANY DATA INCLUDED THEREIN AND RUSSELL SHALL HAVE NO LIABILITY FOR ANY ERRORS, OMISSIONS, OR INTERRUPTIONS THEREIN. RUSSELL MAKES NO WARRANTY, EXPRESS OR IMPLIED, AS TO RESULTS TO BE OBTAINED BY ALLIANZ, INVESTORS, OWNERS OF ALLIANZ PRODUCTS, OR ANY OTHER PERSON OR ENTITY FROM THE USE OF THE RUSSELL 2000® INDEX OR ANY DATA INCLUDED THEREIN. RUSSELL 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 RUSSELL 2000® INDEX OR ANY DATA INCLUDED THEREIN. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT SHALL RUSSELL HAVE ANY LIABILITY FOR ANY SPECIAL, PUNITIVE, INDIRECT, OR CONSEQUENTIAL DAMAGES (INCLUDING LOST PROFITS), EVEN IF NOTIFIED OF THE POSSIBILITY OF SUCH DAMAGES.

Not FDIC insured • May lose value • No bank or credit union guarantee • Not a deposit • Not insured by any federal government agency or NCUA/NCUSIF

4. Proposed primary/first and second insured's beneficiary – percentage must equal 100% for primary and 100% for contingent. Note: Distribution will be made equally or to the survivor(s) unless otherwise noted.

First name		Last name		
Address (street required)		City	State	ZIP code
☐ Primary ☐ Contingent	Percentage	Relationship to proposed insured		
Social Security number	Date of birth (mm/dd/yyyy)		Phone number	

First name		Last name		
Address (street required)		City	State	ZIP code
☐ Primary ☐ Contingent	Percentage	Relationship to proposed insured		
Social Security number	Date of birth (mm/dd/yyyy)		Phone number	

First name		Last name		
Address (street required)		City	State	ZIP code
☐ Primary ☐ Contingent	Percentage	Relationship to proposed insured		
Social Security number	Date of birth (mm/dd/yyyy)		Phone number	

5. Proposed primary insured's beneficiary if not an individual – percentage must equal 100% for primary and 100% for contingent

☐ Primary ☐ Contingent	☐ Trust ☐ Corporation ☐ Sole proprietorship		
Trust/Business name (if applicable)	If trust is named, provide trustee's first and last name		
Address (street required)	City	State	ZIP code
Percentage	Date of trust (mm/dd/yyyy)		
Tax or employer ID number (if available)	Phone number		

6. Proposed primary/first insured's medical information (must always be completed)

Within the past 12 months, has the proposed primary/first insured received treatment or advice from a member of the medical profession for heart disease, diabetes, stroke, or cancer? ☐ Yes ☐ No

Name of proposed primary/first insured's physician/medical facility		Preferred phone number
Address		
City	State	ZIP code

7. Replacement (must always be completed)

Does the proposed primary/first insured have a(n) existing:

1. Annuity contracts? ☐ Yes ☐ No
2. Life insurance? ☐ Yes ☐ No
3. Will the life insurance being considered replace or change existing contracts or policies? ☐ Yes ☐ No

Amount of life insurance in force or applied for, not including the amount requested on this worksheet? $______________, or
☐ None inforce or applied for

Name of company____________________________ Face amount $ _____________ Date issued/applied for ______________________

Name of company____________________________ Face amount $ _____________ Date issued/applied for ______________________

Name of company____________________________ Face amount $ _____________ Date issued/applied for ______________________

Name of company____________________________ Face amount $ _____________ Date issued/applied for ______________________

4. Long term care (LTC) policies? ☐ Yes ☐ No ☐ Applied for ☐ In force If applied for, will both policies be taken ☐ Yes ☐ No
5. Will the life insurance being considered replace or change existing long term care insurance contracts or policies? ☐ Yes ☐ No

8. Illustration certification – The agent's statement and the proposed owner's statement must both be completed if a signed illustration is not being submitted with this Worksheet, or if the illustration differs from the policy described on this Worksheet.

Agent's statement – By signing this Worksheet, I acknowledge that *(check the following that apply):*

☐ I did not provide an illustration

☐ The policy described in this Worksheet differs from the policy illustrated.

Proposed owner's statement – By signing this Worksheet, I/we acknowledge that (check the following that apply):

☐ I/we did not receive an illustration conforming to the policy described on this Worksheet. I/we understand that an illustration conforming to the policy as issued will be provided to me/us no later than at the time the policy is delivered.

☐ I/we received an illustration for the policy. However, the illustration differs from the policy described on this Worksheet. I/we understand that an illustration conforming to the policy as issued will be provided to me/us no later than at the time the policy is delivered.

9. Client interview set-up – please read form NB5026-WS to prepare your client for the phone interview.

Best time to call ☐ Morning ☐ Afternoon ☐ Evening	Phone number ☐ Work ☐ Home ( )
Special requests ☐ Hearing impaired ☐ Interpreter needed: language ______________________________	Alternate phone number (optional) ( )

10. Certification of Taxpayer Identification Number

If you are applying for this product and/or requesting payments as a U.S. Person, the IRS requires you to agree to the following statements. If you are not a U.S. Person, you are not eligible to apply for this product.

Under penalties of perjury, I certify that:

1. **The Taxpayer Identification Number shown on this form is correct or I am waiting for a number to be issued to me.**

If the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return, you must cross out item 2 below.

2. **I am not subject to backup withholding because:**
   - **a. I am exempt from backup withholding, or**
   - **b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or**
   - **c. The IRS has notified me that I am no longer subject to backup withholding.**
3. **I am a U.S. person, and**
4. **The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

11. Acknowledgement and signatures

I have received the Medical Information Bureau disclosure and investigative consumer report notice, form number NB5025.

