

Withdrawal Request Instructions

Instructions

- Complete all applicable sections.
- Please note: For 403(b) contracts, you must complete the applicable form. 403(b) withdrawals cannot be processed without a qualifying event.

Information

- When you make a withdrawal request, we will process the request based on the contract values next determined after receipt of the request, in Good Order, at Allianz Life Insurance Company of North America (Allianz). The contract value is determined at the end of each Business Day.
- Any withdrawal request received at or after the end of the current Business Day will be based on the next Business Day's contract value. Our Business Day closes when the New York Stock Exchange closes.
- This withdrawal may be a taxable event. The IRS 10% federal additional tax may apply to the taxable portion of the withdrawal if you are under age 59½. Please consult your tax advisor before requesting the withdrawal.
- In order for this withdrawal to be treated as a direct exchange, transfer, or rollover, you must submit the receiving company's Letter of Acceptance and required transfer paperwork with this form. Without this paperwork, we will process the withdrawal as a taxable distribution, report it to the IRS, make the disbursement payable to the financial institution and send the disbursement to the owner's address of record.
- Multiple nonqualified annuity contracts issued within the same calendar year to the same owner by Allianz Life Insurance Company of North America or Allianz Life Insurance Company of New York may be treated as one annuity contract for purposes of determining a distribution's tax consequences. You should consult a tax advisor before requesting a distribution from any of these contracts.
- Withdrawals can only be made payable and sent to the contract owner or financial institution for benefit of the contract owner.
- A new withdrawal form is required with each request. Original forms cannot be modified and resubmitted.
- For some contracts, withdrawals taken may be subject to an MVA adjustment.
- Withdrawal charges will not be deducted from the partial withdrawal amount, but will be deducted from the remaining contract value.
- Your contract may include a lifetime withdrawal benefit or Guaranteed Partial Withdrawal Benefit. If so, once benefit payments have begun then the free withdrawal privilege is not available.
- For Allianz Index Advantage ADV® Variable Annuity, we do not assess or deduct withdrawal charges for amounts withdrawn from the Variable Options.
- For the Allianz Index Advantage Income ADV® Variable Annuity, withdrawals taken from the interim funds are not subject to an MVA adjustment.

Free withdrawal privilege (Partial Withdrawal Privilege)

Allianz AlteritySM Variable Annuity – 10 or 12% of purchase payments¹

Allianz Charter™ II Variable Annuity – 7% of purchase payments

Allianz ConnectionsSM, Allianz EliteSM, High Five BonusSM, High FiveSM L, Allianz Index Advantage[®] Variable Annuity, Allianz Index Advantage Income[®] Variable Annuity, Allianz Index Advantage NFSM, Allianz Index Advantage NFSM, Index NfSM, Index Advantage NFSM, Index NfSM, Index

Allianz Index Advantage ADV® – 10% of purchase payments per year from Index Options

Allianz VisionSM and High FiveSM Variable Annuities – 12% of purchase payments

Allianz Valuemark IV Variable Annuity™ – 15% of contract value

Allianz Valuemark II/III Variable Annuity[™] – 15% of purchase payments¹

Index Advantage Income ADV® - 10% of Total Annual Contribution Amounts, not subject to an MVA each index year.

¹Any unused free withdrawal privilege is carried over to the next year.



Withdrawal Request

This form is for one time disbursements only (e.g., not available for enrollment in: systematic withdrawal, Required Minimum Distribution (RMD), etc).

Please note:

- All sections must be filled out before a partial or full withdrawal is processed.
- Withdrawals will reduce the contract value and may reduce the value of any protection benefits by more than the amount
 withdrawn. We recommend that you review your prospectus and speak with your Financial Professional for further details
 regarding the impact of withdrawals on your Contract.

Section 1: Contract information
ontract number
☐ Please check this box if you purchased multiple nonqualified annuity contracts from Allianz Life Insurance Company of North America or Allianz Life Insurance Company of New York. Review the tax section of this form carefully.
Section 2: Withdrawal selection
☐ Partial withdrawal:
☐ \$ ☐ Free withdrawal amount available¹ ¹For Allianz Index Advantage ADV® only, this also includes amounts in the Variable Options.
 □ Full withdrawal: The undersigned hereby surrenders the contract with Allianz and acknowledges that all rights, claims, benefits, and demands under the contract are fully settled and satisfied. Allianz is hereby released from any and all liability thereunder. □ Contract is attached as required. □ Lost contract certification - I declare that the contract has been lost or destroyed and will not claim any right if found in the future
☐ Cumulative Withdrawal (Vision and Connections only): This is only available if there is a balance in your Cumulative Withdrawal Value.
☐ Full Cumulative Withdrawal Value available. ☐ \$

Section 3: Tax and withholding section

If multiple nonqualified annuity contracts from Allianz Life Insurance Company of North America or Allianz Life Insurance Company of New York were issued to the same owner within the same calendar year, the contracts may be treated as one annuity contract for income tax purposes. If you take a distribution from any of these contracts, the taxable amount reported to you and the IRS will be based on earnings of all such contracts.

