Annuity Application

Application for the state of

Colorado **(MUST complete 1-5 of the annuity application)**

Product requirements:

- ☐ All products must meet the **minimum premium** requirements
- ☐ If the Instant Cash Bonus or Systematic Withdrawal of Interest is desired, please verify that the appropriate boxes are checked in Section 5 – Annuity Product.
- ☐ A4-02 – Complete the Supplemental Application if the product chosen allows a choice of the indexes or interest earning value.
- ☐ CO-A3 – Immediate Elite™ Annuity Supplemental Application and proof of age
- ☐ CO-A7 – In**Command**Dex™ Annuity Supplemental Application and proof of age required if taking immediate income (or the A4-02 Supplemental Application if the policy will be left in deferral)
- ☐ CO-A2 – Agreement and signature **MUST** be signed for every application
- ☐ NB5029-I – Complete the Agent's Report. A driver's license or other government ID must be reviewed to verify client's identity. If the product chosen is InfiniDex™ Annuity, InfiniDex 5™ Annuity, InfiniDex 10™ Annuity, MasterDex™ Annuity, MasterDex 5™ Annuity, MasterDex 10™ Annuity, PremierDex™ Annuity, or PremierDex 5™ Annuity, you must also complete the commission option section of this form (return signed form to Home Office with application).
- ☐ S2056 – if transfer is involved. Always include an estimated transfer amount if a rollover or 1035 exchange is taking place.
- ☐ NB3051 – Product Suitability Form is required for all annuity applicants (return completed and signed form to Home Office with application)
- ☐ NB3033 – Replacement form if life insurance or annuities are being replaced or if other life insurance or annuities are in force (return signed form to Home Office with application)
  - If a replacement is involved, copies of all sales material used during the sales presentation must be left with the applicant and submitted to the Home Office with application. Sales material is any individualized material, including illustrations. This does not include company approved sales aids of a generally descriptive nature.

Required forms not available in application packet:

- ☐ Trustee Representations (return signed form to Home Office with application if designating a trust or corporation as owner)[1]
- ☐ Statement of Understanding (sign and return entire form to Home Office with application)[1]

Additional information:

- **Special Note**: Section 9 (Agent Information) must be completed
- To ensure distributions at death are payable to the intended person or entity, see the product Statement of Understanding for details
- **DO NOT** use white out. If you have a correction, cross it out and have the owner/annuitant initial the change
- Prior approval may be required on cases $500,000.00 or more
- Additional beneficiary pages **MUST** be signed and dated by the owner
- For questions contact the **FASTeam at 800.950.7372** (press 1 for Sales Support, then 1 for Annuities)

[1]**All forms are available on the Web site at www.allianzlife.com or call the Supply Department at 800.358.585.**

IMPORTANT: Remove all carbonless forms from back of packet before completing application.

Allianz Life Insurance Company of North America

PO Box 59060
Minneapolis, MN 55459-0060

Overnight Address:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

www.allianzlife.com

For agent use only

Allianz

Allianz Life Insurance Company
of North America
PO Box 59060
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Application for Annuity

1. Owner (*if additional space is needed, use section 10 – Special Requests*)

☐ **Individual**

First | Middle | Last

Sex ☐ Male ☐ Female | Date of birth (mm/dd/yyyy) | Age | Social Security number

Phone number (Home) ( ) – – | Phone number (Work) ( ) – –

Mailing address

City | State | Zip code

☐ **Joint Owner (Owners are joint tenants with rights of survivorship)**

First | Middle | Last

Sex ☐ Male ☐ Female | Relationship to owner | Date of birth (mm/dd/yyyy) | Age | Social Security number

Mailing address

City | State | Zip code

☐ **Trust** ☐ **Corporation** ☐ **Partnership**

Full name

Phone number ( ) – – | Tax or Employer ID number

Mailing address

City | State | Zip code

If Trust is named, provide Trustee's (first name) | Last name | Date of Trust (mm/dd/yyyy)

2. Annuitant (*if other than owner*)

First | Middle | Last

Sex ☐ Male ☐ Female | Relationship to owner | Date of birth (mm/dd/yyyy) | Age | Social Security number

