

Transfer of Ownership Request

Use this form to transfer ownership to another individual, custodian, or non-living entity.

Important background information:

- Transferring ownership of a non-qualified annuity contract/life insurance policy may result in a taxable event. In this case, we will send the existing owner an "Awareness of Taxation" letter to be signed and returned prior to the transfer of ownership request being processed.
- **If a trust is designated as the new owner**, please provide an Entity Customer Information form and a completed certification of trust or appropriate pages of the trust reflecting the name of the trust and acting trustee(s). For annuity contracts, a Non-Individual Ownership form must also be completed.
- **If a corporation (Variable only) is designated as the new owner**, please provide an Entity Customer Information form and the corporate resolution or certificate of the secretary reflecting the authorized officers. For annuity contracts, a Non-Individual Ownership form must also be completed.
- Transferring ownership of a qualified annuity contract/life insurance policy may require a tax plan change. Transferring ownership of a custodian owned to individually owned contract/policy requires confirmation of the tax plan. Please complete section 2b to confirm the tax plan for the new ownership.
- If a qualified plan (401(k), etc.) is being removed as the owner (rollover to an IRA) and the plan contains Roth contributions, the Roth contributions need to be removed via a withdrawal to the plan for handling prior to the ownership change being requested.
- **Do not use this form for 403(b) contracts.** Please complete the Internal Rollover Form that can be found on our website.
- Some ownership changes may result in a loss of certain benefits and coverages. In this case, we will send the existing owner(s) an "Awareness of Benefit Changes" letter to be signed and returned prior to the transfer of ownership request being processed.
- Additional required forms for some ownership changes, such as the Non-Individual Ownership form, or Entity Customer Information form can be downloaded by logging in to your account at www.allianzlife.com/new-york.

How to fill out this form:

- Provide the contract/policy number in Section 1.
- Existing owner(s) needs to complete applicable information in Sections 2-3.
- Existing owner(s) needs to sign and date Section 4.
- New owner(s) needs to complete applicable information in Sections 5-7.
- New owner(s) needs to sign and date Section 8.

Section 1: Contract/policy information

Contract/policy number

Section 2: Transfer of ownership (to be completed by existing owner(s))

Complete this section to designate the new owner(s) and to acknowledge the transfer of ownership.

a. New owner(s)

- As owner(s) of the above designated contract/policy I hereby absolutely assign and transfer all ownership, rights and privileges under this contract/policy to the following new owner(s):

New owner's first name/trust or corporation name (print) MI Last name

New joint owner's first name/trust or corporation name (print) MI Last name

b. Tax plan confirmation for new ownership, if applicable

- ☐ Traditional IRA
- ☐ Roth IRA
- ☐ SEP IRA (IRS FORM 5305-SEP must be included with the request)
- ☐ SIMPLE IRA (Fixed only) (IRS Form 5304-SIMPLE must be included with the request)

c. Existing owner information

Are you a U.S. citizen? ☐ Yes
☐ No, which country/countries are you a citizen of? _____

Do either of the following apply to you?

- ☐ Resident alien (A resident alien is a lawful permanent resident in the U.S.)
- ☐ Non-resident alien (Complete IRS Form W-8BEN. A non-resident alien is a lawful temporary resident in the U.S.)

Section 3: Certification of Taxpayer Identification Number (to be completed by existing owner(s))

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 **ONLY** if the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return.

Section 4: Existing owner acknowledgment and signatures

I understand this ownership transfer may result in a taxable event to me. We will process and record the transfer upon receipt of this completed form in good order and any other required documents.

Any collateral assignee or irrevocable beneficiary must also sign this form.

The transfer will take effect on the date the existing owner(s) sign this Transfer of Ownership Request form.

Allianz Life Insurance Company of New York will have no liability for any actions we take or payments we make before recording the change.

