

Client Contract Update Request

- Contract owner may use this form to request name changes, address changes, annuitant, and beneficiary changes.
- Contract owner may use this form to establish telephone authorization privileges on an existing contract.
- Annuitant cannot be changed if contract is owned by a trust. Please refer to prospectus for restrictions of change on qualified contracts.
- If you have additional policies or contracts with Allianz Life Insurance Company of North America (Allianz) and/or our subsidiary or affiliated companies, please contact the appropriate person or customer service department that was provided with each policy or contract.

Contract number: _____ (Allianz) Owner daytime telephone (_____) _____

1) Legal name change

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

Prior name (print) _____ Prior signature _____

New name (print) _____ New signature _____

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

Prior name (print) _____ New name (print) _____

2) Annuitant change

Prior annuitant (print name)	New annuitant (print name)	New Social Security number	New date of birth	
_____	_____	_____	_____	_____
New annuitant's street address _____		City _____	State _____	Phone number _____
Relationship of new annuitant to Owner : _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No				

3) Beneficiary change

If a trust is designated, provide the complete name and the trust date in the date of birth field.

Primary beneficiaries: Attach additional sheet if needed, signed by contract owner. Allocation must equal 100% **and** must be in whole percentages (e.g., 33.3% is not permitted).

1) Name (print) _____ Relationship _____ Allocation _____ %

Date of birth _____ SSN or TIN _____ Telephone number (_____) _____

Street address _____ City _____ State _____ ZIP code _____

Gender: Male Female Are you a non-resident alien? Yes (Attach W8 BEN) No

2) Name (print) _____ Relationship _____ Allocation _____ %

Date of birth _____ SSN or TIN _____ Telephone number (_____) _____

Street address _____ City _____ State _____ ZIP code _____

Gender: Male Female Are you a non-resident alien? Yes (Attach W8 BEN) No

(Contingent beneficiary continued on next page)

Fax to: 800.721.3208 **Mail to:** Allianz, PO Box 561, Minneapolis, MN 55440-0561

Questions: Call Allianz at 800.624.0197, Monday - Thursday 7 a.m.- 6 p.m., Friday 7 a.m.-5p.m. Central time

3) Beneficiary change (continued)

Contingent beneficiaries: Attach additional sheet if needed, signed by contract owner. Allocation must equal 100% and must be in whole percentages (e.g., 33.3% is **not** permitted).

- 1) Name (print) _____ Relationship _____ Allocation _____ %
Date of birth _____ SSN or TIN _____ Telephone number (____) _____
Street address _____ City _____ State _____ ZIP code _____
Gender: Male Female Are you a non-resident alien? Yes (Attach W8 BEN) No
- 2) Name (print) _____ Relationship _____ Allocation _____ %
Date of birth _____ SSN or TIN _____ Telephone number (____) _____
Street address _____ City _____ State _____ ZIP code _____
Gender: Male Female Are you a non-resident alien? Yes (Attach W8 BEN) No

4) Change of address/telephone number Complete with new information

Address	Apartment number	()
City	State	ZIP code
		Phone number

5) Telephone authorization

- Yes** Electronic Authorization – Allianz accepts allocation and transfer instructions by electronic notification. Electronic authorizations include requests received by telephone, fax, or our website. By checking "yes," I am authorizing and directing Allianz to act on electronic instructions from me as well as my Financial Professional and/or anyone authorized by him/her to transfer and allocate Contract Values among the Investment Options. If the box is not checked, electronic instructions will be accepted only from me, the Owner. Allianz will use reasonable procedures to confirm that these electronic instructions are genuine. As long as these procedures are followed, the company and its officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost arising from unauthorized or fraudulent instructions. We reserve the right to deny any electronic transfer request or allocation instruction change, and to discontinue or modify our electronic instruction privileges at any time for any reason.

6) Signatures

WARNING: Please consult carefully with your registered representative 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.

Owner or Authorized Signer's name (print) (Trustee, Power of Attorney, Custodian, or Guardian, if applicable)	Owner or Authorized Signer's signature	Date	Owner's Social Security number
Joint owner's name (Print)	Joint owner's signature	Date	Joint owner's Social Security number

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