Mailing address

City | State | Zip code

3. Beneficiary (percentage must equal 100% for Primary and 100% for Contingent)

☐ **Primary** ☐ **Contingent**

First	Middle	Last

Percentage	Relationship to owner	Social Security number (if available)
		– –

☐ **Primary** ☐ **Contingent**

First	Middle	Last

Percentage	Relationship to owner	Social Security number (if available)
		– –

☐ **Primary** ☐ **Contingent**

First	Middle	Last

Percentage	Relationship to owner	Social Security number (if available)
		– –

☐ **Primary** ☐ **Contingent**

First	Middle	Last

Percentage	Relationship to owner	Social Security number (if available)
		– –

☐ **Primary** ☐ **Contingent**

First	Middle	Last

Percentage	Relationship to owner	Social Security number (if available)
		– –

☐ **Primary** ☐ **Contingent**

First	Middle	Last

Percentage	Relationship to owner	Social Security number (if available)
		– –

☐ **Primary** ☐ **Contingent**

☐ **Trust** ☐ **Corporation**

Full name (if applicable)

If Trust is named, provide Trustee's (first name)	Last name

Percentage	Date of Trust (mm/dd/yyyy)	Tax or Employer ID number (if available)
	/ /	

4. Replacement

Do you have any existing annuity contracts or life insurance policies? ....☐ YES* ☐ NO
If yes, will the annuity contract applied for replace or change existing contracts or policies? ....☐ YES* ☐ NO

***Complete the replacement sections that follow in order for the transfer to proceed.**

Amount of coverage in force
$ ☐☐,☐☐☐,☐☐☐.☐☐

5. Annuity product (*select one of the following*)

Flexible premium:

☐ Accumulator Bonus Maxxx Elite™ Annuity
☐ BonusDex Elite® Annuity#
☐ In**Command**Dex™ Annuity■
☐ InfiniDex™ Annuity#•
☐ InfiniDex 5™ Annuity#•
☐ InfiniDex 10™ Annuity#•
☐ MasterDex™ Annuity#•
☐ MasterDex 5™ Annuity#•
☐ MasterDex 10™ Annuity#•
☐ PowerDex Elite® Annuity
☐ PremierDex™ Annuity#•
☐ PremierDex 5™ Annuity#•
☐ 5% Bonus PowerDex Elite™ Annuity
☐ 10% Bonus PowerDex Elite™ Annuity#
☐ Other ________________________

☐ Cash Bonus Elite® Annuity
☐ Elect monthly payment of bonus
☐ Withhold federal taxes at a rate of ☐☐%
(will default at a rate of 10%)
☐ Do **not** withhold federal taxes

☐ Power 7 Elite™ Annuity◆
☐ Elect Systematic Withdrawal of Interest
Payment mode (*check one*)
☐ Monthly ☐ Quarterly
☐ Semiannually ☐ Annually
☐ Withhold federal taxes at a rate of ☐☐%
(will default at a rate of 10%)
☐ Do **not** withhold federal taxes

Single premium:

☐ Dominator® Annuity* *(choose term)* ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
☐ Other ________________________

Single Premium Immediate Annuity (SPIA):

☐ Immediate Elite™ Annuity *(Complete the Immediate Elite Annuity Supplemental Application CO-A3)*
☐ Other ________________________

◆ Premium payments are allowed during the first year **ONLY**.
\# Complete Supplemental Annuity Application.
* Complete section 12 if applicable.
• Complete Agent's Report.
■ Complete the In**Command**Dex Annuity Supplemental Application CO-A7 if taking immediate income, or the A4-02 Supplemental Application if the policy will be left in deferral.

6. Type of annuity

☐ Qualified
☐ Rollover ☐ Transfer
☐ IRA ☐ Roth IRA ☐ Simple IRA For tax year ☐☐☐☐
☐ Other ______________________ (401(k), 403(b), KEOGH, SEP, etc.)

☐ Nonqualified
☐ 1035 Exchange
☐ Other ______________________

If no box is checked, nonqualified will be issued.

