

# 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 so we can process your request promptly. For most contracts and policies, you can also request information changes online by logging in at [www.allianzlife.com](http://www.allianzlife.com). If you haven't previously registered, click "Register" and follow the instructions. Online requests are the fastest way to change contract information.

## 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-NY Automatic Payment Plan - EFT Authorization. (You must also complete this form to add or change bank account information.)

## Section 6: Other requests

If you are uncertain what form should be used for your request, please contact us. Using the specific form designed for your request type will provide the best experience. If you write your request below, we will contact you if we need more information. Please do not use this section to request changes to life insurance policy coverage, such as death benefit option or face amount changes, instead use the Request to Change Policy Coverage form.

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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.

Contract owner's signature \_\_\_\_\_ Signed date \_\_\_\_\_

Joint contract owner's signature \_\_\_\_\_ Signed date \_\_\_\_\_

(ADDITIONAL SIGNATURES REQUIRED, IF APPLICABLE)

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

Power-of-Attorney:<sup>1</sup> \_\_\_\_\_ By: \_\_\_\_\_  
Contract owner's name Attorney-in-Fact signature Signed date

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

<sup>1</sup> Submit Certification of Trust form or legal documents such as power-of-attorney paperwork.

**Please submit the form using one of the options below:**

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

**Email completed forms to:**

fixedannuity@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](http://allianzlife.com)

**OR**

**Mail – for Fixed Annuities and Life Insurance:**

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:** 763.582.6006 for Fixed Annuities and Life Insurance

**Any questions?** Call us at 800.950.1962 for Fixed Annuities and Life Insurance

**Have you moved?** Please log in at [www.allianzlife.com](http://www.allianzlife.com) or call us to update your address.