

Client Contract Update Request

Use this form to request name changes, annuitant changes, and address changes. For most contracts and policies, you can also request changes online by logging in at www.allianzlife.com. If you haven't previously registered, click "Register" on the home page and follow the instructions.

Important background information:

- Annuitant cannot be changed if contract is owned by a trust. Please refer to prospectus for restrictions of change on qualified contracts.

How to fill out this form:

- Provide the contract/policy number in Section 1.
- To change the legal name of a contract/policy owner or annuitant, go to Section 2.
- To change an annuitant, go to Section 3.
- To change an address or telephone number, go to Section 4.
- Provide your signature(s) in Section 5.

Section 1: Contract/policy information

Contract/policy number

Daytime phone number

Section 2: Legal name change (check one)

a. Contract/policy owner

- Legal name change of the contract owner: (include legal documentation such as marriage license, court order, or divorce decree):

Prior first name (print)

MI

Last name

Prior signature

New first name (print)

MI

Last name

New signature

b. Annuitant

- Legal name change of the annuitant: (include legal documentation such as marriage license, court order, or divorce decree):

Prior first name (print)

MI

Last name

New first name (print)

MI

Last name

Section 5: Signatures (Signature section must be completed. All signatures are required.)

WARNING: Please consult carefully with your Financial Professional and/or your tax adviser to determine if an annuitant change is in your best interest. In addition to possible adverse tax consequences, certain annuitant changes can result in the reduction or elimination of any guaranteed income and death benefits you have purchased.

Contract/policy owner or Authorized Signer's name (print)
(Trustee, Power of Attorney, Custodian, or Guardian, if applicable)

Contract/policy owner's Social Security Number

Contract/policy owner or Authorized Signer's signature

Date

Joint contract/policy owner's name (print)

Joint contract/policy owner's Social Security Number

Joint contract/policy owner's signature

Date

Please submit your form through one of the options below:

Email completed forms to:

variableannuity@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: 800.721.3208

Any questions? Call us at 800.624.0197

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