Proposed primary/first insured's signature________________________ Date__________

Proposed owner's signature ________________________ Date__________

Proposed other/second insured's signature ________________________ Date__________

To be answered by a licensed agent: By signing below, I certify that the statements of the proposed owner(s) have been correctly recorded in this Worksheet, and that I have reviewed a driver's license or other government issued ID to verify the identity of all proposed insured's and owner, if different. If a form of government ID other than a driver's license was reviewed, please specify the type of document (such as Social Security card, birth certificate, or passport). Please note: While reviewing the driver's license or other form of ID is preferred, this is not required for the 10 and 20 Year Term products.

Type of document reviewed ________________________

To the best of my knowledge, the proposed insured ☐ does not ☐ does have existing life insurance policies or annuity contracts.
To the best of my knowledge, the insurance being considered in this Worksheet ☐ will not ☐ will replace existing insurance.

Writing agent's signature ________________________ Date__________

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Allianz

Notice and Consent for AIDS - Related Blood Testing

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood or other bodily fluid for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form, you agree that this test may be done and that underwriting decisions will be based on the test result. A series of three tests will be performed by a licensed laboratory through a medically accepted procedure. Test results will be reported only to the person or persons designated by the consent form and to affiliates, reinsurers, employees and contractors of the insurer in relation to the underwriting of the insurance application. An insurer may also make a report of a nonspecific blood disorder to the Medical Information Bureau.

AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant or by exposure to infected blood (as in needle sharing during intravenous drug use.) Persons at high risk of contracting AIDS include males who have had sexual contact with another male, intravenous drug users, hemophiliacs and sexual contacts of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. An infected person has a significant chance of developing AIDS over the next 10 years.

THE HIV ANTIBODY TEST

Before you consent to testing, please read the following important information:

1. **Purpose**. The test is being run to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
2. **Positive Test Results.** If you test positive, you should seek medical follow-through with your personal physician because you may be infected with HIV.
3. **Accuracy.** An HIV test will be considered positive only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. Nonetheless, the HIV antibody test is not 100% accurate. Positive errors include:
   (a) False positives: The test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.
   (b) False negatives: The test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes at least 4-12 weeks for a positive test result to develop after a person is infected.
4. **Possible Adverse Effects of Test.** A positive test may cause you significant anxiety. A positive test may result in uninsurability for life, health or disability insurance policies for which you may apply in the future. Although prohibited by law, discrimination in housing, employment or public accommodations may result if your tests were to become known to others. A negative result may create a false sense of security.
5. **Disclosure of Results.** A positive test result will be disclosed to you or the physician that you designate.
6. **Confidentiality**. Like all medical information, HIV test results are confidential. An insurer, insurance agent or insurance-support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to affiliates, reinsurers, employees and contractors of the insurer in relation to the underwriting of the insurance application. In addition, a report of a nonspecific blood disorder may be made to the Medical Insurance Bureau, a national insurance data bank.
7. **Prevention.** Persons who have a history of high risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.
8. **Information.** Further information about HIV testing and AIDS can be obtained by contacting one of the counseling resources attached to this form.

Notification of Test Results

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test result means, you are asked to list a private physician so that he or she can tell you the test result and explain its meaning.

Name of physician reporting a positive test result: ______________________________

Address: ______________________________

____

If you want the test results to be given directly to you, initial here: ____________.

You should consult a physician or one of the resources listed to discuss the results.

Consent

I have read and I understand this Notice and Consent for AIDS-Related Blood Testing. I voluntarily consent to the withdrawal of blood from me, the testing of the blood, and the disclosure of the test results as described above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if the test result is positive. (This Consent is valid for six months from the date it is signed.)

I acknowledge that I have received a copy of this authorization. A photocopy of this form will be as valid as the original.

______________________________ ____________

Signature of Proposed Insured Date

____

Address

California AIDS Community Resources

San Francisco AIDS Foundation
414/864-5855

Sacramento AIDS Foundation
916/448-2437

Central Valley AIDS Team
209/264-2436

AIDS Services Foundation of Orange County
714/646-0411

San Diego AIDS Project
619/543-0300

AIDS Project – East Bay
415/420-8181

AIDS Project Los Angeles
213/876-8951

AIDS Hotline
800/922-AIDS
213/876-AIDS

Spanish AIDS Hotline
800/222-SIDA

Hemophilia AIDS Project
818/793-6192

TTY Information
213/464-0029

AIDS Hotline – U.S. Public Health Service
800/342-AIDS

California Department of Health Services Office of AIDS
916/323-7415

Kern County AIDS Team
805/861-3631

Inland AIDS Project
714/820-2437 (San Bernardino)
714/784-2437 (Riverside)

Santa Barbara County AIDS Counseling and Assistance Program
805/963-3636

AIDS Information Hotline
805/965-2925

Santa Clara County ARIS Project
408/370-3272

Shasta County AIDS Helpline
916/225-5252

Sonoma County AIDS Information Hotline
707/579-AIDS

Stanislaus County Community AIDS Project
209/571-5341

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Allianz

Notice of Disclosure

Notice of Disclosure

One of the prime objectives of the Company is to provide insurance at a fair cost. The underwriting process (evaluation of risks) is necessary not only to assure this fair cost, but also to assure that each policyholder contributes his fair share of the cost. In considering your application, information from various sources, therefore, must be considered. These include the results of your physical examination, if required, and any reports received from doctors and hospitals who have attended you.

