

Beneficiary Designation Request

Use this form to request beneficiary changes on existing contracts/policies. You can also request changes online by logging in at www.allianzlife.com and clicking on "Accounts". If you haven't previously registered, click "Register" on the home page and follow the instructions.

Information on filling out this form:

- For annuity contracts, do not list the owner or joint owner as a beneficiary below. If there is joint ownership, then the surviving joint owner is automatically the sole primary beneficiary.
- For life insurance policies, an individual owner/joint owner, other than the insured, can be listed as the beneficiary below.
- Some beneficiary changes may result in a loss of benefits or coverages. Refer to your contract or prospectus for additional information.
- **Percentages must total 100%.** If you do not indicate the allocation percentage you would like each beneficiary to receive, the death benefit will be divided equally among surviving beneficiaries.
- If you have more than 4 beneficiaries, list them on a separate sheet signed and dated by you.
- **We cannot process this request without a date and signature (to be completed in Section 3).**

Section 1: Contract/policy information

Contract/policy number

First name

MI

Last name

Daytime phone number

Section 2: Beneficiary designation

a. Select one: Primary Contingent _____%
Allocation percentage

First name (print)

MI

Last name

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

Date of birth/trust date

Social Security Number or TIN

Relationship to owner

Street address

City

State

ZIP code

Mailing address

City

State

ZIP code

Phone number

Alternate phone number

Email address

Gender: Male Female

Is this beneficiary a non-resident alien? No Yes (Attach IRS Form W-8BEN)

Section 2: Beneficiary designation (continued)

b. Select one: Primary Contingent _____%
Allocation percentage

First name (print) MI Last name

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

Date of birth/trust date Social Security Number or TIN Relationship to owner

Street address City State ZIP code

Mailing address City State ZIP code

Phone number Alternate phone number Email address

Gender: Male Female

Is this beneficiary a non-resident alien? No Yes (Attach IRS Form W-8BEN)

c. Select one: Primary Contingent _____%
Allocation percentage

First name (print) MI Last name

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

Date of birth/trust date Social Security Number or TIN Relationship to owner

Street address City State ZIP code

Mailing address City State ZIP code

Phone number Alternate phone number Email address

Gender: Male Female

Is this beneficiary a non-resident alien? No Yes (Attach IRS Form W-8BEN)

Section 2: Beneficiary designation (continued)

d. Select one: Primary Contingent _____%
Allocation percentage

First name (print) MI Last name

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

Date of birth/trust date Social Security Number or TIN Relationship to owner

Street address City State ZIP code

Mailing address City State ZIP code

Phone number Alternate phone number Email address

Gender: Male Female

Is this beneficiary a non-resident alien? No Yes (Attach IRS Form W-8BEN)

Section 3: Signatures (Signature section must be completed. All signatures are required.)

As the owner(s), or as the authorized signer for the owner, a signature and date must be provided in the appropriate space. We will process and record the change upon receipt of this completed form and any other required documents.

The change will take effect on the date the owner(s) signs a request provided such request is received in good order and will revoke all prior beneficiary designations.

Allianz Life Insurance Company of North America (Allianz) will have no liability for any actions we take or payments we make before recording the change.

Owner's signature Date

Joint owner's signature Date

Alternate signatures, if applicable

Trust:¹ _____ as trustee of the: _____
Trustee's signature Trust name (printed) Date

Power of attorney:¹ _____ by: _____
Owner's name (printed) Attorney-in-fact's signature(s) Date

Collateral assignment:² _____
Collateral assignee name (printed) Collateral assignee signature Date

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

² If the contract/policy has a collateral assignment, this change may require a bank officer's signature. Please refer to the collateral assignment for information.

Please submit your form through one of the options below:

If your contract number begins with letters (alpha), it is a variable annuity.

Life insurance policies and fixed annuity contracts do not have any letters or alpha characters.

Email completed forms to the appropriate product area:

fixedannuity@send.allianzlife.com

variableannuity@send.allianzlife.com

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 – for Fixed Annuities and Life Insurance:

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

Mail – for Variable Annuities:

Regular mail

Allianz Life Insurance Company of North America

PO Box 561

Minneapolis, MN 55440-0561

Overnight mail

Allianz Life Insurance Company of North America

5701 Golden Hills Drive

Minneapolis, MN 55416-1297

OR

Fax: 763.582.6002 for Fixed Annuities and Life Insurance

763.765.7912 for Variable Annuities

Any questions? Call us at 800.950.1962 for Fixed Annuities and Life Insurance

Call us at 800.624.0197 for Variable Annuities

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