7. Premiums

Cash submitted with application $ ☐☐,☐☐☐,☐☐☐.☐☐	Estimated transfer/rollover/1035 amount $ ☐☐,☐☐☐,☐☐☐.☐☐
Billed premium amount $ ☐☐,☐☐☐,☐☐☐.☐☐	Select mode: ☐ Single ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly (complete PAC authorization and provide void check)

8. Complete only if payroll deduction

Payroll Deduction is no longer available

Employer's name

Premium mode desired	Group ID number
	☐ Add on ☐ New

Length of employment	Currently working full time (minimum 30 hours per week)?	Employer's contribution (if applicable)
years months	☐ Yes ☐ No	$, , .

9. Agent information

Agent first	Middle initial	Last

Phone number	% Split	Agent number
( ) – –		

Agent first	Middle initial	Last

Phone number	% Split	Agent number
( ) – –		

10. Special Requests

11. Home Office changes to the application (for internal use only)

12. Contingent Owner, if applicable

First	Middle	Last

☐ **Trust** ☐ **Corporation**

Full name

If Trust is named, provide Trustee's (first name)	Last name

Date of Trust (mm/dd/yyyy)	Tax or Employer ID number
/ /	

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

Supplemental Application

Complete the following if you have selected the BonusDex Elite® Annuity, InCommandDex™ Annuity, MasterDex™ Annuity, MasterDex 5™ Annuity, MasterDex 10™ Annuity, PremierDex™ Annuity, PremierDex 5™ Annuity, or 10% Bonus PowerDex Elite™ Annuity.

1. Select from the Index(es)[1] and/or the interest choices and indicate the allocation percentage for each.

☐ S&P 500 – Allocation Percentage: ____________________%[1] (0, 25, 50, 75, 100)

☐ Nasdaq-100® – Allocation Percentage: ____________________%[1] (0, 25, 50, 75, 100)

☐ Interest – Allocation Percentage: ____________________%[1] (0, 25, 50, 75, 100)

[1]The Allocation Percentages must be in increments of "25" and must total 100%.

Complete the following if you have selected the InfiniDex™ Annuity, InfiniDex 5™ Annuity, or InfiniDex 10™ Annuity.

1. Select from the Index(es)[2] and/or the interest choices and indicate the allocation percentage for each.

☐ S&P 500 – Allocation Percentage: ____________________%[2] (0-100)

☐ Nasdaq-100® – Allocation Percentage: ____________________%[2] (0-100)

☐ Interest – Allocation Percentage: ____________________%[2, 3] (0-75)

[2] The Allocation Percentages can be in increments of whole numbers only and must total 100%.
[3] The maximum percentage that can be allocated to the interest option is 75%.

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Immediate Elite™ Annuity
Supplemental Application

1. Select one of the following annuity options

Attach a copy of a birth certificate or driver's license when proof of age is requested. These qualified plans: (401(k), 403(b), Pension Plan, Keogh), will require the submission of the Qualified Disbursement Request form (S2085).

☐ Option A: Installments for a Guaranteed Period
☐ 10 years ☐ 20 years ☐ Other ________________

☐ Option B: Installments for Life *(submit proof of age)*

☐ Option C: Installments for Life with a Guaranteed Period *(submit proof of age)*
☐ 10 years ☐ 15 years ☐ 20 years

☐ Option D: Joint and Survivor Annuity with a Guaranteed Period *(submit proof of age for annuitant and survivor)*
☐ 10 years ☐ 15 years ☐ 20 years ☐ Other ________________

☐ Option E: Joint and Survivor Annuity *(submit proof of age for annuitant and survivor)*

☐ Option F: Joint and 2/3 Survivor Annuity *(submit proof of age for annuitant and survivor)*

☐ Option G: Joint and 50% Survivor Annuity *(submit proof of age for annuitant and survivor)*

Joint annuitant information *(Complete for annuity options D, E, F, and G):*

First	Middle	Last
Sex ☐ Male ☐ Female	Date of birth (mm/dd/yyyy) / /	Social Security number – –

Mailing address

City	State	Zip code
		–

2. Payment mode *(choose only one)*

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

3. Payment method *(choose only one)*

☐ Send payment to my bank via Electronic Funds Transfer *(Attach a void check for a checking account or a deposit slip with a valid routing number for a savings account.)*
☐ Send payments to owner at address on record.
☐ Send payments to an address other than the owner's.