Notice of Insurance Information Practices

To evaluate your application, we will need some personal information about you. It may be necessary to obtain some of that information from sources other than yourself. For your protection, you have a qualified right to learn what information we obtain about you. You also have the right to request correction of any erroneous information. Although the information we obtain about you is confidential, in some cases we may disclose information to others without your specific authorization. We will furnish a more detailed summary of our information practices upon request.

Fair Credit Reporting Act

As a part of our evaluation of your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with agencies, friends, neighbors or others with whom you are acquainted or who may have information about you. This report, among other things, may include information as to your character, general reputation, personal characteristics, health and mode of living.

You may request to be interviewed in connection with the preparation of any investigative reports. Upon your written request and within a reasonable period of time, you have the right to receive additional detailed information about the nature and scope of the investigation and to receive a copy of the report at your expense. We will advise you of the name and address of the consumer reporting agency from whom you may receive a copy of the report to inspect the report itself.

Medical Information Bureau Notice

Information regarding your insurability will be treated as confidential. Allianz Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc. a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866.692.6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Allianz Life, or its reinsurers may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

800.950.1962

Allianz

Illustration certification

Agent's statement

I certify that: (check the following that apply)

_______ I did not provide an illustration for____.

_______ The policy applied for differs from the policy illustrated for ____________________________.

_________________________ Agent

_________________ Date

_________________________ Agent license number (where required)

Applicant's statement

I acknowledge that: (check the following that apply)

_______ I did not receive an illustration conforming to the policy I applied for. I understand that an illustration conforming to the policy as issued will be provided to me no later than at the time the policy is delivered.

_______ I received an illustration for a policy. However, the illustration differs from the policy I applied for. I understand that an illustration conforming to the policy as issued will be provided to me no later than at the time the policy is delivered.

_________________________ Applicant

_________________ Date

Trustee Certification Form

Section I – Policy Information

A. Policy or application number ____

B. Insured or Proposed Insured name ____

Section II – Trust Information

A. Name of trust ____

B. Date of trust ____

C. State where sitused ____

D. State law applicable to trust (if different than Section II.C) ______________________

E. Trust tax identification number ____

F. Is trust a grantor trust under IRC's Sections 671-679? ☐ Yes ☐ No

Section III – Grantor Information (complete only if Section II. F. above is checked "Yes"

A. Name of grantor ____

B. Address of grantor ____
____

C. Grantor's Social Security number__________________

Section IV – Settlor of Trust (person that created the Trust)

A. Settlor name ____

B. Settlor address ____
____

C. Settlor's Social Security number __________________

Section V – Revocable or Irrevocable Trust

A. ☐ Trust is irrevocable

B. ☐ Trust is revocable

Section VI – Multiple Trustees (complete only if there are multiple Trustees)

Check only one of the boxes below:

A. ☐ All trustees must act together

B. ☐ Each trustee can independently act for the trust

C. ☐ A majority of trustees is required to act for the trust

D. ☐ Other (explain)

Section VII – Trustee Contact Information

A. ☐ Check this box if one specific trustee is to get all communications from Allianz. If this box is checked, then state the trustee name, address, and phone number.

____

____

____

Section VIII – Trust Certifications

The undersigned trustee(s) certify as follows:

A. The Trustee(s) may be named as policy owner and have the power to exercise all rights of ownership in the policy.

B. Allianz may rely on the validity of these Certifications unless the Trustee(s) notify Allianz in writing of any amendment to the trust, any change of trustee(s) or any other event that might change the validity of these Certifications.

C. Beneficial interest under the trust can and will only be established for persons who (1) are related to the Insured or Proposed Insured by blood or by law; (2) have a substantial interest in the Insured or Proposed Insured engendered by love and affection; or (3) will hold a lawful interest in the benefits provided by the policy.

D. Allianz has no obligation to investigate the terms of the trust or the authority of the trustee(s) and will not be accountable for knowledge about the terms of the trust beyond this certification.

E. The trustee(s) has had an opportunity to consult with tax and/or legal counsel in the preparation of the trust agreement and the Trustee(s) has not relied upon any representations or advice of any Allianz agents, employees or representatives with respect to the terms or validity of the trust.

F. The undersigned trustee(s) indemnifies Allianz, its agents, employees and representatives and agrees to hold them harmless against all obligations, demands, losses, or liabilities, including attorney fees, that may be incurred or paid because of reliance upon these certifications.

Section IX - Signatures

Name of trustee (print)______________________________

Street address______________________________

City, state, ZIP code______________________________

Signature of trustee ____________________ Date ____________

Name of trustee (print)______________________________

Street address______________________________

City, state, ZIP code______________________________

Signature of trustee ____________________ Date ____________

Name of trustee (print)______________________________

Street address______________________________

City, state, ZIP code______________________________

Signature of trustee ____________________ Date ____________

Name of trustee (print)______________________________

Street address______________________________

City, state, ZIP code______________________________

Signature of trustee ____________________ Date ____________

Allianz Life Insurance Company
of North America

5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Allianz

Authorization for Release of Information To Allianz Life Insurance Company of North America ("Company")

(This authorization complies with the HIPAA Privacy Rule)

The applicant must read and sign this form and it must be submitted with every insurance application.

______________________________ Name of Proposed Insured (please print) ______________ Date of birth

______________________________ Name of Proposed Other Insured (please print) ______________ Date of birth

I authorize any health plan, physician, healthcare professional, hospital, clinic, laboratory, pharmacy, medical facility, or other healthcare provider that has provided payment, treatment, or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to the Company, its agents, employees, representatives, and reinsurers. This includes information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco.

