

## Client Contract Update Request

Use this form to request name changes, annuitant changes, address changes, and telephone authorization privileges. For most contracts and policies, you can also request changes online by logging in at [www.allianzlife.com](http://www.allianzlife.com). If you haven't previously registered, click "Register" on the home page and follow the instructions.

### Important background information:

- Annuitant cannot be changed if contract is owned by a trust. Please refer to prospectus for restrictions of change on qualified contracts.

### How to fill out this form:

- Provide the contract/policy number in Section 1.
- To change the legal name of a contract/policy owner or annuitant, go to Section 2.
- To change an annuitant, go to Section 3.
- To change an address or telephone number, go to Section 4.
- To establish electronic authorization privileges, go to Section 5.
- Provide your signature(s) in Section 6.

### Section 1: Contract/policy information

\_\_\_\_\_  
Contract/policy number

\_\_\_\_\_  
Daytime phone number

### Section 2: Legal name change (check one)

#### a. Contract/policy owner

- Legal name change of the contract owner: (include legal documentation such as marriage license, court order, or divorce decree):

\_\_\_\_\_  
Prior first name (print)

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Prior signature

\_\_\_\_\_  
New first name (print)

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last name

\_\_\_\_\_  
New signature

#### b. Annuitant

- Legal name change of the annuitant: (include legal documentation such as marriage license, court order, or divorce decree):

\_\_\_\_\_  
Prior first name (print)

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last name

\_\_\_\_\_  
New first name (print)

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last name

### Section 3: Annuitant change

**For Louisiana Issued Contracts:** Do not use this form to request an annuitant change if your contract was issued in Louisiana. The state requires Louisiana issued contracts to use the Annuitant Change Request Form. The form is available on the Allianz website at [www.allianzlife.com](http://www.allianzlife.com).

\_\_\_\_\_  
Prior annuitant first name (print) MI Last name

\_\_\_\_\_  
New annuitant first name (print) MI Last name

\_\_\_\_\_  
New annuitant Social Security Number New annuitant date of birth

\_\_\_\_\_  
New annuitant's street address

\_\_\_\_\_  
City State ZIP code

\_\_\_\_\_  
Home phone number Cell phone number

Relationship of new annuitant to contract/policy owner: \_\_\_\_\_ Gender:  Male  Female

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

### Section 4: Change of address/telephone number and/or email (complete with new information)

\_\_\_\_\_  
Address Apartment number

\_\_\_\_\_  
City State ZIP code

\_\_\_\_\_  
Home phone number Cell phone number Email address

**Section 5: Electronic authorization**

**Yes** Electronic Authorization – Allianz Life Insurance Company of North America (Allianz) accepts allocation, transfer, Index Effective Date change instructions, and Performance Lock instructions, and other administrative instructions by electronic notification. Electronic authorizations include, but are not limited to, requests received by telephone, fax, email, or on our website. By selecting “yes”, I am authorizing and directing Allianz to act on electronic instructions from my Financial Professional and/or any qualified person in the employ or administrative support of my Financial Professional to transfer and allocate Contract Value among the variable investment options and any other available allocations options and authorization for Index Effective Date changes and Performance Locks. Notwithstanding my authorization to Allianz, I understand I must approve the transactions recommended by my Financial Professional prior to submission to Allianz, unless I have separately and independently given my Financial Professional discretion over my contract. This authorization remains in effect until revoked by me. If I have multiple Financial Professionals as my current Financial Professional, they may act independently. If a Financial Professional is removed from my contract, any new Financial Professional added to my contract will have the same authority granted by this authorization. My Financial Professional shall maintain all required authorizations pursuant to Form ADV, power of attorney, agreement, or otherwise. If “yes” is not checked, electronic instructions will not be accepted from my Financial Professional or any qualified person in the employ or administrative support of my Financial Professional. Allianz will use reasonable procedures to confirm that these electronic instructions are valid. As long as these procedures are followed, the company and its officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost arising from unauthorized or fraudulent instructions. We reserve the right to deny any electronic transfer request, Index Effective Date change, Performance Lock, or allocation instruction change, and to discontinue or modify our electronic instruction privileges at any time for any reason.

**Section 6: Signatures (Signature section must be completed. All signatures are required.)**

WARNING: Please consult carefully with your Financial Professional and/or your tax adviser to determine if an annuitant change is in your best interest. In addition to possible adverse tax consequences, certain annuitant changes can result in the reduction or elimination of any guaranteed income and death benefits you have purchased.

\_\_\_\_\_  
Contract/policy owner or Authorized Signer’s name (print)  
(Trustee, Power of Attorney, Custodian, or Guardian, if applicable)

\_\_\_\_\_  
Contract/policy owner’s Social Security Number

\_\_\_\_\_  
Contract/policy owner or Authorized Signer’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint contract/policy owner’s name (print)

\_\_\_\_\_  
Joint contract/policy owner’s Social Security Number

\_\_\_\_\_  
Joint contract/policy owner’s signature

\_\_\_\_\_  
Date

**Please submit your form through one of the options below:**

**Email completed forms to:**

[variableannuity@send.allianzlife.com](mailto:variableannuity@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](http://Allianzlife.com)

**OR**

**Mail:**

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:** 800.721.3208

**Any questions?** Call us at 800.624.0197

**Have you moved?** Please log in at [www.allianzlife.com](http://www.allianzlife.com) or call us to update your address.