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

Existing owner's name (print)

Existing owner's signature

Date

Existing joint owner's name (print)

Existing joint owner's signature

Date

Alternate signatures, if applicable

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

Power of attorney:¹ _____ by: _____
Contract owner's name (printed) Attorney-in-fact's signature(s) Date

Collateral assignment:² _____
Collateral assignee name (printed) Collateral assignee signature Date

Custodial owner signature Date

Irrevocable beneficiary name (printed) Irrevocable beneficiary signature Date

Employer/plan administrator name (printed) Employer/plan administrator signature

Employer/plan administrator's title Date

¹ Submit Certification of Trust form or legal documents such as power of attorney paperwork.

² If the policy has a collateral assignment, this change may require a bank officer's signature. Please refer to the collateral assignment for information.

Section 5: New owner information (to be completed by new owner(s))

- For a new owner/joint owner complete Sections A and B.
- For a new non-individual owner complete Section C.

a. New owner

Gender: ☐ Male ☐ Female

New owner's first name (print) MI Last name

Date of birth Social Security Number Relationship to existing owner

Street address City State ZIP code

Mailing address (if different than above) City State ZIP code

Home phone number Cell phone number

Are you a U.S. citizen? ☐ Yes
☐ No, which country/countries are you a citizen of? _____

Do either of the following apply to you?

- ☐ Resident alien (A resident alien is a lawful permanent resident in the U.S.)
☐ Non-resident alien (Complete IRS Form W-8BEN. A non-resident alien is a lawful temporary resident in the U.S.)

b. New joint owner

Gender: ☐ Male ☐ Female

New joint owner's first name (print) MI Last name

Date of birth Social Security Number Relationship to existing owner

Street address City State ZIP code

Mailing address (if different than above) City State ZIP code

Home phone number Cell phone number

Are you a U.S. citizen? ☐ Yes
☐ No, which country/countries are you a citizen of? _____

Do either of the following apply to you?

- ☐ Resident alien (A resident alien is a lawful permanent resident in the U.S.)
☐ Non-resident alien (Complete IRS Form W-8BEN. A non-resident alien is a lawful temporary resident in the U.S.)

Section 5: New owner information (to be completed by new owner(s)) (continued)

c. New non-individual owner

Ownership change to a corporation is not allowed for fixed annuity contracts.

New non-individual owner name (e.g., trust, corporation)

Trust date

Tax Identification Number

Phone number

Street address

City

State

ZIP code

Mailing address (if different than above)

City

State

ZIP code

Section 6: Beneficiary designation (to be completed by new owner(s))

Complete this section to designate your beneficiaries.

- Be advised that the transfer of ownership to you does not automatically change the existing beneficiary designations.
- You are encouraged to complete this section to ensure the payment of any death benefit to your intended beneficiaries.
- Changes in this section will revoke all prior beneficiary designations.
- For annuity contracts, do not list the owner or joint owner as a beneficiary below. If there is joint ownership, then the surviving joint owner is automatically the sole primary beneficiary.
- For life insurance policies, an individual owner/joint owner, other than the insured, can be listed as the beneficiary below.
- Some beneficiary changes may result in a loss of benefits or coverages. Refer to your contract or prospectus for additional information.
- **Percentages must total 100%.** If you do not indicate the allocation percentage you would like each beneficiary to receive, the death benefit will be divided equally among surviving beneficiaries.
- If you have more than 4 beneficiaries, list them on a separate sheet signed and dated by you.
- **If no beneficiary designations are made by you, any death benefit will be payable to the surviving beneficiaries designated by the previous owner.**

a. Select one: ☐ Primary ☐ Contingent _____ %
Allocation percentage

First name (print)

MI

Last name

Non-individual beneficiary name (e.g. trust, estate, charity)

Date of birth/trust date

Social Security Number or TIN

Relationship to owner

Street address

City

State

ZIP code

Mailing address

City

State

ZIP code

Phone number

Alternate phone number

Email address

Gender: ☐ Male ☐ Female

Is this beneficiary a non-resident alien?