Name

Mailing address

City	State	Zip code
		–

4. Notice of taxability, withholding, and election *(check the appropriate box)*

☐ Withhold federal income at a rate of ☐☐ % (will default at a rate of 10%).
You will be subject to state income tax withholding if you elect federal withholding and reside in a mandatory state.

☐ Do **not** withhold federal taxes.

Certain qualified plans may be subject to a mandatory 20% federal tax withholding.

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800.950.1962

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In**Command**Dex™ Annuity Supplemental Application

*Complete the following 6 sections of this supplemental application if you are applying for the In**Command**Dex Annuity and are choosing to receive annuity payments immediately.*

1. Select one of the following annuity options

Attach a copy of birth certificate or driver's license for the annuitant. These qualified plans: (401(k), 403(b), Pension Plan, Keogh), will require the submission of the Qualified Disbursement Request form (S2085).

☐ Option A: Installments for life with a death benefit
☐ Option B: Joint and 100% survivor annuity with a death benefit option
☐ Option C: Installments for life
☐ Option D: Joint and 100% survivor annuity

Joint annuitant information (Complete for annuity options B and D): *Attach a copy of the joint annuitant's birth certificate or driver's license.*

First	Middle	Last

Sex	Date of birth (mm/dd/yyyy)	Social Security number
☐ Male ☐ Female	/ /	– –

Mailing address

City	State	Zip code
		–

2. Guaranteed floor percentage *(choose only one)*

Floor ☐ 90% ☐ 85% ☐ 80% ☐ 75%

3. Select from the Index(es) and indicate the allocation percentage for each *(total must equal 100%)*

☐ S&P 500[1]	Allocation percentage:	☐ 0%	☐ 25%	☐ 50%	☐ 75%	☐ 100%
☐ Nasdaq–100®[2]	Allocation percentage:	☐ 0%	☐ 25%	☐ 50%	☐ 75%	☐ 100%

4. Payment mode *(choose only one)*

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

5. Payment method *(choose only one)*

☐ Send payment to my bank via Electronic Funds Transfer *(Attach a void check for a checking account or a deposit slip with a valid routing number for a savings account.)*
☐ Send payments to owner at address on record
☐ Send payments to an address other than the owner's

Name

Mailing address

City	State	Zip code
		–

6. Notice of taxability, withholding, and election (*check the appropriate box*)

☐ Withhold federal income at a rate of ☐☐ % (will default at a rate of 10%).
You will be subject to state income tax withholding if you elect federal withholding and reside in a mandatory state.

☐ Do **not** withhold federal taxes.

Certain qualified plans may be subject to a mandatory 20% federal tax withholding.

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Agreement and signatures

It is agreed that: (1) All statements and answers given above are true and complete to the best of my knowledge; (2) This application shall become part of any annuity contract issued by the Company; (3) If proof of the annuitant's age is not given with the application, the Annuitant will furnish the Company such proof before annuity payments begin; (4) Any changes made in this application shall be subject to written consent of the Owner/applicant; (5) I understand that I may return my policy within the free look period (shown on the first page of my policy) if I am dissatisfied for any reason; and (6) I believe this annuity is suitable for my financial goals; (7) It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Signed at ________________________________ on this _____ day of ____________________, _________
City, State month year

____
Owner

____
Joint owner

____
Proposed annuitant's signature (if other than owner)

To be answered by Licensed Resident Agent: I certify that the statements of the applicant have been correctly recorded in this application. To the best of my knowledge, the insurance applied for in this application ☐ will not or ☐ will replace existing insurance.

____
Agent's signature/witness

Return to Home Office

Agent's Report (Parts 1 & 2 must always be completed, part 3 must be completed with the InfiniDex™, MasterDex™, or PremierDex™ annuity series)

1. ☐ I have verified the applicant's identity by reviewing a driver's license (required).

