



New Employee Acknowledgment

Employee name

Date of hire

Department

ACKNOWLEDGMENT OF RECEIPT OF THE ALLIANZ EMPLOYEE POLICIES & CORPORATE RULES

I acknowledge that I have been advised of the Allianz Employee Policies & Corporate Rules ("Policies & Rules").¹ I understand that it is my responsibility to read and understand the Policies & Rules and comply with the procedures and policies of the company. I agree that if there is any provision in the Policies & Rules that I do not understand, I will seek clarification from my supervisor, a Human Resources Business Partner, and/or MyHR.

I also understand that the Policies & Rules are guides, not contracts. They do not guarantee employment for any length of time, or limit how my employment may end. I further understand that Allianz is an "at will" employer and that my employment can be terminated, with or without cause, and without notice, at any time at the option of either Allianz or myself. In addition, I understand that the Policies & Rules supersede any and all prior practices, oral or written representations, or statements regarding the terms and conditions of my employment.

It is my understanding that nothing contained in the Policies & Rules may be construed as creating a promise of future benefits or a binding contract with Allianz for benefits for any other purpose. I further understand that the information in the Policies & Rules is continually evaluated and may be amended, modified, or terminated at any time, with or without notice to me.

I have read and understand this Acknowledgment.

Signature

Date