☐ No

☐ Yes (Attach IRS Form W-8BEN)

Section 6: Beneficiary designation (to be completed by new owner(s)) (continued)

b. Select one: ☐ Primary ☐ Contingent _____%
Allocation percentage

First name (print)	MI	Last name
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Non-individual beneficiary name (e.g. trust, estate, charity)

Date of birth/trust date	Social Security Number or TIN	Relationship to owner

Street address	City	State	ZIP code
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Mailing address	City	State	ZIP code
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Phone number	Alternate phone number	Email address
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Gender: ☐ Male ☐ Female Is this beneficiary a non-resident alien? ☐ No ☐ Yes (Attach IRS Form W-8BEN)

c. Select one: ☐ Primary ☐ Contingent _____%
Allocation percentage

First name (print)	MI	Last name
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Non-individual beneficiary name (e.g. trust, estate, charity)

Date of birth/trust date	Social Security Number or TIN	Relationship to owner

Street address	City	State	ZIP code
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Mailing address	City	State	ZIP code
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Phone number Alternate phone number Email address

Gender: ☐ Male ☐ Female Is this beneficiary a non-resident alien? ☐ No ☐ Yes (Attach IRS Form W-8BEN)

Section 6: Beneficiary designation (to be completed by new owner(s)) (continued)

d. Select one: ☐ Primary ☐ Contingent _____%
Allocation percentage

First name (print) MI Last name

Non-individual beneficiary name (e.g. trust, estate, charity)

Date of birth/trust date Social Security Number or TIN Relationship to owner

Street address City State ZIP code

Mailing address City State ZIP code

Phone number Alternate phone number Email address

Gender: ☐ Male ☐ Female Is this beneficiary a non-resident alien? ☐ No ☐ Yes (Attach IRS Form W-8BEN)

Section 7: Certification of Taxpayer Identification Number (to be completed by new owner(s))

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 **ONLY** if the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return.

Section 8: Signatures (to be completed by new owner(s))

As the new owner, or as the authorized signer for the new owner, please sign your name and date below in the appropriate space. We will process and record the transfer upon receipt of this completed form and any other required documents.

The ownership change will take effect on the date the existing owner(s) signs this Transfer of Ownership Request form provided such form is in good order.

Allianz Life of NY will have no liability for any for any actions we take or payments we make before recording the change.

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

New owner's name (print)

New owner's signature

Date

New joint owner's name (print)

New joint owner's signature

Date

Alternate signatures, if applicable

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

Power of attorney:¹ _____ by: _____
Contract owner's name (printed) Attorney-in-fact's signature(s) Date

Collateral assignment:² _____
Collateral assignee name (printed) Collateral assignee signature Date

Custodial owner signature Date

Employer/plan administrator name (printed) Employer/plan administrator signature

Employer/plan administrator's title Date

¹ Submit Certification of Trust form or legal documents such as power of attorney paperwork.

² If the policy has a collateral assignment, this change may require a bank officer's signature. Please refer to the collateral assignment for information.

Please submit your form through one of the options below:

If your contract number begins with letters (alpha), it is a variable annuity.

Life insurance policies and fixed annuity contracts do not have any letters or alpha characters.

Email completed forms to the appropriate product area:

fixedannuity@send.allianzlife.com

variableannuity@send.allianzlife.com

lifeinsurance@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/newyork

OR

Mail:

Regular mail

Allianz Life Insurance Company of New York

PO Box 59060

Minneapolis, MN 55459-0060

Overnight mail

Allianz Life Insurance Company of New York

5701 Golden Hills Drive

Minneapolis, MN 55416-1297

OR

Fax: 763.582.6002 for Fixed Annuities and Life Insurance

763.765.7912 for Variable Annuities

Any questions? Call us at 800.950.5872 for Fixed Annuities and Life Insurance

Call us at 800.624.0197 for Variable Annuities

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