

Certification of Trust

Section 1 - Contract/Policy Information

Contract/Policy number

Non-individual owner name

Individual Owner's first name (if applicable)

M.I.

Last name

Annuitant/Insured/Proposed Insured first name

M.I.

Last name

Section 2 - Trust Information

Name of Trust

Address of Trust

City

State

ZIP code

Date of Trust

Trust Tax Identification number/Social Security number

Beneficiary of the Trust (For Life Contracts only)

1.

First name of settlor or grantor of Trust

M.I.

Last name

2.

First name of settlor or grantor of Trust

M.I.

Last name

3.

First name of settlor or grantor of Trust

M.I.

Last name

State where Trust was established

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Section 2 - Trust Information *(continued)*

The Trust is **(check one box)**:

Revocable **If Revocable**, provide name or person holding the power to revoke:

First name

M.I.

Last name

Irrevocable

The Trust is **NOT** court supervised, **unless** checked below:

Trust is supervised by the court. **If Supervised, provide a copy of the court order or a statement that sets forth any restrictions or limitations that are imposed by the court on the trustee's ability to act.**

Section 3 - Trustees and Successor Trustees

If additional space is needed, attach a completed list signed and dated by Owner(s) and attach to this form.

The designated Trustee(s) of the Trust are as follows:

1. Current Trustee Successor

First name

M.I.

Last name

Address of Trustee

City

State

ZIP code

2. Current Trustee Successor

First name

M.I.

Last name

Address of Trustee

City

State

ZIP code

3. Current Trustee Successor

First name

M.I.

Last name

Address of Trustee

City

State

ZIP code

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Section 4 - Multiple Trustees (complete only if there are multiple Trustees)

Check **only one** of the boxes below:

- All Trustees must act together
- Each trustee can independently act for the trust
- A majority of Trustee(s) is required to act for the Trust
- Other (explain) _____

Section 5 - Trustee Certifications

The undersigned Trustee(s) certify as follows:

- Trust has been created for lawful purposes.
- The Trust is in full force and effect and the information provided herein is consistent with the terms of the Trust.
- The Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification to be incorrect. The Trustee agrees to notify Allianz Life Insurance Company of North America (Allianz) in writing of any amendments to the Trust, any changes in the composition of the trustees or any other event that may alter the certifications contained herein. Allianz may rely on the validity of this certification absent receipt of such notices.
- The Trustee is authorized and empowered, without restriction, to purchase annuity contracts and life policies on behalf of the Trust and exercise all rights and powers of ownership under such contracts and policies. The annuity contracts and life policies shall be owned by the Trust and titled as such. The Trustee also has/have the power, without restriction, to file the appropriate forms and take any action that is necessary to collect any death benefits that may be payable to the Trust under an annuity contract or life insurance policy.
- For purposes of Life Insurance: Beneficial interest under the Trust can and will only be established for person who (1) are related to the Insured or Proposed Insured by blood or by law; (2) have a substantial interest in the Insured or Proposed Insured engendered by love and affection; or (3) will hold a lawful interest in the benefits provided by the policy.
- The Trustee acknowledges that Allianz has no obligation to investigate the terms of the Trust or the authority of the Trustee(s) and will not be accountable for knowledge about the terms of the Trust beyond this Certification.
- The Trustee agrees, on behalf of the above named Trust, to indemnify and hold harmless Allianz from all loss, expense, costs and liability of any nature that may arise as a result of any action taken by Allianz in reliance upon this certification.

Section 6 - Signatures: If multiple Trustees, ALL Trustees must sign, even if Trustee can act independently.

Name of Trustee (print)

Signature of Trustee

Date

Name of Trustee (print)

Signature of Trustee

Date

Name of Trustee (print)

Signature of Trustee

Date

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

OR

Mail – for Fixed Annuities and Life Insurance:

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

Mail – for Variable Annuities:

Regular mail

Allianz Life Insurance Company of North America
PO Box 561
Minneapolis, MN 55440-0561

Overnight mail

Allianz Life Insurance Company of North America
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
763.582.6501 for Claims (Fixed Annuities and Life Insurance)
800.721.2641 for Claims (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