Even if you fail to check the box in Section 1 and you purchased multiple nonqualified Annuity contracts from Allianz Life Insurance Company of North America or Allianz Life Insurance Company of New York within the same calendar year, you will be required to properly report the amount of gain from all contracts that apply to your distribution on your income tax return. Please see your tax professional for additional questions regarding your income tax reporting obligation.

All, or part, of the payment you receive in connection with a distribution may be includable in your gross income for tax purposes, and you are liable for payment of income tax on the taxable portion of your payment. The taxable portion of the distribution is subject to federal (and potentially state) income tax withholding. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Once the funds are distributed to you, Allianz will not reverse any federal or state withholding that is made from your payment. Federal or state tax withholding will not be processed from contracts held by a custodian or qualified plan. Payment(s) that qualify for trustee-to-trustee transfer or direct rollover treatment by Allianz are not subject to withholding. Roth IRA distributions are generally nontaxable; therefore, Allianz will not withhold tax unless specifically instructed to do so. You may wish to contact your tax professional regarding any questions you may have about taxation or withholding.

Federal Income Tax Withholding

Check one of the three boxes below. If none of the boxes are checked or a valid current year IRS Form W-4R is not attached, I acknowledge that Allianz will withhold 10% from the taxable portion of the distribution.			
\square I DO NOT want to withhold federal income tax.			
\square I WANT TO have federal income tax withheld at the default rate of 10%.			
☐ I HAVE attached a valid current year IRS Form W-4R indicating a different withholding election than the above boxes.			
The current year version of Form W-4R can be obtained by visiting the IRS website (www.irs.gov/forms-instructions).			

State Income Tax Withholding

I acknowledge that:

Allianz is required to withhold at the minimum rate required (which may be 0%) by my state of residence. I must complete and submit separate instructions that meet the requirements of my state's tax authority with this request to make a state withholding election at a rate other than my state's required minimum.

A State Tax Withholding Guide can be found on the Allianz website at

https://www.allianzlife.com/Customer-Service-Frequently-Asked-Questions#forms or you may also consult your state's tax authority website for more information.

Section 4: Certification of taxpayer identification number

If you are 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, please complete Form W-8BEN.

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.
- 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.

Check the box if the IRS has notified you that you are currently subject to backup withholding because you failed to report interest an	١d
dividends on your tax return.	

Section 5: Payment instructions	
Nithdrawals can only be made payable and sent to the contract own	ner or financial institution for the benefit of the contract owner.
 is missing, not in good order, or if direct deposit cannot be mad Account holder name - must match Allianz contract own Full account and routing number - must be valid ACH rou Bank name/logo What documentation has been included: (only one is required) Voided check Direct Deposit form from Bank 	vided in the documentation you have provided to Allianz. our account. A check will be sent to address of record if documentation le. All documentation should include: ner(s) uting number (9 digits, starting with 0, 1, 2 or 3) Bank letter (on bank letterhead)
\square Use documentation already on file - Verify last four digits o	I DANK ACCOUNT
of Acceptance and required transfer paperwork with this form. distribution, report it to the IRS, make the disbursement payable address of record.	transfer, or rollover, you must submit the receiving company's Letter Without this paperwork, we will process the withdrawal as a taxable e to the financial institution and send the disbursement to the owner's
Financial institution's name	
Account number	Financial institution's phone number
the contract owner's address of record.	
Provide additional information for the Brokerage:	
Brokerage firm name	
Brokerage account number	
Brokerage firm address	

Section 6: Signatures

Signature section must be completed. All owner's signatures are required.

I authorize Allianz to process the requested distribution. I am aware that this transaction is **NOT** reversible. Once the distribution is processed, the taxable event and any federal or state withholding that occurred cannot be reversed. I am aware that withdrawal charges may apply and understand the tax consequences of such distribution.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

This form must be received within 60 days of signing.

Any questions? Call us at 800.624.0197

Contract Owner or Authorized Signer's name (print)	Contract Owner or Authorized Signer's signature	Signed date
Joint contract owner's name (print)	Joint contract owner's signature	Signed date
Contract Owner's Tax ID/SSN	Joint contract owner's Tax ID/SSN	
Contract Owner or Authorized Signer's day telephone	Contract Owner or Authorized Signer's evening telephone	
ADDITIONAL SIGNATURES REQUIRED, IF APPLI	CABLE	
Trust:1 as trust	tee of the:	
Trust:¹ as trust Trustee's signature	Trust name (printed)	Signed date
Power-of-Attorney: Contract owner's name	By:	
Contract owner's name	Attorney-in-fact signature	Signed date
Col ¹ Submit Certification of Trust form or legal documents such as po	lateral Assignee signature wer-of-attorney paperwork.	Signed date
Please submit your form through one of the options Email completed forms to:	s below:	
variableannuity@send.allianzlife.com OR		
Web Upload: You can scan and upload your signed and completed fo	rm 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 Ame 5701 Golden Hills Drive Minneapolis, MN 55416-1297	erica
OR	•	
Fax: 800.721.2708		

USA-385 Page 5 of 5 (11/2023)

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