I also authorize any insurance company, my insurance agent, the Medical Information Bureau (MIB), employers, consumer reporting agencies, health plan administrators, Pharmacy Benefit Managers, government agencies, relatives, friends, neighbors, and others with whom I am acquainted ("Other Persons"), that have any records or knowledge of me relating to my health/medical history, character, general reputation, personal characteristics, or mode of living, to give to the Company, its agents, its employees, its representatives, and its reinsurers any such information. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco.

By my signature below, I terminate any agreements I have made with My Providers or with Other Persons to restrict my protected health information and other information and I instruct My Providers and Other Persons to release and disclose my entire medical record and other records or knowledge of me or my health without restriction.

This protected health information and other information is to be disclosed under this Authorization so that the Company, its agents, employees, representatives, and reinsurers may: (1) underwrite my application for coverage, make risk rating determinations and make policy issuance determinations; (2) obtain reinsurance; and (3) conduct other legally permissible activities that relate to any coverage I have applied for with the Company.

The Company, its agents, employees, representatives, and reinsurers may release information obtained by this Authorization to the MIB, reinsurers, and other persons and entities performing business or legal services in connection with my application.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing at any time by sending a written request for revocation to Allianz Life Insurance Company of North America at 5701 Golden Hills Drive, Minneapolis, MN 55416-1297.

I understand that a revocation is not effective if My Providers and Other Persons have relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my entire medical record, the Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

I also understand that if I refuse to sign this Authorization, the Company may not be able to process my application. I acknowledge that I have received a copy of this Authorization.

______________________________ Signature of Proposed Insured or Personal Representative ______________ Date

______________________________ Signature of Proposed Other Insured or Personal Representative ______________ Date

______________________________ Description of Personal Representative's authority or relationship to Proposed Insured/Other Proposed Insured.

Financial Professional: This notice is required to be submitted with the application if the sale is based on the product's treatment under the California Medi-Cal Program and the applicant is age 65 or older. Please use the criteria below to determine if this form is needed.

NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY AND RECOVERY

For Distribution by Insurers, Agents, and Brokers

IF YOU OR YOUR SPOUSE ARE CONSIDERING PURCHASING A FINANCIAL PRODUCT BASED ON ITS TREATMENT UNDER THE MEDI-CAL PROGRAM, READ THIS IMPORTANT MESSAGE!

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

Recovery

An annuity purchased on or after September 1, 2004, shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004, may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

Unmarried Resident

An unmarried resident may be eligible for Medi-Cal benefits if he/she has less than $2,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his/her monthly income a personal allowance of $35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

Married Resident

Community spouse resource allowance: If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than $119,220 in countable resources.

Minimum monthly maintenance needs allowance: If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or $2,981 in monthly income, whichever is greater.

Fair Hearings and Court Orders

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than $119,220 in countable resources. The order also may allow the at-home spouse to retain more than $2,981 in monthly income.

Real and Personal Property Exemptions

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

Real Property Exemptions

- **One principal residence.** One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.

  The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.

  Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.
- **Real property** used in a business or trade. Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

Personal Property and Other Exempt Assets

- IRAs, KEOGHs, and other work-related pension plans. These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- Personal property used in a trade or business.
- One motor vehicle.
- Irrevocable burial trusts or irrevocable prepaid burial contracts.

There may be other assets that may be exempt.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

Please note: If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement. To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local county welfare department.

I have read the above notice and have received a copy.

Purchaser signature ______________________________ Date ____________

Spouse's signature ______________________________ Date ____________

Legal representative signature ______________________________ Date ____________

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Allianz

Conditional Life Insurance Receipt

Make all checks payable to Allianz Life Insurance Company of North America.
Do not make checks payable to an agency, broker, agent, or leave payee blank.

A life insurance policy with Allianz Life Insurance Company of North America (the "Company") will not become effective unless and until a policy is delivered and accepted by you. However, if you have paid us the first full modal premium selected on the worksheet, or your payment is equal to at least two months premium, we will provide the following conditional insurance. Please read the following carefully.

1. Conditional life insurance coverage is determined separately for each proposed primary insured under the policy. **Conditional life insurance coverage identical in terms to the policy you have applied for will become effective before delivery of the policy applied for only if all of the conditions listed below have been completely satisfied.**
   - The amount of advance premium taken with the worksheet is at least equal to the first full modal premium selected on the application or a minimum of two months premium;
   - The proposed primary insured is age 75 or less;
   - Completion of the worksheet, telephone interview, medical examination, blood testing, urine testing, exercise EKG, and EKG as deemed necessary by the Company before death and within 75 days from the worksheet signed date. However, if the proposed primary insured dies from an unintentional accidental bodily injury before any exams and tests are completed, a death benefit will be paid under the terms of this Conditional Life Insurance Receipt;
   - All answers on the worksheet and telephone interview are true and complete;
   - The proposed primary insured is insurable and acceptable for the insurance on a non-rated basis.
2. If your premium payment is not honored, this Conditional Life Insurance Receipt is void.
3. The maximum amount of insurance effective under this Conditional Life Insurance Receipt is limited to the lesser of:
   (a) The amount of insurance specified in the worksheet; or
   (b) The sum of $1,000,000 minus the total sum of all existing life insurance shown on the worksheet or in force with the Company.
4. Except as provided in this Conditional Life Insurance Receipt, any policy approved by the Company will not take effect until the full premium is paid and the policy is delivered and accepted during the lifetime of the applicant.
5. No agent or any other person is authorized by Allianz Life Insurance Company of North America to waive any requirement, or modify in any way, any of the provisions of this Conditional Life Insurance Receipt; nor are they authorized to accept risks or make decisions regarding insurability on behalf of the Company.
6. Any insurance effective under this Conditional Life Insurance Receipt will expire and be void upon the earlier of:
   (a) The effective date of the policy for which the application was made;
   (b) The date the Company sends you written notification denying your request for coverage;
   (c) The date the Company sends you written notification that the request for coverage is deemed incomplete due to failure to complete the underwriting process;
   (d) The date the request for coverage is withdrawn by the proposed primary insured or agent on the proposed primary insured's behalf.
7. If the death of the proposed primary insured is due to suicide or an intentionally self-inflicted injury, payment by the Company will be limited to the return of the advance premium paid.
8. In no event will coverage exist under both this Conditional Life Insurance Receipt and the life insurance policy the Company offers you.
9. Any death benefit payable under the terms of this Conditional Life Insurance Receipt will be paid to the named beneficiary(ies) as designated on the worksheet.

