

Settlement Option Request Form

This form is used to request an annuitization option from your contract or policy.

DO NOT use this form if your contract begins with the letter F or V. Instead visit www.allianzlife.com or contact us to get a copy of the correct annuitization request form for your contract.

If you are taking a distribution from annuity contracts held in a TSA/403(b), attach the Qualified Disbursement Request (QDR) form. The sections in this form will supersede any conflicting sections of the QDR form.

For available annuitization options please consult the resources listed below. These resources will assist you with information on tax plans, definitions and the impact to your contract values:

- www.allianzlife.com for your contract information
- The writing agent or a tax advisor
- The contract and riders
- Allianz Life Insurance Company of North America (Allianz) Contact Center 800.950.1962

Section A: Supply information about the contract owner

Contract number

Contract owner's printed full name

Tax ID / Social security number

Daytime phone number

Joint contract owner's printed full name

Tax ID / Social security number

Daytime phone number

Section B: Select the frequency and only ONE settlement option

Note: Please refer to page 6 of this form to elect the Benefit Deposited with Interest option.

Frequency (monthly is the default choice if nothing is selected)

- ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Settlement Options

For qualified contracts, if you elect an option that has a guaranteed period and there is more than 10 years remaining in the guaranteed period at the time of your death, your beneficiary may not be able to continue the payments through the end of the guaranteed period specified in the annuity option you selected.

- ☐ Guaranteed period (satisfying full deferral period). Payment will continue for the guaranteed period specified. Upon death of the Annuitant, payments will continue for any remaining guaranteed payments; for specific details, see your contract.

☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years ☐ Other _____

- ☐ Life with a guaranteed period. Payments will continue as long as the Annuitant is living. Upon death of the Annuitant, payments will continue for any remaining guaranteed payments; for specific details, see your contract. **Proof of age is required** (photocopy of identification including date of birth.)

☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years

- ☐ Life. Payments will continue for as long as the Annuitant is living. Upon death of the Annuitant, payments will not continue. **Proof of age is required** (photocopy of identification including date of birth).

(continued on next page)

Section B: Select the frequency and only ONE settlement option (continued)

☐ Installments for a selected amount. Payments will continue for the selected amount; for specific details, see your contract. Upon death of the Annuitant, payments will continue for any remaining guaranteed payments; for specific details, see your contract.

☐ \$ _____

☐ Joint and survivor. Payments will continue as long as the Annuitant and Joint Annuitant are alive, based on the percentage elected. If there is no guaranteed period elected, payments do not continue upon the death of the Annuitant and Joint Annuitant. If a guaranteed period is elected, upon death of the Annuitant and Joint Annuitant, payments will continue for any remaining guaranteed period; for specific details, see your contract. **Proof of age is required for both annuitant and survivor** (photocopy of identification including date of birth).

Selection: (select one)	<input type="checkbox"/> 100%	<input type="checkbox"/> 2/3	<input type="checkbox"/> 50%			
Guaranteed period: (select one)	<input type="checkbox"/> None	<input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years	<input type="checkbox"/> 15 years	<input type="checkbox"/> 20 years	<input type="checkbox"/> Other
Survivor's information:	Name _____			Birthdate _____		
	Social Security Number _____			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

☐ Flexible Annuity Option Rider J: Guaranteed period (for specific details, see your contract).

☐ 10 years ☐ 15 years ☐ 20 years ☐ 30 years ☐ Other _____

☐ Flexible Annuity Option Rider K: Guaranteed period (for specific details, see your contract).

☐ Other _____ If the option you would like is shown in your contract and is not listed above, please write in the option here. Options not shown in your contract will not be available to you.

Section C: Payment instructions

Withdrawals can only be made payable and sent to the contract owner or financial institution for the benefit of the contract owner. Additional payment methods, such as receiving paper checks, may be available. Please contact us for more information.

