

## Request to Change Contract Information

Use this form to change your phone number, email address, street address, name and/or billing information. Please remember to sign the back of this form so we can process your request promptly.

### Section 1: Owner information

Policy or contract number: \_\_\_\_\_

Owner's name: \_\_\_\_\_  
INDIVIDUAL NAME OR NON-INDIVIDUAL NAME (E.G., TRUST, ESTATE, CHARITY)

Social Security number or EIN if owner is a trust or estate: \_\_\_\_\_

### Section 2: Phone number and email address

Phone number: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

### Section 3: New address information

Check if this address is a temporary or seasonal address change and notify us when you return to your primary residence. We will continue to use the temporary address until you notify us of your return to your permanent address. If you chose to have federal or state tax withheld, moving to a temporary or seasonal address will not change this tax status.

Street address (must not be a PO box): \_\_\_\_\_  
STREET NUMBER, STREET NAME (STREET ADDRESS IS REQUIRED AND MUST BE YOUR PERMANENT PRIMARY RESIDENTIAL ADDRESS)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_  
STREET NUMBER, STREET NAME, PO BOX

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

### Section 4: New name information

Please attach a photocopy of a legal document (e.g., marriage certificate or driver's license) indicating your name change. If you don't include this information, we may not be able to process your request.

Previous name: \_\_\_\_\_  
FIRST NAME INITIAL LAST NAME

New name: \_\_\_\_\_  
FIRST NAME INITIAL LAST NAME

## Section 5: Premium billing change

Please note that you can increase or decrease your premium only if your contract allows you to add premium.

Increase premium to: \$ \_\_\_\_\_ Decrease premium to: \$ \_\_\_\_\_

Change billing frequency to:  Monthly\*  Quarterly  Semi-annually  Annually

Change billing date to: \_\_\_\_ / \_\_\_\_ (you can pick any date between 1 and 28)  
MM DD

\* If you select monthly, you must complete form NBAL0042 Automatic Payment Plan - EFT Authorization. (You must also complete this form to add or change bank account information.)

## Section 6: Other requests

If you would like to make other changes not covered on this form, please write them below. We will contact you if we need more information about your request.

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## Section 7: Signatures

As the authorized signer, please sign your name and date below in the appropriate space. If you don't sign and date this page, we may not be able to process your request.

➤ Owner's signature: \_\_\_\_\_ Signed date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

➤ Joint owner's signature: \_\_\_\_\_ Signed date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

➤ Trustee's signature: \_\_\_\_\_ Signed date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

as trustee of the: \_\_\_\_\_  
TRUST NAME (PRINTED)

➤ Attorney in fact signature: \_\_\_\_\_ Signed date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Power of attorney: \_\_\_\_\_  
PRINCIPAL NAME (PRINTED)

### Mailing addresses

#### Regular mail:

Allianz Life Insurance Company of North America  
PO Box 59060  
Minneapolis, MN 55459-0060

**Fax number:** 763.582.6006

#### Overnight mail:

Allianz Life Insurance Company of North America  
5701 Golden Hills Drive  
Minneapolis, MN 55416-1297