

## Certificate of Foreign Language Interpretation

Proposed Policy Owner's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Proposed Policy Owner's Native Language(s) \_\_\_\_\_

Interpreter's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Interpreter's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Interpreter's Phone Number \_\_\_\_\_ English and \_\_\_\_\_  
Language Used By Interpreter

### Proposed Policy Owner's Declaration and Signature

- I authorize the interpreter named above to act on my behalf as my interpreter during my business transaction or examination concerning the purchase of a life insurance policy.
- I fully understand that this interpreter's participation in the interview may result in him or her learning of my personal information and I consent to this disclosure.
- I have communicated with this interpreter, and I am satisfied that the interpreter has the ability to speak and understand a language that I speak.
- I understand that my interpreter must be fluent in English and a language I understand, competent to interpret and remain impartial and unbiased at all times.
- My interpreter is at least 18 years of age and is not the selling financial professional, an immediate family member, spouse or direct relative of the selling financial professional and is not receiving financial compensation from the sale of the life insurance policy.
- The interpreter has interpreted this entire form to me and I fully understand the contents of this document.

Proposed policy owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed policy owner's name (please print) \_\_\_\_\_

### Interpreter's Declaration and Signature

- I am appearing today at the request of the individual whose name appears above (the proposed policy owner).
- I speak and understand both English and the non-English language indicated above fluently, and know from speaking with the individual that we understand each other.
- I agree to interpret accurately, literally and fully all discussions, questions, and documents during the course of the transaction or examination.
- I understand that I must be fluent in both English and a language that the proposed policy owner named above understands, competent to interpret, and remain impartial and unbiased at all times.
- I agree not to disclose any personal information about any parties or any other information that I may learn.

**Interpreter's Declaration and Signature (continued)**

- I understand that Allianz Life Insurance Company of North America (Allianz) will collect, retain, and verify the identity information I have provided.
- I certify that I am at least 18 years old and am not the selling financial professional, an immediate family member, spouse or direct relative of the selling financial professional and am not receiving financial compensation from the sale of the life insurance policy.
- I certify that I am qualified to act as an interpreter and that I have interpreted the contents of any documents listed below and the substance of all discussions to the proposed policy owner.
- Identify any interpreted documents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interpreter's signature Date

\_\_\_\_\_  
Interpreter's name (please print)

**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