   License number ______________ State of issue ____

   or

   ☐ The applicant did not have a driver's license, but I have verified their identity by reviewing another form of government ID. Please specify the other form of ID verified (such as Social Security card, birth certificate, or passport) ________________________.

2. Complete agent information

First	MI	Last
Signature		Agent number

3. What commission choice are you selecting? *(Please check only one option. Refer to the Product Information section of www.allianzlife.com, or call the FASTeam at 800.950.7372 should you have any questions on these options.)*

   ☐ Option A

   ☐ Option B

   ☐ Option C[1]

   [1]This option is not available on the InfiniDex Annuity.

Return to Home Office

Replacement – Complete if life insurance or annuity contracts are being replaced or if other life insurance or annuity contracts are in force.

The agent and applicant must complete all applicable information in this section if the applicant has any **existing** life insurance policies or annuity contracts, **or** is contemplating **replacing** any policies or contracts. The agent **MUST give the applicant the option** of having the Replacement Notice contained in this application read aloud **in either case**.

In connection with a replacement transaction, answer the following question:

During the sales presentation (please check the following that apply):

☐ I (agent) used Company approved sales materials and left a copy with applicant, or did not use any sales materials.

☐ I (agent) used other than Company approved sales materials, left a copy with applicant, and attached copy to application.

Replacement certifications

By signing this application, both the applicant and agent certify that the Replacement Notice has been read aloud by the agent, or that the applicant did not wish the Notice to be read aloud. A copy of the Notice has been left with the applicant.

I (agent) have fully informed the applicant of both the advantages and disadvantages of this replacement transaction and I believe this transaction is suitable and appropriate for this applicant. **Agent's initials** __________________

Agent: Please proceed to the Replacement Notice and give the applicant the option of having the Notice read aloud. Complete all required information on the Notice. Signatures of both agent and applicant are required on the actual Notice, as well as the application. **NOTE: Signatures are required on the Notice even if applicant has existing policies or contracts and is not replacing**.

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Automatic Payment Plan—EFT Authorization

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.

Name on bank account (please print)		Name of applicant/owner (if other than account holder)	
Signature of account holder X		Date of authorization	Withdrawal day (1st thru 28th)
Type of account ☐ Checking ☐ Savings	Account number Routing number	Process entries ☐ Monthly ☐ Quarterly ☐ Semiannual ☐ Annual	In the amount of $
Name of financial institution or bank			Apply payments to policy number
Address			
City, state, and ZIP code		Telephone	

Return to Home Office

Please submit a void check with this form.

NB5023 (R-2/2006)

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Premium Receipt

Make all checks payable to the company.
Do not make checks payable to an agency, broker, agent, or leave blank.

A payment of $________________ was received from ________________________________

for the annuity application dated ________________________

This receipt is not valid unless it is signed by an agent of the company. This receipt is not valid unless the amount paid with the application, if paid by check or draft, is honored on first presentation for payment.

Date __________________ By ________________________________
Agent

NB5030 (R-2/2006)

Leave with Applicant

Allianz Life Insurance Company
of North America

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Payroll Deduction Authorization

Payroll Deduction is no longer available

Name of employee member	Social Security number	
Department/ID number	Branch location	
Deduction frequency	First deduction date	Deduction amount

I hereby request ________________________ to deduct the amount indicated above from my wages or account and
Name of Employer

remit to Allianz Life Insurance Company of North America in payment of my policy premiums.

Signature________________________ Date ________________

NB5031 (R-2/2006)

Submit to Employer

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. The Company, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's files, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112. The telephone number is 617.426.3660.

The Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

NB5025 (R-2/2006)

Leave with Applicant

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

5701 Golden Hills Drive
Minneapolis, MN 55416-1297

800.950.7372

Allianz

Authorization to Transfer Funds

1. Address of company where the funds are coming from – (No PO Boxes)

Company name

Address

City | State | ZIP code

Phone number
( ) – –

Insured/annuitant(s) ____________ Social Security number(s)____________

Owner(s) if other than annuitant ____________ Social Security number(s)____________

Address ____________

City ____________ State ____________ ZIP code ____________

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified below.

