

Policy Number: \_\_\_\_\_  
(Home Office Use Only)

## Application for Individual and Joint Life Insurance - Part 1

### 1. Insured Information

#### a. Proposed Insured

\_\_\_\_\_  
First Name MI Last Name

Male  Female \_\_\_\_\_  
Date of Birth Age Social Security Number/TIN

\_\_\_\_\_  
Street Address City State ZIP Code

\_\_\_\_\_  
Telephone Number Cell Phone Number Email Address

\_\_\_\_\_  
Driver's License Number State of Issue

Place of Birth  United States (state) \_\_\_\_\_  Other (country) \_\_\_\_\_

Are you currently employed? Check one

- Yes, full-time (more than 30 hours per week)  Yes, part-time (30 hours per week or less)  
 Self-Employed, please check one  Full-time  Part-time  
 No, homemaker, student, or retired  Not currently employed

If employed, please provide your current:

- a. Employer's name: \_\_\_\_\_  
b. Job title and type/line of business: \_\_\_\_\_  
c. Length of employment: \_\_\_\_\_  
d. Is this a U.S. based company?  Yes  No

Please provide the financial information below:

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Annual Earned Income Annual Unearned Income Please indicate source of unearned income

\$ \_\_\_\_\_  
Spouse's/Domestic Partner's/Civil Union Partner's Annual Income

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Household Net Worth Household Liquid Assets Household Annual Expenses

**a. Proposed Insured** *(continued)*

Have you ever filed for bankruptcy?

No  
 Yes, provide dates and details for each bankruptcy filing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Owner Information**

**a. Proposed Policy Owner<sup>1</sup>**

Is proposed owner the same as proposed insured on the base policy?  Yes  No, complete the below

Type of Owner:  **Individual**  **Corporation**  **Partnership**  **Sole Proprietorship**  **Trust**  **Joint**

\_\_\_\_\_  
First Name/Trust or Corporation Name MI Last Name

If Trust, provide Trustee Name(s)

Male  Female \_\_\_\_\_  
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

\_\_\_\_\_  
Street Address City State ZIP Code

\_\_\_\_\_  
Home Phone Number Cell Phone Number Email Address

\$ \_\_\_\_\_  
Amount of Insurance In Force on Proposed Policy Owner

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Household Annual Income Household Net Worth Household Liquid Assets Household Annual Expenses

**b. Proposed Joint Policy Owner**

Type of Owner:  **Individual**  **Corporation**  **Partnership**  **Sole Proprietorship**  **Trust**  **Joint**

\_\_\_\_\_  
First Name/Trust or Corporation Name MI Last Name

If Trust, provide Trustee Name(s)

Male  Female \_\_\_\_\_  
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

<sup>1</sup> If a Foreign National, please complete the **Application for Individual and Joint Life Insurance - Foreign National Questionnaire**.

## b. Proposed Joint Policy Owner (continued)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\$ \_\_\_\_\_  
Amount of Insurance In Force on Proposed Policy Owner

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Household Annual Income Household Net Worth Household Liquid Assets Household Annual Expenses

## c. Proposed Contingent Policy Owner

If not completed, the proposed contingent policy owner will be the estate of the Proposed Policy Owner.

Type of Owner:  Individual  Corporation  Partnership  Sole Proprietorship  Trust  Joint

First Name/Trust or Corporation Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

If Trust, provide Trustee Name(s) \_\_\_\_\_

Male  Female \_\_\_\_\_  
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## 3. Premium/Billing Information

Frequency:  Single Premium  Annual  Semi-Annual  Quarterly  Monthly - complete **EFT Authorization**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Billed/Planned Premium Amount Total Amount Submitted with the Application First Year Lump Sum Amount

\$ \_\_\_\_\_  
1035 Exchange Amount

Is lump sum coming from a 1035 Exchange of a life insurance policy?  Yes  No

If this is a replacement of a life insurance policy, was that policy a Modified Endowment Contract (MEC)?  Yes  No

The Payor is: (Billing statements will **ONLY** be sent to the address of the Payor)

Proposed insured  Proposed owner  Other - below

Payor First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Male  Female \_\_\_\_\_  
Date of Birth Relationship to Proposed Insured Social Security Number/TIN

### 3. Premium/Billing Information (continued)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternate Phone Number (optional) \_\_\_\_\_ Email Address \_\_\_\_\_

\$ \_\_\_\_\_  
Amount of Insurance In Force on Payor

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Household Annual Income Household Net Worth Household Liquid Assets Household Annual Expenses

Reason this person is the Payor \_\_\_\_\_

### 4. Source of Funds - Payments made with foreign currency or payments drawn on or originating from a foreign bank or other foreign source are prohibited. Funding through a Mortgage/Reverse Mortgage or Home Equity Loan is prohibited.

