

Application for Individual and Joint Life Insurance - Part 3

1. Acknowledgments and Signatures

Proposed Insured First Name _____ MI _____ Last Name _____

a. Certification of Taxpayer Identification Number

If you are applying for this product and/or 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, prior approval is required before submitting this application. If approved, the appropriate IRS Form W-8BEN is required to be completed.

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.
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 Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Check here **ONLY** 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.

b. Illustration Certification

A signed illustration conforming to the policy described on this application must be submitted with the completed application. If a conforming illustration has not been submitted, this section must be completed (both boxes must be checked).

By signing this application:

Applicant Acknowledgment:

I did not receive an illustration conforming to the policy I applied for. I understand that an illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered.

Financial Professional Certification:

I did not use an illustration or I provided an illustration that differs from the policy described on this application.

c. Transaction Authorization

Yes ELECTRONIC TRANSACTION AUTHORIZATION: By selecting "yes", I am authorizing and directing Allianz Life Insurance Company of North America (Allianz) to act on electronic instructions from my financial professional and anyone authorized by him/her to initiate such instructions. Electronic instructions include, but are not limited to, requests received by telephone, fax, email, or the Allianz website. I understand I must make the decision or approve the transactions recommended by my financial professional and that my financial professional does not have discretion over my life insurance policy. If the box is not checked, electronic instructions will only be accepted from me, the Owner. Allianz will use reasonable procedures to confirm these electronic instructions are valid. As long as these procedures are followed, the company and its officers, employees, representatives and financial professionals will be held harmless for any claim, liability, loss, or cost arising from unauthorized or fraudulent instructions. Allianz reserves the right to deny any electronic instruction and to discontinue or modify our electronic instruction privileges at any time and for any reason.

d. Acknowledgment and Signatures

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued.

You should consult with legal advisors if you have any questions about these matters.

Each of the undersigned declares, understands and agrees that:

- The statements and answers contained in this Application, which includes any parts, amendments and supplements to this Application, are complete and true to the best of each proposed insured's and policy owner's knowledge and belief.
- The statements and answers contained in this Application shall be considered representations and not warranties and shall form the basis of any life insurance policy that may be issued (reinstated or changed).
- A copy of this Application shall be considered a part of the policy.
- The policy owner, if not a proposed insured, adopts and ratifies said statements and answers contained in this Application.
- Coverage under any policy approved or issued by Allianz as a result of this Application shall be considered effective and in force only when, during the insured's lifetime and continued insurability:
 - a. a policy is issued, delivered, received and accepted by the policy owner;
 - b. the first full premium has been received by Allianz; and
 - c. all answers material to the risk are still true and complete to the best of the owner's and insured's knowledge.
- Only an officer of the Company can make, modify, alter or discharge policies or waive any of the Company's rights or requirements.
- The MIB, Inc. Disclosure and Investigative Consumer Report Notice has been received by me.

CAUTION: If the answers on the application are incorrect or untrue, Allianz may have the right to deny benefits or rescind the policy.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed At (City and State)

Proposed Insured Signature

Date

Proposed Policy Owner's Signature (if other than proposed insured)

Date

Proposed Joint Policy Owner's Signature

Date

Alternate signatures, if applicable

Trust:¹ _____ as trustee of the: _____
Trustee's signature Trust name (please print)

Date

Trust:¹ _____ as trustee of the: _____
Second trustee's signature (as applicable) Trust name (please print)

Date

¹ Submit a current copy of the trust certification form if not already on file.

d. Acknowledgment and Signatures *(continued)*

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse or termination of this life insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.

Must select one:

- I elect NOT to designate any person to receive such notice.
- I elect to designate this person to receive such notice (please include the designated person(s) name, address, and phone number):

e. Financial Professional Certification and Signature – To be answered by a licensed Financial Professional

By signing below, the resident financial professional certifies to the following:

- The Owner statement regarding existing policies or annuity contracts is true and accurate to the best of my knowledge and belief.
- The Owner statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
- I only used sales materials that were previously approved by Allianz in my presentation.
- I left a copy of all sales material used during my presentation with the applicant.
- I have provided the Owner with all appropriate disclosure and replacement requirements prior to the completion of this application.
- I understand all instructions I submit to Allianz on behalf of the owner must be approved by the owner prior to submitting to Allianz.
- I understand I do not have discretion over the owner's policy.

Writing Financial Professional's Signature

Date

Financial Professional's Name (Please Print)

Phone Number

Financial Professional's Email

Make all checks payable to Allianz Life Insurance Company of North America. Do not make checks payable to an agency, broker, agent, financial professional, or leave payee blank.

Please submit the form using one of the options below:

Email completed forms to:

lifeinsurance@send.allianzlife.com

OR

Web Upload:

You can upload your signed and completed form(s) by logging into 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 800.950.7372

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