

Department of Homeland Security Records Consent

This form is required for all Foreign National policies to obtain information on the insured and policy owner's presence in the U.S.

Section 1: Owner Information

a. Proposed Owner

Enter all information exactly as it appears on travel documentation you used to enter the United States.

First Name MI Last Name

Date of Birth Passport Number Passport Country of Issuance

Do you speak English? Yes No, primary language _____

Section 2: Insured Information Is proposed insured the same as the proposed owner? Yes No, complete the below

a. Proposed Insured

Enter all information exactly as it appears on travel documentation you used to enter the United States.

First Name MI Last Name

Date of Birth Passport Number Passport Country of Issuance

Do you speak English? Yes No, primary language _____

Section 3: Authorization, Consent and Signature

Your signature below authorizes Allianz Life Insurance Company of North America (Allianz) to access your United States (U.S.) Arrival and Departure date records, which are maintained in the U.S. Customs and Border Protection's (CBP's) Nonimmigrant Information System (NIIS) and are made available through the CBP's "I-94 Official Website." The website and all data, which may be accessed through the website, are the property of the U.S. Government and Allianz may not access this information without your written consent.

For the purposes of its Foreign National Underwriting requirements, Allianz will use this information: (1) to verify your required minimal presence in the U.S and; (2) to confirm your presence in the U.S. at the time of policy solicitation, application, and delivery. In connection with records administration and maintenance of any policy issued under these requirements, your signature confirms your consent for Allianz to access these records as provided above and within your application. You agree that Allianz may review the data obtained and retain a copy in its underwriting files and may share this information with reinsurers, the financial professional working with your application and/or policy, and as otherwise necessary to administer the policy.

This authorization and consent allows Allianz to access information going back five-years from the date of your signature below and shall remain in effect until the later of 24-months:

1. from the date of the signature below,
2. following the termination of any issued policy relying upon this information, or
3. following payment of any final death claim on any issued policy relying upon this information.

(continued on next page)

Section 3: Authorization, Consent and Signature *(continued)*

Proposed policy owner's signature

Date

Proposed policy owner's name (please print)

Proposed policy insured's signature (if applicable)

Date

Proposed policy insured'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