

a. Proposed Insured (continued)

2.

City State Relation

3.

City State Relation

2. Owner Information (if applicable) Please note: A copy of the VISA and Passport or ID Card are required

a. Proposed Owner

Proposed Owner is:

- A United States Citizen
- A Legally Permanent Resident ("Green Card Holder")
- A Non-Permanent Foreign National
- A U.S. Trust or Corporation, please complete the Corporation/Trust Information section

Proposed Owner's First Name M.I. Last Name

Primary Foreign Residential Address (No PO Box) City/Province/State Country

U.S. Residential Address (No PO Box) City State Zip Code

Country ID Number (i.e. Resident ID Number, IFE Number, Canadian SSN, etc.) U.S. Social Security Number

Preferred Name

Does the proposed owner read and comprehend English? Yes No, primary language _____

If no, what type of accommodations have been made to ensure the proposed owner understands all policy information and medical underwriting?

Please list any other locations outside the U.S. where you spend 180+ days per year.

Type (Residence, Hotel, Family, etc.) City/Province/State Country

Does the proposed owner have family members who reside in the U.S.? No Yes, provide details below

1.

City State Relation

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a. Proposed Owner (continued)

3.

City _____ State _____ Relation _____

b. Corporation/Trust Information

Corporation/Trust Name _____ Tax I.D. _____

Corporation/Trust Address (No PO Box) _____ City _____ State _____ Zip Code _____

c. Employment Information

Is the proposed owner currently employed?

- Yes, full-time (more than 30 hours per week) Yes, part-time (30 hours per week or less)
- Self-Employed, please check one Full-time Part-time
- No, retired Not currently employed

If employed, please provide current:

a. Employer's name: _____

b. _____
Employer Address (No PO Box) _____ City/Province/State _____ Country/Zip Code _____

c. Job title and type/line of business: _____

d. Length of employment: _____

e. Is this a U.S. based company? Yes No, where is the company based? _____

3. Financial Information

a. Proposed Insured

Please provide the name of the proposed insured's U.S. bank and branch location (city and state) where premium payments will be drawn from:

U.S. Bank/Branch Name _____ City _____ State _____

Please complete the following information and provide a bank statement and verification of the date the account was opened.

Conversion rate used	Assets & Liabilities (in U.S. Dollars):	Total World Wide	Total U.S. only	Total Outside of U.S. by Country
	Income - Individual			
	Income - Household			
	Total Assets			
	Liquid Assets			
	Liabilities			
	Net Worth			

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b. Proposed Owner (If applicable)

Please provide the name of the proposed owner's U.S. bank and branch location (city and state) where premium payments will be drawn from:

U.S. Bank/Branch Name _____ City _____ State _____

Please complete the following information and provide a bank statement and verification of the date the account was opened.

Conversion rate used	Assets & Liabilities (in U.S. Dollars):	Total World Wide	Total U.S. only	Total Outside of U.S. by Country
	Income - Individual			
	Income - Household			
	Total Assets			
	Liquid Assets			
	Liabilities			
	Net Worth			

Has the proposed owner ever filed for bankruptcy?

No

Yes, provide dates and details for each bankruptcy filing: _____

4. Proposed Owner's Source of Funds (If applicable)

All payments must be paid in U.S. dollars from a U.S. bank. No cash, cash equivalent payments or cash alternatives will be accepted. Payments made with foreign currency or payments drawn on or originating from a bank outside the U.S. or corresponding bank are prohibited. Funding through a mortgage/reverse mortgage or home equity loan are prohibited.

Earned Income

Mutual Fund/Brokerage Account

Money Market Fund

Loans

Annuity Contract

Other Life Insurance Policy

Savings (provide details): _____

Qualified Funds - i.e. IRA, Beneficial IRA, 401(k), SEP, 403(b) (provide details): _____

(continued on next page)

5. U.S. Nexus

For the purpose of establishing a substantial connection to the U.S. and to demonstrate a financial need for U.S. based life insurance, please check all that apply:

	Proposed Insured	Proposed Owner
Own real property in the U.S. or have other significant U.S. property ownership interests;		
Maintain a permanent U.S. residence;		
Maintain an investment interest in the U.S., which may include U.S. investment account ownership;		
Employee of a U.S. based company;		
Primary employment in the U.S.;		
Own a business in the U.S.;		
Own an established foreign company actively engaged in business for the past 12 months and transacting business in the U.S.;		
Have significant and systematic ongoing business activities in the U.S. such as regular physical visits or a presence in the U.S. for purposes of conducting business;		
Have U.S. income, business, or estate tax liability and/or estate, tax, or financial planning needs in the U.S.;		
Married (as defined by U.S. Tax Code) to a U.S. Citizen, a Lawful Permanent Foreign National or (subject to individual review by Allianz Life Underwriting and Legal), a Conditionally Approved Lawful Permanent Foreign National; or		
Have a U.S. financial account with a \$500,000 minimum balance (for the past six months, if this is the only basis of need for U.S. based life insurance)		

Please describe your need for U.S. life insurance based on the (1) suitable placement of the life insurance product itself; and (2) Substantial U.S. Nexus.

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6. Signatures

The State of Florida requires applicants to read and acknowledge the below statement.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signed at (City and State)

Proposed Insured's Signature

Date

Proposed Insured's Name (Please Print)

Proposed Policy Owner's Signature (If different than Proposed Insured)

Date

Proposed Policy Owner's Name (Please Print)

Alternate signatures, if applicable

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

Trust:¹ _____ as trustee of the: _____
Second trustee's signature (as applicable) Trust name (please print) Date

Corporation:² _____ as: _____ of _____
Authorized signer (as applicable) Corporate title Corporation Date

Statement of Agent

By signing below, the Agent certifies to the following:

I understand, to the best of my knowledge, that all of the information provided by the proposed insured and proposed owner are true.

Writing Agent's Signature

Date

Writing Agent's Name (Please Print)

Florida License Identification Number

¹ Submit a current copy of the trust certification form if not already on file.

² Submit a current copy of the Corporate Resolution.

Please submit the form using one of the options below:

Email completed forms to:

lifeinsurance@send.allianzlife.com

OR

Web Upload:

You can upload your signed and completed form(s) by logging into 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: 763.582.6004

Any questions? Call us at 800.950.7372