2. Certificate of Deposit – must specify

Account number

☐ Liquidate Certificate of Deposit on the maturity date of / /

☐ Liquidate Certificate of Deposit upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.

- If partial transfer, indicate the amount to be transferred $ ____________

3. Liquidate *(See box 10 for Medallion Stamp Signature Guarantee)* – select only one

☐ **Brokerage account**

Account number

☐ All ☐ Partial liquidation (Quantity or $ amount) ____________

(List assets) ____________

____

____

☐ **Mutual fund(s)**

Account number

☐ All ☐ Partial liquidation ($ amount) ____________

☐ **Money market(s)**

Account number

☐ All ☐ Partial liquidation ($ amount) ____________

☐ **401(k)/Pension Plan(s)** require their own withdrawal paperwork. Clients must contact their former employer to initiate transfer.

Account number

☐ All ☐ Partial liquidation ($ amount) ____________

Return to Home Office

4. Annuity contracts

My existing plan: ☐ KEOGH ☐ SEPP ☐ Roth IRA ☐ Converted Roth IRA ☐ 457
☐ TSA/403(b) ☐ IRA ☐ Simple IRA ☐ Nonqualified annuity ☐ Other

Account number

☐ **1035 tax-free exchange (**See cost basis in block 8)
Surrender a nonqualified annuity contract(s) for the purchase of another nonqualified contract under Sec. 1035 of the Internal Revenue Code.
☐ All ☐ Partial liquidation (% or $ amount) ______________________________

☐ **Transfer**
Surrender of qualified annuity contract(s) established under Sec. 402 or 408 of the Internal Revenue Code for reinvestment in a qualified annuity contract established under same section of the Internal Revenue Code.
☐ All ☐ Partial liquidation (% or $ amount) ______________________________

☐ **Surrender**
The undersigned as owner of this contract elects to surrender the said contract for its net cash value and directs the transferring company to make payment(s) to the named Assignee.
☐ All ☐ Partial liquidation (% or $ amount) ______________________________

☐ **TSA/403(b) transfer** (TSA to TSA)
This transaction is intended to qualify as a tax-free transfer under Rev. Rul. 90-24.
☐ All ☐ Partial liquidation (% or $ amount) ______________________________

For TSA/403(b) contracts only Loan balance: $ ______________________________

Loan default: Has the policy ever defaulted on a loan? ☐ Yes ☐ No

If yes, state the defaulted amount: $ ______________________________

Is the defaulted loan still outstanding? ☐ Yes ☐ No

☐ **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.
☐ All ☐ Partial liquidation (% or $ amount) ______________________________

5. Life contracts

Account number

☐ **1035 tax-free exchange (**See cost basis in block 8)
Surrender a life insurance contract for the purchase of another contract under Sec. 1035 of the Internal Revenue Code.
☐ All ☐ Partial liquidation (% or $ amount) ______________________________

☐ **Surrender**
The undersigned as owner of this contract elects to surrender the said contract for its net cash value and directs the transferring company to make payment(s) to the named Assignee.
☐ All ☐ Partial liquidation (% or $ amount) ______________________________

6. Assignment

☐ **Absolute Assignment:**
The owner of the above contract(s) hereby assigns ☐ All ☐ Partial ownership and beneficial rights under the contract(s) absolutely to the following assignee, Allianz Life Insurance Company of North America,

Assignee ID Number: 41-1366075 If partial, specify amount: $______________________

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 irrevocably transferred. The sole beneficiary and payee of the partial or total amounts shown above, shall be the above named assignee. The assignment is subject to any prior collateral assignments affecting the contract(s).

Return to Home Office

7. Lost policy statement

☐ Contract is attached.

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

Owner's signature ______________________________

8. Cost basis

☐ **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 holder of the cost basis in the contract.

