

Withdrawal Request Form for Fixed Interest Life Insurance Policy # _____

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

- Do not use this form for life policies held in qualified retirement plans. Complete the Qualified Disbursement Request form instead.
- Read and complete all sections of this form.

Section A: Policy owner information

Policy owner's printed full name:	Tax ID/SS#:	Daytime phone number:
_____	_____	_____
Joint policy owner's printed full name:	Tax ID/SS#:	Daytime phone number:
_____	_____	_____
Policy owner email:	Joint policy owner 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 Life Insurance Company of North America (Allianz) will be released for all liability under the policy.

Note: If your policy is assigned as collateral or owned by a corporation, submit a release form along with this form. Processing will not commence until we receive the release form.

Section C: Loan option

If the amount specified is more than the maximum loan amount available, the loan will be processed for the maximum amount available. If the life insurance policy is a Modified Endowment Contract (MEC), then the loan will be subject to income taxes up to the amount of gain in the policy. If the owner is under age 59 ½, the loan will be subject to a 10% additional federal tax, unless an exception applies.

Specific dollar amount \$ _____

Note: An Inforce illustration showing maximum loan or maximum partial surrender is encouraged.

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. Payment(s) that are treated as an exchange under Section 1035 are not subject to withholding. 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.

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.
- 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: Payment instructions

Direct deposit to owner's checking or savings account (select one option below)

- Bank account owner must be the same as the policy owner.
- If a voided check is not provided, a check will be sent to your address of record in place of ACH or wire transmittal.
 - Payment will be sent via ACH (no fee)
 - Bank must be a member of ACH.
 - ACH can take 2-3 business days to arrive in your bank account.
 - Payment will be sent via wire (\$20 fee)

Mailed Check Payable to Owner

- Check payable to owner will be mailed to the owner's address of record.
- Choose a mail type below. If not provided, we will send check by regular mail (USPS).
 - Regular Mail (USPS) – allow for standard USPS mailing time
 - Overnight
 - There is a \$15 fee for overnight delivery. This fee will not expedite processing time.
 - Mailing address must be a street address for overnight (not a PO Box). If street address is not provided, we will default to regular mail.

Payable to Assignee

- Choose a payment option below. Please note, we will require further information to be provided in a Letter of Instruction on either selection.
 - Mailed Check
 - Letter of Instruction with address signed by bank assignee and policy owner is required.
 - Wire transmittal (\$20 fee)
 - Letter of Instruction with wire instructions signed by bank assignee and policy owner is required.

Payable to Financial Institution

- By selecting this option, the check will be payable to the financial institution and mailed to the owner's address of record.
- Do not use this option for an electronic payment to a personal bank checking/savings account or brokerage account.
- The disbursement may be taxable to you and will be payable to the financial institution.

Financial institution's name _____

Account number _____ Financial institution's phone number _____

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

- We reserve the right to deny any partial surrender request in order to preserve this policy's life insurance qualification pursuant to Section 7702 of the Internal Revenue Code, or to keep this policy from becoming a MEC as defined under Section 7702A of the Internal Revenue Code, if applicable.
- 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.

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.

Policy owner's signature **Signed date**

Joint policy owner's signature **Signed date**

(ADDITIONAL SIGNATURES REQUIRED, IF APPLICABLE)

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

Power-of-Authority:¹ _____ **By:** _____
Policy owner's name Attorney-in-fact signature Signed date

Collateral Assignee:² _____
Collateral Assignee signature Signed date

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

² Submit a corporate resolution with authorized signers for the bank.

Section H: Notary stamp/seal

- Complete this section for the Owner and Joint Owner (if applicable) if the distribution is greater than \$100,000 and one of the following applies: (1) proceeds are sent to an address other than the address of record; or (2) proceeds are sent to an address that has been changed in the past 90 days.
- Notary signature is not required for collaterally assigned policies.
- Notary services are offered at most bank and credit unions.
- Faxes will be accepted if a Notary signature is present.

To be completed by a Notary

STATE OF _____

COUNTY OF _____

On the _____ day of _____, before me personally came _____, to me known to be the individual described in and who executed the Certification of Attorney-in-Fact above and acknowledged to me that _____ executed the same.

Signature of Notary Public: _____
(Seal or Stamp)

My commissions expires: _____

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

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