☐ Direct Deposit to owner's checking or savings account - no fee

- Payment will be made electronically by ACH to the account provided in the documentation you have provided to Allianz.
- You must provide one form of acceptable documentation for your account. A check will be sent to address of record if documentation is missing, not in good order, or if direct deposit cannot be made. All documentation should include:
 - Account holder name - must match Allianz contract owner(s)
 - Full account and routing number - must be valid ACH routing number (9 digits, starting with 0, 1, 2 or 3)
 - Bank name/logo

What documentation has been included: (only one is required)

- ☐ Voided check ☐ Direct Deposit form from Bank ☐ Bank letter (on bank letterhead)
- ☐ Use documentation already on file - Verify last four digits of bank account _____

☐ Send disbursement to financial institution

- Do not use this option for an electronic payment to a personal bank checking/savings account or brokerage account.
- In order for this withdrawal to be treated as a direct transfer or rollover, you must submit the receiving company's Letter of Acceptance and required transfer paperwork with this form. Without this paperwork, we will process the withdrawal as a taxable distribution, report it to the IRS, make the disbursement payable to the financial institution and send the disbursement to the owner's address of record.

Financial institution's name _____

Account number _____ Financial institution's phone number _____

(continued on next page)

Section C: Payment instructions (continued)

☐ Send disbursement to owner's Brokerage Account

- Do not use this option for an electronic payment to a personal bank checking/savings account.
- We will verify that this is an eligible option based on the Broker/Dealer associated with your contract. If eligible, we will make the payment to the brokerage account. If not, we make the disbursement payable to the Brokerage Firm and we will mail the payment to the contract owner's address of record.
- **TAX NOTE:** Payments to a brokerage account may be reported as taxable; they will not be treated as a direct rollover or transfer for tax purposes.

Provide additional information for the Brokerage:

Brokerage firm name _____

Brokerage firm account number _____

Brokerage firm address _____

Section D: Tax and withholding information

All, or part, of the payment you receive in connection with a distribution may be includable in your gross income for tax purposes, and you are liable for payment of income tax on the taxable portion of your payment. The taxable portion of the distribution is subject to federal (and potentially state) income tax withholding. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Once the funds are distributed to you, Allianz will not reverse any federal or state withholding that is made from your payment. Federal or state tax withholding will not be processed from contracts held by a custodian or qualified plan. Roth IRA distributions are generally nontaxable; therefore, Allianz will not withhold tax unless specifically instructed to do so. You may wish to contact your tax professional regarding any questions you may have about taxation or withholding.

Federal Income Tax Withholding

Check one of the two boxes below. If none of the boxes are checked or a valid current year IRS Form W-4P is not attached, I acknowledge that Allianz will withhold based on single with no adjustments from the taxable portion of the distribution.

- ☐ I **DO NOT** want to withhold federal income tax.
- ☐ I **HAVE** attached a **valid current year IRS Form W-4P indicating a different withholding election than the above box.**
The current year version of Form W-4P can be obtained by visiting the IRS website (www.irs.gov/forms-instructions).

State Income Tax Withholding

I acknowledge that:

Allianz is required to withhold at the minimum rate required (which may be 0%) by my state of residence. I must complete and submit separate instructions that meet the requirements of my state's tax authority with this request to make a state withholding election at a rate other than my state's required minimum.

A State Tax Withholding Guide can be found on the Allianz website at

<https://www.allianzlife.com/Customer-Service-Frequently-Asked-Questions#forms> or you may also consult your state's tax authority website for more information.

Important Notice For Qualified Contracts

If you annuitize your contract and intend to send each payment as a direct transfer or rollover to another qualified contract, please be aware that special rules may apply to your transaction. It is the interpretation of Allianz under the Required Minimum Distribution (RMD) regulations that once a qualified contract is annuitized, each payment is considered your RMD, regardless of your age at the time of annuitization. RMD amounts are not eligible for rollover to another qualified contract, so you may want to consult with your tax professional regarding the implications of this transaction.

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 W-8BEN.