- Earned Income     Mutual Fund/Brokerage Account     Money Market Fund     Savings     Loans  
 Annuity Contract     Other Life Insurance Policy  
 Qualified Funds - i.e. IRA, Beneficial IRA, 401(k), SEP, 403(b) (provide details): \_\_\_\_\_

Inheritance (provide details): \_\_\_\_\_

Other (provide details): \_\_\_\_\_

- Premium Financing - If financing will be used, please answer the following questions:
- Name of the company who is administering the premium finance: \_\_\_\_\_
  - Name of lender providing the funds: \_\_\_\_\_
  - What type of loan?     Recourse     Non-recourse
  - Is the client obligated to repay the loan?     Yes     No

## 5. Purpose of Insurance

a. What is the purpose of the Life Insurance/Death Benefit coverage for the proposed insured?

### Personal Insurance

- Income Replacement
  - Charitable Giving
  - Estate Conservation
  - College Funding
  - Other (please explain): \_\_\_\_\_
- Final Expenses
- Retirement Planning
- Mortgage Protection
- Mortgage Amount \$ \_\_\_\_\_

### Business Insurance

- Deferred Compensation
- Key Person
- Split Dollar
- Buy/Sell
- Business Continuation
- Executive Bonus

b. Please provide an explanation on how the face amount was determined: \_\_\_\_\_

c. Do both the proposed insured and the proposed owner(s) believe that this life insurance policy being applied for will meet the insurance needs and objectives of each person?  No  Yes

d. Did the agent discuss with both the proposed owner(s) and the proposed insured the current life insurance policies and other assets of each person prior to the decision to purchase this life insurance policy?  No  Yes

e. Does the proposed owner(s) feel that sufficient liquid assets are available to them for living expenses and emergencies in addition to the money allocated to pay the life insurance premiums?  No  Yes

Please indicate which of the following discussions have been had with the proposed insured or the proposed owner(s) of this life insurance policy. Check ALL that apply.

- Been offered "free insurance", a cash payment, or some other promised benefit as an incentive
- Discussed selling this life insurance policy
- Had an evaluation to determine the insured's life expectancy (how long the insured will live)
- Discussed changing ownership or beneficiaries once this policy is issued
- None of these

Provide details for any discussions indicated above: \_\_\_\_\_



## 7. Product Information

Allianz Life Pro+ Advantage<sup>SM</sup> Fixed Index Universal Life Insurance Policy

Specified Face Amount \_\_\_\_\_ Risk Class \_\_\_\_\_

Death Benefit Option (choose one) - If no option is selected, Option A will be issued.

A - Specified Amount       B - Specified Amount plus Accumulation Value       C - Specified Amount plus Total Premium Paid

Definition of Life Insurance Test (choose one) - If no option is selected, GPT will be issued.

Cash Value Accumulation Test (CVAT)       Guideline Premium Test (GPT)

**Allocations** - Some allocations may not be available on all products or in all states.

Select the following allocations in increments of "1". The minimum allocation is 1% and the total must equal 100%.

### **Standard Indexed Allocations**

<b>Bloomberg US Dynamic Balance II ER Index</b> annual point-to-point with a participation rate	_____ %	<b>S&amp;P 500® Index</b> annual point-to-point with a cap	_____ %
<b>PIMCO Tactical Balanced ER Index</b> annual point-to-point with a participation rate	_____ %	monthly sum with a monthly cap	_____ %
<b>Blended index</b> annual point-to-point with a cap	_____ %	trigger method	_____ %
		<b>Fixed Allocation</b>	_____ %

### **Classic Bonus Indexed Allocations**

<b>Bloomberg US Dynamic Balance II ER Index</b> annual point-to-point with a participation rate	_____ %	<b>Blended index</b> annual point-to-point with a cap	_____ %
<b>PIMCO Tactical Balanced ER Index</b> annual point-to-point with a participation rate	_____ %		

### **Bonused Indexed Allocations with Multiplier**

<b>Bloomberg US Dynamic Balance II ER Index</b> annual point-to-point with a participation rate	_____ %	<b>Blended index</b> annual point-to-point with a cap	_____ %
<b>PIMCO Tactical Balanced ER Index</b> annual point-to-point with a participation rate	_____ %		