9. Tax withholding election for payees of surrenders

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your surrender. You also may be subject to tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

☐ **I do not** want to have federal income tax withheld from my surrender.
☐ **I do** want to have federal income tax withheld from my surrender. Please withhold $ ____________

10. Required minimum distribution (must specify if applicable)

Important note to existing carrier: If I am $70\frac{1}{2}$ or older, do not transfer or roll over my current year's required minimum distribution (RMD). I direct the present Custodian/Trustee to (check one box):

☐ Proceed with the transfer as I have already taken my current year's RMD.
☐ Distribute my RMD to me before transferring my funds.
☐ Retain my RMD amount until such time as it is required to be distributed.

11. Transaction authorization

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.

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

Please make check payable to: Allianz Life Insurance Company of North America

For the benefit of ______________________________

Dated at ____________________ this ____________ day of ____________20 ________

Witness ____________________ Signature of Insured/Annuitant(s) ______________________________

Signature of Insured/Annuitant(s) ______________________________

Witness ____________________ Signature of Owner(s) ______________________________
(if other than the annuitant)

Signature of Owner(s) ______________________________

Signature of Spouse[1] ______________________________

Medallion Stamp Signature Guarantee (if required)

[1] If you reside in one of the following community property states, the spouse must also sign: Alaska, Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin.

Return to Home Office

12. Acceptance: This is to certify that the above individual has established a:

☐ Tax-qualified annuity__________ ☐ Nonqualified annuity ☐ Life policy ☐ Roth ☐ Qualified TSA/403(b) annuity

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send a check with a copy of this form to:

Please make checks payable to issuer/assignee:
Allianz Life Insurance Company of North America

For the benefit of ____________________

If shipping overnight, please send checks to:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Please send checks to:
NW 7340
PO Box 1450
Minneapolis, MN 55485-7340

Please send correspondence to:
PO Box 59060
Minneapolis, MN 55459-0060

By:
Assistant Secretary ____________________ Date ____________________

Return to Home Office

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Allianz

Product Suitability Form

Thank you for your interest in an Allianz annuity. Before we can process your application and issue your policy, we need to confirm that your annuity purchase suits your current financial situation and long-term goals. Please complete the following checklist and submit with your application.

Owner's name:________________ Age: ______ Product name: ________________

Joint owner's name: ________________ Age: ______ Premium amount: ________________

Financial status

1. Annual income: ☐ $0 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000+

2. Net worth: (equals total assets, not including home and automobile, minus total debts)

☐ $0 - $24,999 ☐ $25,000 - $49,999 ☐ $50,000 - $74,999 ☐ $75,000 - $99,999
☐ $100,000 - $149,999 ☐ $150,000 - $199,999 ☐ $200,000 - $249,999 ☐ $250,000 - $349,999
☐ $350,000 - $499,999 ☐ $500,000 - $699,999 ☐ $700,000 - $999,999 ☐ $1,000,000+

Federal tax status

Annual income: ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35% ☐ Other________

Financial objectives

1. Your financial objective in purchasing this product (check all that apply):
   ☐ Income now ☐ Flexibility ☐ Tax deferral ☐ Growth followed by income ☐ Growth, possible income
   ☐ Pass on to beneficiaries ☐ Guarantees provided ☐ Other________________
2. Do you have sufficient available cash, liquid assets, or other sources of income for monthly living expenses and emergencies other than the money you plan to use to purchase this contract? ☐ Yes ☐ No
3. Do you now own, or have you previously owned, the following financial products (check all that apply)?
   ☐ Certificates of Deposit ☐ Fixed annuities ☐ Variable annuities ☐ Stocks/bonds/mutual funds
4. What is your source for this annuity's premium (check all that apply)
   ☐ Annuity ☐ Life insurance ☐ Certificates of Deposit ☐ Other investments ☐ Other

Accessing your money

With the exception of any withdrawals (i.e., required minimum distributions, free withdrawals, Systematic Withdrawals of Credits/Interest, loans, partial surrenders, and Instant Cash Bonus):
How do you expect to take money out of this product? When do you expect to take money out of this product?
(If "Other" is checked for "How do you expect to take money out of the product," "Other" must also be checked for "When do you expect to take money out of the product?")