I certify that I have reviewed and explained the conditions of this receipt with ______________________________

______________________, *the proposed primary insured and* ______________________________

______________________________, *proposed other insured(s) (if applicable) and I have received advance premium totaling $*__________ *in connection with the life insurance worksheet with Allianz Life Insurance Company of North America.*

______________________ Date

______________________ Signature of agent

Leave with the person who completes the worksheet

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060

Allianz

What to Expect During the Life Insurance Underwriting Process

In order to speed up our underwriting process we will need some additional information. We place the highest priority on your privacy. Any information we collect will be held in strictest confidence.

You can expect to be **personally contacted** for the following reasons:

1. A personal information interview

Within the coming week, a representative from Allianz will contact you to obtain information. Depending on your answers to the information being obtained, the average length of the interview can take from 30-40 minutes. Please make sure you have set aside this time to complete the interview.

To aide you in the completion of the telephone interview, we have a form on the back of this document that can help prepare you for the interview and make the interview go more smoothly.

In order to complete the underwriting process as quickly as possible, please assist the Home Office in promptly completing the phone interview. After we contact you, please return our call as soon as possible at 800-729-9566. Our hours of operations are Monday and Tuesday 8:00 a.m. to 8:00 p.m., Wednesday and Thursday 8:00 a.m. to 6:00 p.m., and Friday 8:00 a.m. to 4:30 p.m. Central time. Although Allianz will do our best to contact you at your requested time, please keep in mind that this is not a preset appointment and you may be contacted at a different time.

2. A medical exam – To fairly assess your eligibility for insurance, you may need to take some medical tests like:
   - Blood pressure and pulse readings
   - Blood test and urinalysis
   - Height and weight measurements
   - A resting or exercise electrocardiogram

   An examiner will be calling you to schedule. We rely on your help as you do influence how quickly you receive your policy. Make sure you schedule your appointment as soon as possible for the exam.
3. A current financial statement or other financial documents – We may require you to fill out a personal or business financial statement. This gives us a current snapshot of your finances. Your agent will contact you or let you know if one needs to be completed.

The **Home Office** may also require additional information that they will be ordering.

1. Attending Physician's Statement – We may contact your physician or clinic to obtain your medical records. It is extremely important, therefore, that we have your doctor's correct name and address. Be sure to let us know if you have recently visited your doctor under your maiden name, for example, or a patient number (like those assigned by a Kaiser Medical Facility).
2. Other information – Based on the type and amount of coverage you are requesting, we may also need to order:
   - Your motor vehicle record
   - A prescription database check
   - A background check

   Allianz will review the information we receive from your telephone interview and the other sources listed above. Based on this information we will then either:
   - approve your policy
   - approve it with exclusions or other changes, or
   - decline it.

If your request for coverage is approved, we will prepare your policy along with a final application for your signature. These will be mailed to your licensed agent who will present them to you for your approval.

You'll need to sign both copies of the final application to confirm you understand and agree with its terms. Your agent will give you a copy of your signed application along with your policy.

Your agent will forward the other signed copy to the Home Office for our records.

If you have any questions, please contact your licensed Allianz agent. Thank you.

The Personal Information Interview – helping you be prepared for a smoother process

To help keep this call as brief as possible, we ask that you gather the following information now in preparation for the interview. You may want to fill out the sections below to aide you in completing the phone call. You'll be asked questions regarding:

1. Your understanding of the sale including if it meets your overall financial objectives, is it affordable?

2. Other insurance in force or applied for:

Name of Company	Face/benefit Amount	Date issued/applied for	Current Status (check one)
			☐ InForce ☐ Applied for
			☐ InForce ☐ Applied for
			☐ InForce ☐ Applied for

3. Financial information –

What is your annual income $____________ Source of Income: ____________

Net Worth: $____________ Source of premium: ____________

4. Name, address and phone number of your personal physician

Date Last Seen	Reason Seen	Doctor's name, address & phone number

5. What other doctor's have you seen in the past 5 years including any hospitalizations, surgeries or medical tests

Date Last Seen	Reason Seen	Doctor's name, address & phone number

6. Current medications – you may want to gather your prescription bottles for this information

Name of medication	Dosage	Frequency	Reason prescribed

7. Your Family History:

Has any family member (mother, father or siblings) been diagnosed with and/or treated for cancer, stroke or aneurysm, diabetes, heart disease, heart surgery or heart failure including coronary bypass, or any neurodegenerative disorder?

If yes:

Relationship to you	Age of Diagnosis	Type of condition diagnosed	Age at death, if applicable

8. Your driver's license number ____________ State of Issue ____________

Please be prepared to comment on any moving violations or accidents in the past 5 years.

