

# 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	ZIP code	Phone number
_____		_____	_____	_____	_____

Relationship of new annuitant to Owner: \_\_\_\_\_ Gender:  Male  Female

Are you a non-resident alien?  Yes (Attach W8 BEN)  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. - 5 p.m. Central time

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### 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

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

Address	Apartment number	( )
City	State	ZIP code
		Phone number

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### 5) Electronic authorization

**Yes** Electronic Authorization – Allianz accepts allocation, transfer, and Performance Lock instructions by electronic notification. Electronic authorizations include, but are not limited to, requests received by telephone, fax, email, or on our website. By selecting “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 Value among the variable investment options and any other available allocation options and authorization for Performance Locks. I understand I must approve the transactions recommended by my financial professional prior to execution, unless I have given my financial professional discretion over my contract. My financial professional shall maintain all required authorizations pursuant to Form ADV, power of attorney, agreement, or otherwise. 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 valid. 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, Performance Lock, or allocation instruction change, and to discontinue or modify our electronic instruction privileges at any time for any reason.

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### 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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