



Request to Transfer Ownership and/or Change Beneficiaries

The owner should use this form to transfer ownership of an annuity or life insurance policy, and/or to add or change beneficiaries.

Section 1: Policy or contract information

Policy or contract number: _____

Owner's name: _____
INDIVIDUAL NAME OR NON-INDIVIDUAL NAME (E.G., TRUST, ESTATE, CHARITY)

Social Security number or EIN if owner is a trust or estate: _____

Phone number: (____) _____ Alternate number: (____) _____

Email address: _____

Complete only if you are transferring ownership:

Are you a U.S. citizen? Yes No - If no, indicate if you are a non-resident or resident alien:

Non-resident alien - complete IRS Form W-8BEN A non-resident alien is a lawful temporary resident in the U.S.

Resident alien - complete IRS Form W-9 A resident alien is a lawful permanent resident in the U.S.

Section 2: New owner information

- The Transfer of ownership of a life or annuity contract generally has tax and legal implications. And once the ownership is effective, the tax reporting of the change cannot be reversed. Therefore, we encourage you to consult with your tax or legal advisor before making an ownership change.
- A change of ownership does not change your beneficiary. You may want to update the beneficiaries listed. See Section 3: Beneficiary designation.
- **The new owner must also sign in Section 4: Signatures.**

Individual name: _____
FIRST NAME INITIAL LAST NAME

Non-individual name (e.g., trust, estate, charity): _____

Social Security number or EIN if new owner is a trust or estate: _____

Street address (must not be a PO box): _____
STREET NUMBER, STREET NAME (STREET ADDRESS IS REQUIRED AND MUST BE YOUR PERMANENT PRIMARY RESIDENTIAL ADDRESS)

City: _____ State: _____ ZIP code: _____

Phone number: (____) _____ Alternate number: (____) _____

Email: _____

Date of birth or date of trust: ____ / ____ / ____ Relationship to insured: _____
MM DD YYYY

Policy or contract number: _____

(Please write your policy or contract number at the top of each page, in case the pages of this form become separated.)

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.

Additional documentation may be required

- If you are designating a trust as the new owner of a life insurance policy, please provide a complete copy of the trust, as well as a completed Trustee Certification form (NB2290). We will process your request once we receive the copy of the trust, and your completed form.
- If you are designating a trust on a nonqualified annuity contract, please provide a copy of the trust pages that include the name of the trust, the date of the trust, the names of the trustee and successor trustee, and signature page. You must also provide a completed Non-Individual Ownership form (NB6059). We will process your request once we receive the trust pages, and your completed form.
- If you are transferring ownership of a nonqualified annuity contract, you may incur a taxable event. In this case, we will send the current owner an "Awareness of Taxation" letter to be completed. We will process your request once we receive your completed letter.
- Some ownership changes may result in a loss of certain benefits and coverages. In this case, we will send the current owner an "Awareness of Benefit Changes" letter. We will process your request once we receive your completed letter.
- Forms can be found at allianzlife.com

Section 3: Beneficiary designation

Complete this section to add or change beneficiaries.

- Percentages must total 100%.
- If you have more than 4 beneficiaries, please list them on a separate sheet, **signed and dated by you**.
- If you do not indicate the % you would like each beneficiary to receive, the surviving beneficiaries will share equally.

(continued on next page)

Policy or contract number: _____

(Please write your policy or contract number at the top of each page, in case the pages of this form become separated.)

Beneficiary 1 Percentage: _____% Select one: Primary Contingent

Individual beneficiary name: _____
FIRST NAME INITIAL LAST NAME

Non-individual beneficiary name (e.g., trust, estate, charity): _____

Street address: _____
STREET NUMBER, STREET NAME

City: _____ State: _____ ZIP code: _____

Phone number: (____) _____ Alternate number: (____) _____

Email: _____ Social Security number or EIN: _____

Date of birth or date of trust: ____ / ____ / ____ Relationship to insured: _____
MM DD YYYY

Beneficiary 2 Percentage: _____% Select one: Primary Contingent

Individual beneficiary name: _____
FIRST NAME INITIAL LAST NAME

Non-individual beneficiary name (e.g., trust, estate, charity): _____

Street address: _____
STREET NUMBER, STREET NAME

City: _____ State: _____ ZIP code: _____

Phone number: (____) _____ Alternate number: (____) _____

Email: _____ Social Security number or EIN: _____

Date of birth or date of trust: ____ / ____ / ____ Relationship to insured: _____
MM DD YYYY

Beneficiary 3 Percentage: _____% Select one: Primary Contingent

Individual beneficiary name: _____
FIRST NAME INITIAL LAST NAME

Non-individual beneficiary name (e.g., trust, estate, charity): _____

Street address: _____
STREET NUMBER, STREET NAME

City: _____ State: _____ ZIP code: _____

Phone number: (____) _____ Alternate number: (____) _____

Email: _____ Social Security number or EIN: _____

Date of birth or date of trust: ____ / ____ / ____ Relationship to insured: _____
MM DD YYYY

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Policy or contract number: _____

(Please write your policy or contract number at the top of each page, in case the pages of this form become separated.)

Beneficiary 4 Percentage: _____% Select one: Primary Contingent

Individual beneficiary name: _____
FIRST NAME INITIAL LAST NAME

Non-individual beneficiary name (e.g., trust, estate, charity): _____

Street address: _____
STREET NUMBER, STREET NAME

City: _____ State: _____ ZIP code: _____

Phone number: (____) _____ Alternate number: (____) _____

Email: _____ Social Security number or EIN: _____

Date of birth or date of trust: ____ / ____ / ____ Relationship to insured: _____
MM DD YYYY

As the authorized signer, please sign your name and date below in the appropriate space. If you do not sign and date this page, we will not be able to process your request.

Changes will take affect based on the guidelines in your contract. Allianz is not liable for any requested changes we make to your contract before this effective date.

➤ Current owner's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

➤ Current joint owner's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

➤ New owner's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

➤ New joint owner's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

➤ Trustee's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

as trustee of the: _____
TRUST NAME (PRINTED)

➤ Attorney in fact signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

Power of attorney: _____
PRINCIPAL NAME (PRINTED)

➤ Assignee's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

Mailing addresses

Regular mail:

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

Fax number: 763.582.6006

Overnight mail:

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