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.
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 Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

☐ Check the box 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.

Section F: Signatures (Signature section must be completed. All owner's signatures are required.)

I (We) understand the following:

- I (We) authorize Allianz to process the requested annuitization. I (We) understand that once initiated, this is an irrevocable option. Once the distribution is processed, the taxable event and any federal or state withholding that occurred cannot be reversed. I (We) are aware that surrender charges may apply and understand the tax consequences of such distributions.
- I (We) understand that this request, when acknowledged by the Company in writing, will constitute an agreement as to the Company's obligation to make a payment in accordance with the terms of the contract and the annuity option selected by me (us). All other provisions of the contract that do not apply to the Company's payment obligation will terminate.
- I (We) understand selecting this option for a life insurance policy will forfeit the right to the Death Benefit.
- For any taxable portion of an annuity payment that is distributed prior to age 59½, a 10% additional federal tax will apply (unless you qualify for an exception). Consult your attorney or tax advisor for specific details.

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

This form must be received within 30 days of signing.

Contract owner's signature _____ Signed date _____

Joint contract owner's signature _____ Signed date _____

Alternate signatures, if applicable

Trust:¹ _____ **As trustee of the:** _____
Trustee's signature Trust name (printed) Signed date

Power-of-Attorney:¹ _____ **By:** _____
Contract owner's name Attorney-in-Fact signature Signed date

Collateral assignment: _____
Collateral Assignee signature Signed date

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

Please submit this form using one of the options below:

Email completed forms to:

fixedannuity@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 800.950.1962

Have you moved? Please log in at www.allianzlife.com or call us to update your address.

Benefit Deposited with Interest Settlement Option Request Form

This form is used to request benefit deposited with interest from your contract or policy.

For available annuitization options please consult the resources listed below. These resources will assist you with information on tax plans, definitions and the impact to your contract values:

- www.allianzlife.com for your contract information
- The writing agent or a tax advisor
- The contract and riders
- Allianz Life Insurance Company of North America (Allianz) Contact Center 800.950.1962

Section A: Supply information about the contract owner

Contract number

Contract owner's printed full name

Tax ID / Social security number

Daytime phone number

Joint contract owner's printed full name

Tax ID / Social security number

Daytime phone number

Section B: Select the frequency and only ONE option

Frequency (monthly is the default choice if nothing is selected)

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ Benefit deposited with interest – interest only

☐ 5 Years ☐ 10 Years

Section C: Payment instructions

Withdrawals can only be made payable and sent to the contract owner or financial institution for the benefit of the contract owner. Additional payment methods, such as receiving paper checks, may be available. Please contact us for more information.

☐ **Direct Deposit to owner's checking or savings account - no fee**

- Payment will be made electronically by ACH to the account provided in the documentation you have provided to Allianz.
- You must provide one form of acceptable documentation for your account. A check will be sent to address of record if documentation is missing, not in good order, or if direct deposit cannot be made. All documentation should include:
 - Account holder name - must match Allianz contract owner(s)
 - Full account and routing number - must be valid ACH routing number (9 digits, starting with 0, 1, 2 or 3)
 - Bank name/logo

What documentation has been included: (only one is required)

- ☐ Voided check ☐ Direct Deposit form from Bank ☐ Bank letter (on bank letterhead)
- ☐ Use documentation already on file - Verify last four digits of bank account _____

☐ **Send disbursement to financial institution**

- Do not use this option for an electronic payment to a personal bank checking/savings account or brokerage account.
- In order for this withdrawal to be treated as a direct transfer or rollover, you must submit the receiving company's Letter of Acceptance and required transfer paperwork with this form. Without this paperwork, we will process the withdrawal as a taxable distribution, report it to the IRS, make the disbursement payable to the financial institution and send the disbursement to the owner's address of record.