We look forward to having you as a satisfied customer here at Allianz Life

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060

Allianz

Agent Instruction Sheet – Life Insurance Policy

Note: The medical question found under section 6, of page 4, must be answered to authorize us to contact MIB.

All required forms will be generated after the Life Insurance Policy Worksheet/Application is completed. If requesting additional coverage, please complete the appropriate Supplemental Life Insurance Worksheet/Application.

✓ Complete all required forms included with the Worksheet/Application.
✓ Worksheet/Application should be submitted with a complete illustration or a Certification of Illustration.
✓ If the Life Pro+ Survivor℠ Fixed Index Universal Life Insurance Policy product is selected, please list the younger insured as the primary insured.

Required forms and verification:
- HIPAA – Submit with the Worksheet/Application
- MIB – Leave with client
- Review driver's license (or other government issued ID) to verify identity of client
- If age 65 or over, please submit a complete illustration and signed financial statement

Additional forms that may be required by your state and/or product selection: Please see the Worksheet/Application packet.
- Agent's Report – Complete for all applications
- HIV Consent form
- Replacement forms
- Accelerated Benefit Disclosure Statement – Required when Terminal Illness Accelerated Benefit is inclusive to the product selected, the Chronic Illness Accelerated Benefit Rider is attached, or if the Long Term Care Accelerated Benefit Rider (LTCABR) is selected.
- Conditional Receipt – Leave with client whenever premium is collected.
- LTC ABR – Only available on certain products. When selecting for LTC ABR please include the following forms:
  - LTC Replacement Notice
  - LTC Questions/List
  - Third Party Disclosure
  - LTC Personal Worksheet
  - LTC ABR Disclosure
- Other state forms as required

Forms required due to your client's specific needs:
- Transfer form – Required to transfer funds from another company.
- Financial Statement – Required at ages 65 and over, at ages 18-64 if face amount is greater than $3,000,000 or at underwriter's discretion. Regardless of face amount, if owner or beneficiary is a business, complete the business financial statement.
- EFT form – Required when requesting premium via automatic withdrawals from a bank. EFT's can be drafted the 1st through the 28th of the month.

Required signatures:
- Signature is required from all proposed insureds 15 years and older.
- Signature of parent or guardian is required for all proposed insureds 17 years or younger and an owner must be listed.

Delivery:
- The policy must be delivered and the application must be signed in the state the Worksheet was signed.
  - See the enclosed "What to Expect During the Life Insurance Underwriting Process."
- If you complete a Life Worksheet, you and your client(s) must sign and date both copies of the application.
  - One copy of the application is located inside the policy and another is inside the policy packet. The application inside the policy packet must be returned to the Home Office.

Additional information:
- For questions contact the FASTeam at 800.950.7372 (press 1 for Sales Support, then 3 for Life).
- All forms are available on the Web site at www.allianzlife.com or call the Supply Department at 800.358.8585.

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372

Allianz

Agent's Report

1 Agent information (for additional agents, please complete section 13.)

Agent's first name	MI	Agent's last name
Phone number	Agent number	Split percentage
Agent's first name	MI	Agent's last name
Phone number	Agent number	Split percentage

2

What commission choice are you selecting? (Available on GenDex series only. Select one option. Option B is only available on GenDex Survivor. Refer to the GenDex Series Agent Guide or call the FASTeam at 800.950.7372 if questions on these options).
☐ Option A ☐ Option B

3

	Proposed Primary/ First Insured	Proposed Second
A. Did you meet with the proposed insured?	☐ Yes ☐ No	☐ Yes ☐ No
B. How long have you known the proposed insured?	________________	________________
C. The proposed insured is:	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Widowed
D. If married, amount of life insurance in force on spouse:	$________________	$________________
E. If married, spouse's annual earned income:	$________________	$________________
F. Is the proposed insured related to you or your spouse?	☐ Yes ☐ No	☐ Yes ☐ No
G. If related, state relationship, if applicable:	________________	________________

4

Who will be ordering the following medical requirements? ☐ Agent ☐ Home Office

If agent, which applies? ☐ Physical measurements (PMI) ☐ Full blood profile (BLDPF) ☐ Home Office urine specimen (HOS)
☐ EKG ☐ APS ☐ Other, please specify________________________________

Exam scheduled with Paramedical Company____________________________ Phone (______) ____________________

NOTE: The Home Office will be happy to schedule and follow up on all necessary requirements for your client, all you need to do is check "Home Office" to the above question.

5 **A.** What is the purpose of the proposed insurance coverage?

Personal insurance		Business insurance	
☐ Income replacement	☐ Estate conservation	☐ Deferred compensation	☐ Buy/Sell
☐ Retirement income needs	☐ Final expenses	☐ Key person	☐ Business continuation
☐ Charitable giving	☐ Other – explain in "Remarks"	☐ Split dollar	☐ Loan indemnification
☐ Mortgage protection (Mortgage amount $____________)		☐ Executive Bonus	☐ Other – explain in section 3

B. Please provide an explanation on how the face amount was determined: ____

____

6 Source of funds (Payments made with foreign currency or payments drawn on or originating from a foreign bank or other foreign lender are prohibited.):

☐ Earned Income ☐ Mutual Fund/Brokerage Account ☐ Money Market Fund ☐ Savings ☐ Loans

☐ Mortgage/Reverse Mortgage or Home Equity Loan ☐ Another Life Insurance or Annuity Contract ☐ Other _____________

☐ Premium Financing If premium financing is going to be used, please answer the following questions:

A. Name of the company who is administrating the premium finance: ________________________________

B. Who is the lender providing the funds (include name of lender and address)? ________________________

C. What type of loan? ☐ Recourse ☐ Non-recourse **D.** Is the client obligated to repay the loan? ☐ Yes ☐ No

Note: Premium financing plan(s) must be approved by Allianz. If you do not have prior approval, please submit all sales/marketing materials.

