

Withdrawal Request Form for Fixed Interest Life Insurance Policy # _____

This form is used to request a disbursement from your policy.

- Use this form only if the tax plan type is non-qualified.
- Do not use this form for life policies held in qualified retirement plans. Complete the Qualified Disbursement Request Form - 403(b) Withdrawal Request form instead.
- Read and complete all sections of this form.

Section A: Policyowner Information

Policy owner's printed full name:	Tax ID/SS#:	Daytime phone number:
_____	_____	() _____
Joint policy owner's printed full name:	Tax ID/SS#:	Daytime phone number:
_____	_____	() _____
Policy owner email:	Joint Policy owner email:	
_____	_____	

Section B: Select only ONE surrender option

Partial surrender

Specific dollar amount \$ _____

Note: If you elect to withhold taxes in section D, we will increase the partial surrender amount so that you will receive the net amount requested.

Full surrender

You will receive the full cash value that is available and your policy will terminate. You understand that when we send or transmit the full cash value, Allianz Life Insurance Company of North America (Allianz) will be released for all liability under the policy.

Section C: Loan Option

Specific dollar amount \$ _____

Section D: Tax and withholding Section

All, or part, of the payment you receive in connection with a distribution may be includable in your gross income for tax purposes, and you are liable for payment of income tax on the taxable portion of your payment. The taxable portion of the distribution is subject to federal (and potentially state) income tax withholding. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Once the funds are distributed to you, Allianz will not reverse any federal or state withholding that is made from your payment. Federal or state tax withholding will not be processed from contracts held by a custodian or qualified plan. Payment(s) that qualify for trustee-to-trustee transfer or direct rollover treatment by Allianz are not subject to withholding. Roth IRA distributions are generally nontaxable; therefore, Allianz will not withhold tax unless specifically instructed to do so. You may wish to contact your tax professional regarding any questions you may have about taxation or withholding.

Federal Income Tax Withholding

Check one of the three boxes below. If none of the boxes are checked or a valid current year IRS Form W-4R is not attached, I acknowledge that Allianz will withhold 10% from the taxable portion of the distribution.

- I **DO NOT** want to withhold federal income tax.
- I **WANT TO** have federal income tax withheld at the default rate of 10%.
- I **HAVE** attached a **valid current year IRS Form W-4R indicating a different withholding election than the above boxes.**
The current year version of Form W-4R can be obtained by visiting the IRS website (www.irs.gov/forms-instructions).

State Income Tax Withholding

I acknowledge that:

Allianz is required to withhold at the minimum rate required (which may be 0%) by my state of residence. I must complete and submit separate instructions that meet the requirements of my state's tax authority with this request to make a state withholding election at a rate other than my state's required minimum.

A State Tax Withholding Guide can be found on the Allianz website at <https://www.allianzlife.com/Customer-Service-Frequently-Asked-Questions#forms> or you may also consult your state's tax authority website for more information.

Section E: Certification of taxpayer identification number

If you are 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, please complete Form W-8BEN.

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 FATCA code entered on this form (if any) indicating that I am exempt from FATCA is correct.

Section F: Select payee information and mailing instructions (Withdrawals can only be made payable and sent to the policy owner or financial institution for benefit of the policy owner.)

<input type="checkbox"/> Payable to policyowner:	<input type="checkbox"/> United States Postal Service (no fee) <input type="checkbox"/> Overnight (\$15 fee) (In order to send a check via overnight mail, we must have a physical address. The withdrawal cannot be sent overnight to a PO Box address. Please note, this fee will not expedite processing time.)	Check will be sent to owner(s) address of record.
<input type="checkbox"/> Payable to financial institution: (The disbursement will be taxable to you and will be payable to the financial institution. The disbursement will be sent to the owner's address of record unless a letter of acceptance is received from the financial institution.)	<input type="checkbox"/> United States Postal Service (no fee) <input type="checkbox"/> Overnight (\$15 fee)(In order to send a check via overnight mail, we must have a physical address. The withdrawal cannot be sent overnight to a PO Box address. Please note, this fee will not expedite processing time.)	Name of financial institution: <hr/> Account Number: <hr/> Financial institution phone number <hr/>
<input type="checkbox"/> Wire transmittal: (\$20 fee) (Please note, this fee doesn't expedite processing time.)	Checking Account (Must attach voided check. Ask the receiving bank about their fees, if any.) <ul style="list-style-type: none"> • Bank must be a member of ACH. • Bank account owner must be the same as policy owner. Please note: If voided check is not sent or already on file with Allianz, a check will be sent to your address of record in place of the wire transmittal.	

Section C: Signatures (Signature section must be completed. All owner's signatures are required.)



I authorize Allianz to process the requested distribution. I am aware that this transaction is NOT reversible. Once the distribution is processed, the taxable event and any federal or state withholding that occurred cannot be reversed. I am aware that surrender charges may apply and understand the tax consequences of such distribution. For a full surrender, if the original policy is not attached, I/We certify that the policy has been lost or destroyed, and the best of my/our knowledge and belief, is not in anyone's possession.

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

This form must be received within 30 days of signing.

Policy owner's signature **Signed date**

Joint policy owner's signature **Signed date**

(ADDITIONAL SIGNATURES REQUIRED, IF APPLICABLE)

Trust:¹ _____ **As trustee of the:** _____
Trustee's signature Trust name (printed) Signed date

Power-of-Attorney:¹ _____ **By:** _____
Policy owner's name Attorney-in-fact signature Signed date

Collateral Assignee: _____
Collateral Assignee signature Signed date

¹ Submit Certification of Trust form or legal documents such as power-of-attorney paperwork.

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 800.950.1962

Have you moved? Please log in at www.allianzlife.com or call us to update your address.