### **Select Indexed Allocations**

<b>Bloomberg US Dynamic Balance II ER Index</b> annual point-to-point with a participation rate	_____ %	<b>Blended index</b> annual point-to-point with a cap	_____ %
<b>PIMCO Tactical Balanced ER Index</b> annual point-to-point with a participation rate	_____ %		

Total of \_\_\_\_\_ % (must equal 100%)

**8. Optional Riders** (*Riders may not be available on all products*)

Child Term Rider \_\_\_\_\_ units Complete **Child Term Rider Section**  
(\$1,000 per minimum 5 units/maximum 10 units)

Enhanced Liquidity Rider (choose one)  50%  100%

Premium Deposit Fund Rider Amount \$ \_\_\_\_\_ Premium Deposit Fund Period (specify 3-10 years): \_\_\_\_\_

Supplemental Term Rider Amount \$ \_\_\_\_\_  
(Minimum greater than \$25,000/maximum 5 times or 10 times the Base Specified Amount based on age and risk class)

Waiver of Specified Premium Rider Amount \$ \_\_\_\_\_



## 9. Child Term Rider

**a.**

\_\_\_\_\_  
First Name MI Last Name  
Gender  Male  Female \_\_\_\_\_  
Date of Birth Social Security Number/TIN Phone Number  
\_\_\_\_\_  
Street Address City State ZIP Code

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**b.**

\_\_\_\_\_  
First Name MI Last Name  
Gender  Male  Female \_\_\_\_\_  
Date of Birth Social Security Number/TIN Phone Number  
\_\_\_\_\_  
Street Address City State ZIP Code

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**c.**

\_\_\_\_\_  
First Name MI Last Name  
Gender  Male  Female \_\_\_\_\_  
Date of Birth Social Security Number/TIN Phone Number  
\_\_\_\_\_  
Street Address City State ZIP Code

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**d.**

\_\_\_\_\_  
First Name MI Last Name  
Gender  Male  Female \_\_\_\_\_  
Date of Birth Social Security Number/TIN Phone Number  
\_\_\_\_\_  
Street Address City State ZIP Code

## 10. Beneficiary Designation

- Percentages must total 100%; if you do not indicate the percentage, the surviving beneficiary(s) will share equally.
- If the Beneficiary For is not indicated, the beneficiary(s) listed will be assigned to the Base Policy.
- If beneficiary(s) are a Trust, include Trustee Name(s) and Trust Date.

**a.**

Beneficiary For:  Base Policy  
Beneficiary Designation:  Individual  Trust  Corporation Type:  Primary  Contingent \_\_\_\_\_  
Percentage

\_\_\_\_\_  
First Name/Trust or Corporation Name MI Last Name

\_\_\_\_\_  
Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

\_\_\_\_\_  
Street Address City State ZIP Code

\_\_\_\_\_  
Country (if outside the U.S.) Phone Number Trustee Name(s)

**b.**

Beneficiary For:  Base Policy  
Beneficiary Designation:  Individual  Trust  Corporation Type:  Primary  Contingent \_\_\_\_\_  
Percentage

\_\_\_\_\_  
First Name/Trust or Corporation Name MI Last Name

\_\_\_\_\_  
Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

\_\_\_\_\_  
Street Address City State ZIP Code

\_\_\_\_\_  
Country (if outside the U.S.) Phone Number Trustee Name(s)

**c.**

Beneficiary For:  Base Policy  
Beneficiary Designation:  Individual  Trust  Corporation Type:  Primary  Contingent \_\_\_\_\_  
Percentage

\_\_\_\_\_  
First Name/Trust or Corporation Name MI Last Name

\_\_\_\_\_  
Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

\_\_\_\_\_  
Street Address City State ZIP Code

\_\_\_\_\_  
Country (if outside the U.S.) Phone Number Trustee Name(s)

**10. Beneficiary Designation (continued)**

**d.**

Beneficiary For:  Base Policy

Beneficiary Designation:  Individual  Trust  Corporation      Type:  Primary  Contingent \_\_\_\_\_  
Percentage

\_\_\_\_\_  
First Name/Trust or Corporation Name      MI      Last Name

\_\_\_\_\_  
Date of Birth/Trust      Social Security Number/TIN/Foreign ID or SSN      Relationship to proposed insured

\_\_\_\_\_  
Street Address      City      State      ZIP Code

\_\_\_\_\_  
Country (if outside the U.S.)      Phone Number      Trustee Name(s)

If there are additional beneficiaries, please complete **Supplemental Beneficiary Designation Form (NB2292)**