7 Who is the payor on this policy? ☐ Proposed primary insured ☐ Proposed owner
☐ **Other If other, please provide the following details:**

First name	MI	Last name

Date of birth (mm/dd/yyyy)	Social Security number	Relationship to the owner/proposed insured

Residence address (street required)

City	State	ZIP code

Why is this person the payor?

What is the amount of insurance in force on the payor?	What is the annual income of the payor?

Will the owner/proposed insured be assigning part or all of the policy cash values and/or death benefit to the payor or someone else? ☐ Yes ☐ No

If yes, provide details ____

8 Military Sales Disclosure

A. The applicant(s) is a member of the armed services, on active duty or a dependent of such person. ☐ Yes ☐ No

B. If yes, I have provided the applicant(s) with a copy of the Military Sales Disclosure Statement. ☐ Yes ☐ No

9

A. Did you discuss with the client their current life insurance policies and other assets prior to their decision to purchase this life insurance policy? ☐ Yes ☐ No

B. In discussing this sale with the client, the client has indicated to you that they have sufficient liquid assets available for living expenses and emergencies other than the money allocated to pay the life insurance premiums: ☐ Yes ☐ No

C. In reviewing the purchase of this insurance policy as to the suitability of such purchase for the client, you have reasonable grounds for believing this purchase is suitable in meeting their insurance needs and financial objectives? ☐ Yes ☐ No

If any of the above questions, regarding suitability, are answered "No," please provide details: ______________________________

____

If **replacement** is involved, the following question also needs to be completed:

D. The existing life insurance policy is being replaced and cannot meet the client(s) objectives because:

____

10

A. To the best of your knowledge, has this client(s) sold, viaticated or settled any previous life insurance policies? ☐ Yes ☐ No

B. To the best of your knowledge, does this client(s) have any intention to sell or settle this policy, if issued? ☐ Yes ☐ No

If Yes to either of the above question, please provide details: ______________________________

____

11

Do you know of any information not given in the Worksheet which might affect the insurability of any person to be insured? ☐ Yes ☐ No If Yes, please explain in section 13.

12

Anti-Money Laundering (AML) Requirement (The following customer verification is required for AML):

Please select which document was used to verify identification and provide the number and expiration date from the document. I have verified the proposed insured(s)/owner(s) identity by reviewing the government issued photo ID selected below:

Proposed insured/first insured: ☐ Drivers license ☐ Passport ☐ State or military photo ID

State of issue ______ Expiration Date__________ Number______________________________

Proposed second insured: ☐ Drivers license ☐ Passport ☐ State or military photo ID

State of issue ______ Expiration Date__________ Number______________________________

Owner: ☐ Drivers license ☐ Passport ☐ State or military photo ID

State of issue ______ Expiration Date__________ Number______________________________

Joint owner: ☐ Drivers license ☐ Passport ☐ State or military photo ID

State of issue ______ Expiration Date__________ Number______________________________

13

Special requests/Remarks: ______________________________

____

14

To the best of my knowledge the information contained in the agent's report is accurate. During the sales presentation connected with the replacement transaction, I (agent) used only Allianz approved sales materials and left a copy of each piece used with the applicant.

______________________________ Signature of Agent is required

______________________________ Today's Date

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060

Allianz

Automatic Payment Plan-EFT Authorization for Life Policies

I hereby authorize Allianz Life Insurance Company of North America and the financial institution named below to process entries to my account in accordance with my instructions. This authority will remain in effect until I give notification, satisfactory to Allianz, to terminate this authorization.

☐ **EFT including initial premium**

☐ **EFT only**

Premium mode ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

In the amount of: $ ______________________ Apply payments to policy number: ______________________

Date of authorization (mm/dd/yyyy): _____/_____/________ Withdrawal day (1st - 28th): ________

Name on bank account (Full name): ____

Name of policy owner: ____
(if other than account holder)

Type of account ☐ Checking ☐ Savings

Account Number: ______________________ Routing Number: ______________________

Name of financial institution or bank:______________________ Phone number: (_____) ______________

Address:____

City:______________________ State: ______________________ ZIP Code: ______________________

Please submit a void check with this form

I understand and agree that the receipt by Allianz of this Automatic Payment Plan—EFT Authorization will not be considered my actual payment of the initial premium for the above Allianz life insurance policy (the policy number of this policy is shown above). I further understand and agree that this Allianz policy will not go into effect until such time as Allianz receives the actual initial premium from the financial institution or bank shown above, and the policy is delivered and accepted during the lifetime of the applicant/owner.

Based on the effective date, we will draft the monthly premiums required to pay your policy to the current date.

____ ______________________
Signature of account holder Date

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Allianz

Designation of Third Person(s) to Receive Life Insurance Grace Period Notices

Protection against unintentional lapse

This form is applicable to all California applicants and to Vermont owners who are age 64 or older.

This form must be completed if you elect to designate a person who is to receive the notice of cancellation of this policy for nonpayment.

Name: ______________________________
(Please print)

Designation

You have the right to designate at least one person, in addition to you, to receive notice of possible lapse of this life insurance policy for nonpayment of premium. This notice to your designee will not be given until 30 days after a premium is due and unpaid.