(Check one answer)
HOW: ☐ Regular income stream ☐ Lump sum ☐ Other (please provide example):________________

(Check one answer)
WHEN: ☐ Less than one year ☐ Between one and five years ☐ Between six and nine years ☐ 10 or more years
☐ Other (please provide example):________________

NOTE: If this form is not completed, signed, and dated, we cannot consider your application.

☐ Client refused to provide some or all of the information

I acknowledge that I have read the Statement of Understanding for the product listed and believe it meets my needs at this time. To the best of my knowledge and belief, the information above is true and complete.

Owner signature:		Date: / /
Joint owner signature:		Date: / /
Agent signature:	Agent number:	Date: / /

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Allianz

Product Suitability Form

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Owner's name:_______________________ Age: ______ Product name: _______________________

Joint owner's name: _______________________ Age: ______ Premium amount: _______________________

Financial status

1. Annual income: ☐ $0 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000+

2. Net worth: (equals total assets, not including home and automobile, minus total debts)

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Federal tax status

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Financial objectives

1. Your financial objective in purchasing this product (check all that apply):
   ☐ Income now ☐ Flexibility ☐ Tax deferral ☐ Growth followed by income ☐ Growth, possible income
   ☐ Pass on to beneficiaries ☐ Guarantees provided ☐ Other_______________________
2. Do you have sufficient available cash, liquid assets, or other sources of income for monthly living expenses and emergencies other than the money you plan to use to purchase this contract? ☐ Yes ☐ No
3. Do you now own, or have you previously owned, the following financial products (check all that apply)?
   ☐ Certificates of Deposit ☐ Fixed annuities ☐ Variable annuities ☐ Stocks/bonds/mutual funds
4. What is your source for this annuity's premium (check all that apply)
   ☐ Annuity ☐ Life insurance ☐ Certificates of Deposit ☐ Other investments ☐ Other

Accessing your money

With the exception of any withdrawals (i.e., required minimum distributions, free withdrawals, Systematic Withdrawals of Credits/Interest, loans, partial surrenders, and Instant Cash Bonus):
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(If "Other" is checked for "How do you expect to take money out of the product," "Other" must also be checked for "When do you expect to take money out of the product?")

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(Check one answer)
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☐ Other (please provide example):_______________________

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Owner signature:		Date: / /
Joint owner signature:		Date: / /
Agent signature:	Agent number:	Date: / /

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Allianz

Product Suitability Form

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Owner's name:__________ Age: ______ Product name: __________

Joint owner's name: __________ Age: ______ Premium amount: __________

Financial status

1. Annual income: ☐ $0 - $9,999 ☐ $10,000 - $24,999 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000+

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Federal tax status

Annual income: ☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35% ☐ Other________

Financial objectives

1. Your financial objective in purchasing this product (check all that apply):
   ☐ Income now ☐ Flexibility ☐ Tax deferral ☐ Growth followed by income ☐ Growth, possible income
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   ☐ Certificates of Deposit ☐ Fixed annuities ☐ Variable annuities ☐ Stocks/bonds/mutual funds
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   ☐ Annuity ☐ Life insurance ☐ Certificates of Deposit ☐ Other investments ☐ Other

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(Check one answer)
WHEN: ☐ Less than one year ☐ Between one and five years ☐ Between six and nine years ☐ 10 or more years
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Owner signature:		Date: / /
Joint owner signature:		Date: / /
Agent signature:	Agent number:	Date: / /

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one,
and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ Yes ☐ No

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☐ No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's signature and printed name	Date
Producer's signature and printed name	Date

I do not want this notice read aloud to me. _________ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:
- Are they affordable?
- Could they change?
- You're older – are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:
- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:
- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

REMEMBER, you have thirty (30) days following receipt to examine the contents of any individual life insurance policy or annuity. If you are not satisfied with it for any reason, you have the right to return it to the insurer at its home or branch office, or to the agent through whom it was purchased, for a full refund of premium.

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You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

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POLICY VALUES:
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- How are premiums for both policies being paid?
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- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

REMEMBER, you have thirty (30) days following receipt to examine the contents of any individual life insurance policy or annuity. If you are not satisfied with it for any reason, you have the right to return it to the insurer at its home or branch office, or to the agent through whom it was purchased, for a full refund of premium.