Financial institution's name _____

Account number _____ Financial institution's phone number _____

☐ **Send disbursement to owner's Brokerage Account**

- Do not use this option for an electronic payment to a personal bank checking/savings account.
- We will verify that this is an eligible option based on the Broker/Dealer associated with your contract. If eligible, we will make the payment to the brokerage account. If not, we make the disbursement payable to the Brokerage Firm and we will mail the payment to the contract owner's address of record.
- **TAX NOTE:** Payments to a brokerage account may be reported as taxable, they will not be treated as a direct rollover or transfer for tax purposes.

Provide additional information for the Brokerage:

Brokerage firm name _____

Brokerage firm account number _____

Brokerage firm address _____

Section D: Tax and withholding section

All, or part, of the payment you receive in connection with a distribution may be includable in your gross income for tax purposes, and you are liable for payment of income tax on the taxable portion of your payment. The taxable portion of the distribution is subject to federal (and potentially state) income tax withholding. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Once the funds are distributed to you, Allianz will not reverse any federal or state withholding that is made from your payment. Federal or state tax withholding will not be processed from contracts held by a custodian or qualified plan. Payment(s) that qualify for trustee-to-trustee transfer or direct rollover treatment by Allianz are not subject to withholding. Roth IRA distributions are generally nontaxable; therefore, Allianz will not withhold tax unless specifically instructed to do so. You may wish to contact your tax professional regarding any questions you may have about taxation or withholding.

Federal Income Tax Withholding

Check one of the three boxes below. If none of the boxes are checked or a valid current year IRS Form W-4R is not attached, I acknowledge that Allianz will withhold 10% from the taxable portion of the distribution.

- ☐ I **DO NOT** want to withhold federal income tax.
- ☐ I **WANT TO** have federal income tax withheld at the default rate of 10%.
- ☐ I **HAVE** attached a **valid current year IRS Form W-4R indicating a different withholding election than the above boxes.**
The current year version of Form W-4R can be obtained by visiting the IRS website (www.irs.gov/forms-instructions).

State Income Tax Withholding

I acknowledge that:

Allianz is required to withhold at the minimum rate required (which may be 0%) by my state of residence. I must complete and submit separate instructions that meet the requirements of my state's tax authority with this request to make a state withholding election at a rate other than my state's required minimum.

A State Tax Withholding Guide can be found on the Allianz website at <https://www.allianzlife.com/Customer-Service-Frequently-Asked-Questions#forms> or you may also consult your state's tax authority website for more information.

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 W-8BEN.

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.
 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 Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- ☐ Check the box 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.

Section F: Signatures (Signature section must be completed. All owner's signatures are required.)

I (We) understand the following:

- I (We) authorize Allianz to process the requested benefit deposited with interest. I (We) understand that once initiated, this is an irrevocable option. Once the distribution is processed, the taxable event and any federal or state withholding that occurred cannot be reversed. I (We) are aware that surrender charges may apply and understand the tax consequences of such distributions.
- I (We) understand that this request, when acknowledged by the Company in writing, will constitute an agreement as to the Company's obligation to make payment in accordance with the terms of the contract and the option selected by me (us). All other provisions of the contract that do not apply to the Company's payment obligation will terminate.
- I (We) understand selecting this option for a life insurance policy will forfeit the right to the Death Benefit.
- For any taxable portion of a payment that is distributed prior to age 59 ½, a 10% additional federal tax will apply (unless you qualify for an exception). Consult your attorney or tax advisor for specific details.

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

This form must be received within 30 days of signing.

Contract owner's signature _____ Signed date _____

Joint contract owner's signature _____ Signed date _____

Alternate signatures, if applicable

Trust:¹ _____ **As trustee of the:** _____
Trustee's signature Trust name (printed) Signed date

Power-of-Attorney:¹ _____ **By:** _____
Contract owner's name Attorney-in-Fact signature Signed date

Collateral assignment: _____
Collateral Assignee signature Signed date

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

Please submit this form using one of the options below:

Email completed forms to:

fixedannuity@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 800.950.1962

Have you moved? Please log in at www.allianzlife.com or call us to update your address.