I elect to designate this person to receive such notice (name, phone number and home address):

Name: ______________________________ Phone: ______________________________

Address: ______________________________
(street) (city) (state) (zip)

Please submit your form through one of the options below:

Email completed forms to:
lifeinsurance@send.allianzlife.com

OR

Web Upload: You can scan and upload your signed and completed form by logging in to your account at Allianzlife.com

OR

Mail:

REGULAR MAIL
Allianz Life Insurance Company of North America
PO Box 59060
Minneapolis, MN 55459-0060

OVERNIGHT MAIL
Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

OR

Fax: 763.582.6002

Any questions? Call us at 800.950.5872

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Allianz

Replacement Packet – California

A replacement may be involved if an existing contract has been or is going to be lapsed, surrendered, partially surrendered (including free withdrawals), amended to reduce benefits or otherwise terminated. You are required to complete all replacement questions on the application or electronic submission as well as complete any state required forms when a replacement is involved.

Included forms:

- NBAL0002-CA: Important Notice: Replacement of Life Insurance or Annuities

Important information for completing replacement forms:

- Please be sure to complete the replacement form in its entirety.
- Make sure forms are signed and dated.
- Make sure to include all transfer company account numbers.
- The annuitant must sign if there is a custodial owner.
- **Replacement forms must be signed on or before the date the application is signed.**

Additional information:

- Please be sure to include a copy of the client's most current statement.
- Definitions for filling out other carrier information:
  - Applicant: Owner
  - Insurer: the other carrier name
  - Insured: the insured or annuitant on the contract/policy at the other carrier
  - Policy Number: the policy or contract number at the other carrier

For questions, contact:
Fixed/Life: 1.800.950.7372
Variable: 1.800.542.5427
The latest versions of all forms are available on the website at www.allianzlife.com.

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Allianz

Notice Regarding Replacement

Replacing your Life Insurance Policy or Annuity?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one—or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or producer that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing your policy.

Replacement – Complete if life insurance or annuities will be replaced

Insurer as it appears on the policy	Insured as it appears on the policy	Policy number

Applicant's signature Date

Joint Applicant's signature Date

Producer's signature Date

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416
800.950.5872

Allianz

Nonresident Sales Form – Information Page

Insurance products are generally sold in the state/territory in which the owner applicant ("Owner") resides. However, there are situations where the sale of a product outside of the owner's resident state/territory may be appropriate. Generally, such situations arise when the owner has a connection to or activities within the nonresident state. However, it is Allianz's policy that the connection must be based upon something other than purchasing an insurance or annuity product. The following is a list of acceptable reasons for purchasing a contract outside of the owner's resident state/territory.

The Owner:

- Has a second residence in the state (own/rent)
- Is employed in the state or has regular business dealings in the state
- Is different than the insured/annuitant and the sale took place in the resident state of the insured/annuitant
- Is a family member of or has a business relationship with the agent/registered representative and the sale took place in the state of the agent/registered representative
- Is a trust and the sale was conducted in the resident state of the trustee or the situs state of the trust
- Has a power of attorney (POA) acting on his/her behalf and the transaction was conducted in the resident state of the POA

Allianz prohibits the sale of a product to an individual in their nonresident state/territory if there is no substantial connection to that state.

Residents of the following states/territory are prohibited from purchasing a life or annuity product in a state/territory outside of their state of residence: AR, MA, MN, MS, NY, UT, WA, WI and Puerto Rico.

In addition, agents/registered representatives must:

- Be licensed in any states in which they solicit, sign and deliver business
- Be appointed with Allianz to sell the product in that particular state

In general, Allianz expects policy/contract delivery to occur in the state/territory in which a policy/contract is signed. We understand there may be times when this is not possible due to extenuating circumstances such as: client moving, returning to resident state/territory (e.g., snowbirds) or he/she travels extensively for business and will not be returning to the state for an extended period of time. Please contact the Home Office if you think you have a situation that warrants delivery in a different state.

AGENT/REGISTERED REPRESENTATIVE COPY

Allianz Life Insurance Company
of North America
5701 Golden Hills Drive
Minneapolis, MN 55416
800.950.5872

Nonresident Sales Form

Allianz Life requires completion of this form for all sales to a person outside of his/her state/territory of residence. Residents of the following states/territory are prohibited from purchasing a life or annuity product in a state/territory outside of their state of residence: AR, MA, MN, MS, NY, UT, WA, WI and Puerto Rico.

Based on the above, the Owner Annuitant ("Owner") and agent/registered representative confirm the following:

Name of Owner(s) ____

Reason(s) for Sale Outside of the Resident State/Territory (check all that apply).

Owner:

☐ Has a second residence in the state (own/rent)

☐ Is employed in the state or has regular business dealings in the state

☐ Is different than the insured/annuitant and the sale took place in the resident state of the insured/annuitant

☐ Is a family member of or has a business relationship with the agent/registered representative and the sale took place in the state of the agent/registered representative

☐ Is a trust and the sale was conducted in the resident state of the trustee or the situs state of the trust

☐ Has power of attorney (POA) acting on his/her behalf and the transaction was conducted in the resident state of the POA

Certifications and Signatures

The undersigned certify that:

- The above information is true and complete.
- The sale of the product and the signing of the application occurred within the state identified on the application.
- The contract is expected to be delivered to the Owner in the state identified on the application (there are limited exceptions – see the information page for details).

The annuitant must sign if there is a custodial owner and the sale takes place outside of the annuitant's resident state/territory.

Signature of Owner ______________________________________ **Date** ________________

Signature of Joint Owner ______________________________________ **Date** ________________

Signature of Agent/Registered Representative ______________________________ **Date** ________________