

Client Contract Update Request

Use this form to request name changes, annuitant changes, and address changes. For most contracts and policies, you can also request changes online by logging in at 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.
- Provide your signature(s) in Section 5.

Section 1: Contract/policy info	rmation			
Contract/policy number	Daytime phone	Daytime phone number		
Section 2: Legal name change	(check one)			
a. Contract/policy owner				
\square Legal name change of the contract	owner: (include legal docume	ntation such as marriage license, court order, o	r divorce decree):	
Prior first name (print)	MI	Last name		
Prior signature				
New first name (print)	MI	Last name		
New signature				
b. Annuitant				
\square Legal name change of the annuitan	nt: (include legal documentatio	n such as marriage license, court order, or divo	rce decree):	
Prior first name (print)	MI	Last name		
New first name (print)	MI	Last name		

USA-383 Page 1 of 3 (7/2023)

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. 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 Cell phone number Home phone number Relationship of new annuitant to contract/policy owner: _ Gender: Male ☐ Female Is the annuitant a non-resident alien? ☐ Yes (Attach IRS Form W-8BEN) □ No Section 4: Change of address/telephone number and/or email (complete with new information) Address Apartment number ZIP code City State

Section 3: Annuitant change

Home phone number

Email address

Cell phone number

Section 5: 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

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: 800.721.3208

Any questions? Call us at 800.624.0197

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