

## Withdrawal Request Form for Fixed Interest Life Insurance Policy # \_\_\_\_\_

**This form is used to request a disbursement from your policy.**

- Use this form only if the tax plan type is non-qualified.
- Do not use this form for life policies held in qualified retirement plans. Complete the Qualified Disbursement Request form S2085 instead.
- Read and complete all sections of this form.

### Section A: Policyowner Information

Policyowner's printed full name:	Tax ID/SS#:	Daytime phone number:
_____	_____	(____) _____
Joint policyowner's printed full name:	Tax ID/SS#:	Daytime phone number:
_____	_____	(____) _____
Policyowner email:	Joint Policyowner email:	
_____	_____	

### Section B: Select only ONE surrender option

**Partial surrender**

Specific dollar amount \$ \_\_\_\_\_

Note: If you elect to withhold taxes in section D, we will increase the partial surrender amount so that you will receive the net amount requested.

**Full surrender**

You will receive the full cash value that is available and your policy will terminate. You understand that when we send or transmit the full cash value, Allianz will be released for all liability under the policy.

### Section C: Loan Option

Specific dollar amount \$ \_\_\_\_\_

### Section D: Tax Section – Complete for all disbursement requests

All or part of the payment you receive in connection with the surrender, withdrawal, or loan of a life insurance policy, including the values used to cancel any outstanding loan indebtedness, may be includable in your gross income for tax purposes. The taxable portion of the distribution is subject to federal (and potentially state) withholding unless you elect not to have withholding apply. You may elect not to have withholding apply by marking the appropriate box below. **If an election is not made, federal income tax will be withheld from the taxable portion at the rate of 10%.** Once the funds are distributed to you, Allianz Life will not reverse federal or state withholding.

If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may wish to contact your tax advisor regarding any questions you may have about taxes.

I have read the above information and **I DO NOT** want to have federal income tax withheld from my payment.

I have read the above information and **I DO** want to have federal income tax withheld at the rate of \_\_\_\_\_% (10% is the minimum allowed if withholding is elected). I realize I will be subject to state income tax withholding if I elect federal withholding and reside in a state where state tax withholding is mandatory.

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## Section E: 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 W8-BEN.

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.

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, you must cross out item 2 below.

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 FATCA code entered on this form (if any) indicating that I am exempt from FATCA is correct.

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

## Section F: Select payee information and mailing instructions (Withdrawals can only be made payable and sent to the policy owner or financial institution for benefit of the policy owner.)

<input type="checkbox"/> Payable to policyowner:	<input type="checkbox"/> United States Postal Service (no fee) <input type="checkbox"/> Overnight (\$15 fee) (In order to send a check via overnight mail, we must have a physical address. The withdrawal cannot be sent overnight to a PO Box address. Please note, this fee will not expedite processing time.)	Check will be sent to owner(s) address of record.
<input type="checkbox"/> Payable to financial institution: (The disbursement will be taxable to you and will be payable to the financial institution. The disbursement will be sent to the owner's address of record unless a letter of acceptance is received from the financial institution.)	<input type="checkbox"/> United States Postal Service (no fee) <input type="checkbox"/> Overnight (\$15 fee)(In order to send a check via overnight mail, we must have a physical address. The withdrawal cannot be sent overnight to a PO Box address. Please note, this fee will not expedite processing time.)	Name of financial institution: _____ Account Number: _____ Financial institution phone number _____
<input type="checkbox"/> Wire transmittal: (\$20 fee) (Please note, this fee doesn't expedite processing time.)	Checking Account (Must attach voided check. Ask the receiving bank about their fees, if any.) <ul style="list-style-type: none"> <li>• Bank must be a member of ACH.</li> <li>• Bank account owner must be the same as policy owner.</li> </ul> <p><b>Please note:</b> If voided check is not sent or already on file with Allianz, a check will be sent to your address of record in place of the wire transmittal.</p>	

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## Section G: 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 surrender charges may apply and understand the tax consequences of such distribution. For a full surrender, if the original policy is not attached, I/We certify that the policy has been lost or destroyed, and the best of my/our knowledge and belief, is not in anyone's possession.

**This form must be received within 30 days of signing.**

\_\_\_\_\_  
**Policyowner's signature**

\_\_\_\_\_  
**Signed date**

\_\_\_\_\_  
**Joint policyowner's signature**

\_\_\_\_\_  
**Signed date**

### (ADDITIONAL SIGNATURES REQUIRED, IF APPLICABLE)

<sup>1</sup>**Trust:** \_\_\_\_\_ **As trustee of the:** \_\_\_\_\_  
Trustee's signature Trust name (printed) Signed date

<sup>1</sup>**Power-of-Attorney:** \_\_\_\_\_ **By:** \_\_\_\_\_  
Policyowner's name Attorney-in-fact signature Signed date

**Collateral Assignee:** \_\_\_\_\_  
Collateral Assignee signature Signed date

<sup>1</sup>Submit legal documents such as trust papers and power-of-attorney paperwork. Trust papers required include:  
1) trust name 2) trust date 3) names of trustee and successor 4) signature page.

### Please submit your form through one of the options below:

Email completed forms to:  
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

**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:** 763.582.6002

**Any questions? Call us at 800.950.1962**