

Annuity Application - IA, PA, TX and WA

The latest versions of all forms are available at www.allianzlife.com.

Required forms included in application packet

- Annuity Application (ICC11ANN-04)
- Agent's Report (NB5029-EN-2) – Complete all sections of this form (return signed form to Home Office with application)
- Authorization to Transfer Funds (S2056), if transfer is involved
- Product Suitability Form (NB3051)

Additional required forms not included in application packet

- State-specific Statement of Understanding for product and/or rider(s) – Sign and return to Home Office with application
- Replacement form if life insurance or annuities are being replaced or if other life insurance or annuities are in force (return signed form to Home Office with application)
- If a replacement is involved, copies of any individualized sales aids (e.g., illustrations, comparisons, etc.) presented to the applicant must be submitted to the Home Office with the application. This does not include company-approved sales aids of a generally descriptive nature.
- Non-individual Ownership form (NB6059), if owner is a trust.
- Qualified Plan Acknowledgement form (S2236), if required by the tax plan of the contract being applied for
- State-specific Preliminary Contract Disclosure/Summary, if required in your state (leave with applicant)
- Buyer's Guide to Fixed Deferred Annuities, if required in your state (leave with applicant)
- Immediate Elite™ Annuity state-specific Supplemental Application (A3) and proof of age
- Beneficial IRA RMD election form (NB6037)

Additional information

- Application MUST be signed and dated
- Due to the USA Patriot Act, **a street address is required and must be the permanent primary residential address of the client.**
- DO NOT use white out. If you have a correction, cross it out and have the owner/annuitant initial the change
- Approval is required on cases \$1,000,000 or more
- The fixed interest allocation is not available on the MasterDex X in IA.
- The fixed interest allocation is not available on the MasterDex Plus, MasterDex 5 Plus and MasterDex X in TX
- The application and any additional required forms signed by a trust must be signed "John Doe trustee".

Power of attorney requirements

- The application must be signed "*John Doe by Jane Doe, Attorney-in-Fact*"
In this example, Jane Doe is the attorney-in-fact signing on behalf of John Doe
- Indicate why the attorney-in-fact is signing the application
- Submit a copy of the power of attorney document with the application

For questions, contact the FASTeam at 800.950.7372 (press 1 for Sales Support, then 1 for Annuities).



Annuity application

1
Owner

Select one: Individual Trust Custodian Qualified retirement plan
U.S. Citizen?
 Yes No
(If no, complete W8-BEN)

Male
 Female

Social Security number/TIN _____ Date of birth _____

First name/trust/corporation name _____ M.I. _____ Last name _____

Street address **(No PO Box)** _____

City _____ State _____ ZIP code _____ Telephone number _____

Trustee's full legal name (If trust is named) _____ Date of trust _____

Joint owner
Must be an individual.

Social Security number _____ Date of birth _____
U.S. Citizen?
 Yes No
(If no, complete W8-BEN)

Male
 Female

First name _____ M.I. _____ Last name _____ Relationship to owner _____

Street address **(No PO Box)** _____

City _____ State _____ ZIP code _____ Telephone number _____

Annuitant
If other than owner or if owner is a non-individual.

Social Security number _____ Date of birth _____
U.S. Citizen?
 Yes No
(If no, complete W8-BEN)

Male
 Female

First name _____ M.I. _____ Last name _____ Relationship to owner(s) _____

Address _____

City _____ State _____ ZIP code _____ Telephone number _____

2

Beneficiary designation*
Individual owner/
Joint owner cannot be a beneficiary.
Unless otherwise specified, the surviving beneficiaries within a class will share equally.

Primary **Select one:** Individual Corporation Trust

Primary beneficiary _____ Social Security number/date of trust _____ Relationship to owner(s) _____ Percent _____

Primary **Select one:** Individual Corporation Trust

Primary beneficiary _____ Social Security number/date of trust _____ Relationship to owner(s) _____ Percent _____

Contingent **Select one:** Individual Corporation Trust

Contingent beneficiary _____ Social Security number/date of trust _____ Relationship to owner(s) _____ Percent _____

Contingent **Select one:** Individual Corporation Trust

Contingent beneficiary _____ Social Security number/date of trust _____ Relationship to owner(s) _____ Percent _____

***Use Supplemental Beneficiary Designation Form (NB2292) if more space is needed.**

3

Tax plan

Indicate how this contract should be issued.

Nonqualified

- 1035 exchange
Other

Qualified

- Transfer, Rollover, IRA, Roth IRA, Qualified retirement plan, SEP IRA, Custodial IRA, 401K, Simple IRA, HR10/Keogh

Contribution for tax year 20

Beneficial IRA (NOTE: A tax code must be selected above in addition to this option). Not available on all products.

If 1035 exchange or tax-qualified transfer, complete the Authorization to Transfer Funds Form (S2056).

4

Annuity products

(Products not available in all states)

Select a product then select up to 9 (10 for MasterDex X, Endurance Plus and Allianz 360) allocations. Indicate the percentage for each allocation.

Flexible premium:

- Allianz 360SM Annuity with Benefit Rider, Allianz EnduranceSM Plus Annuity, Allianz EnduranceSM Elite Annuity, MasterDex PlusSM Annuity, MasterDex 5 PlusSM Annuity, MasterDex 10 PlusSM Annuity, MasterDex XSM Annuity, Other

For New Jersey only:

- Allianz Endurance PlusSM Annuity With Lifetime Withdrawal Rider, Allianz Endurance PlusSM Annuity Without Lifetime Withdrawal Rider, Allianz Endurance EliteSM Annuity With Lifetime Withdrawal Rider, Allianz Endurance EliteSM Annuity Without Lifetime Withdrawal Rider

Allocation percentages

S&P 500

- Annual point-to-point (Standard Index), Monthly sum (Standard Index), Annual point-to-point (Select Index), Monthly Sum (Select Index)

Nasdaq-100

- Annual point-to-point, Monthly sum

FTSE 100/Euro STOXX 50

- Annual point-to-point, Monthly sum

Blended

- Annual point-to-point, Monthly average

Fixed Interest

= 100%

1 Only available on the MasterDex X Annuity and Endurance Plus Annuity (except Pennsylvania). Additional charges apply for Select Index Allocation options. Not available if requesting immediate income using the Simple Income II or Simple Income III Rider.

2 FTSE 100 is not available on the Endurance Elite, Masterdex X or Allianz 360.

3 If taking immediate income, complete the Income Plus/Simple Income Benefit Election form (S2212-1).

*Iowa only: the Fixed Interest allocation option is available on all products except MasterDex X.

*Texas only: the Fixed Interest allocation option is available on all products except MasterDex Plus, MasterDex 5 Plus and MasterDex X.

The allocation percentages must be whole numbers and total 100%.

Single premium:

- Dominator Plus Annuity (select term) 5 10, Immediate Elite Annuity (complete the state-specific Supplemental Application (A3)), Other

Select a product then indicate the percentage for each allocation.

- Allianz Pro V1SM Annuity, Other

Barclays Index

- Annual point-to-point

PIMCO US Advantage IndexSM

- Annual point-to-point

Fixed Interest:

= 100%

The allocation percentages must be whole numbers and total 100%.

5

Riders

(Riders not available in all states) Rider-specific Statement of Understanding must be submitted with the application.

- Flexible Withdrawal Rider: Fees apply. (available for all annuities **except** Immediate Elite Annuity)
- Income Plus Benefit⁴: Fees apply. (available for **MasterDex PlusSM Annuity** and **MasterDex 5 PlusSM Annuity**)
- Simple Income III Rider (if available in my state), otherwise Simple Income II Rider⁴: Fees apply (available for **MasterDex XSM Annuity**). **Select Index Allocation options are not available if requesting immediate income.**
- Other _____

⁴ If taking immediate income, complete the Income Plus/Simple Income Benefit Election form (S2212-1).

6

Premium payment

Cash submitted with application	Transfer/rollover/1035 amount (estimated amount)	Agent-ordered funds (estimated amount)
\$ _____	\$ _____	\$ _____
Billed premium amount	<u>Select mode:</u>	
\$ _____	<input type="checkbox"/> Single <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (complete EFT authorization and provide voided check)	

7

Replacement

1. Do you have existing life insurance policies or annuity contracts? Yes⁵ No
2. Will the annuity contract applied for replace or change an existing policy or contract? Yes⁵ No

⁵ Complete the appropriate state-specific replacement forms.

8

Additional Questions

(For the Annuitant, Owner and Beneficiary)

1. Has any party to this application, such as the applicant, proposed annuitant, owner, if other than the applicant, or any beneficiary, entered into or made plans to enter into any agreement to sell or assign the ownership of, or beneficial interest in the applied-for contract? Yes No
2. Has any party to this application, such as the applicant, proposed annuitant, owner, if other than the applicant, or any beneficiary, ever sold, transferred or assigned any annuity contract to a third party? Yes No

9

Primary agent

Agent number _____	First name _____	Last name _____
Telephone number _____	Commission split percentage _____ %	Production split percentage n/a %

Agent number _____	First name _____	Last name _____
Telephone number _____	Commission split percentage _____ %	Production split percentage n/a %

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Neither PIMCO nor any other party involved in, or related to, making or compiling the Index has any obligation to continue to provide the Index to Allianz Life with respect to the annuity. Neither PIMCO nor any other party involved in, or related to, making or compiling the Index makes any representation regarding the Index, Index information, performance, annuities generally or the annuity particularly.

PIMCO disclaims all warranties, express or implied, including all warranties of merchantability or fitness for a particular purpose or use. PIMCO shall have no responsibility or liability whatsoever with respect to the annuity.

10 Agreements and signatures

Please read and acknowledge the following statement below:

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 an annuity contract from entering into any agreement to sell, transfer or assign an annuity contract prior to the date the contract was issued, or within a period of time specified by state law after the date the contract was issued. You should consult with legal advisors if you have any questions about these matters.

New Jersey requires applicants to read and acknowledge the statement below:

Any person who includes any false or misleading information on an application for an insurance contract is subject to criminal and civil penalties.

By signing below, the contract owner acknowledges the above statements and understands or agrees to the following:

- All statements and answers given in this or any supplemental applications are true and complete to the best of my knowledge;
- If proof of the annuitant’s age is not given at the time of application, the annuitant will furnish Allianz proof before payments begin;
- I may return my contract within the right-to-examine period (shown on the first page of my contract) if I am dissatisfied for any reason;
- I believe this annuity is suitable for my financial goals;
- I acknowledge that the agent of record is my insurance agent for purposes of the Allianz Privacy Policy.

If the contract applied for is a fixed index product, I understand that while the values of this contract may be affected by an external index, the contract does not directly participate in any stock, bond or equity investments. I also understand that I do not own any shares of an index fund or any equity or bond investments. Values shown, other than guaranteed minimum values, are not guaranteed promises or warranties. If the contract applied for is subject to market value adjustment (MVA), I understand that the contract may have increased or decreased contract values due to the MVA.

Telephone authorization – By checking, I authorize and direct Allianz to act on telephone or electronic instructions from my agent and/or anyone authorized by him/her with regards to limited transactions allowed by Allianz. If the box is not checked, this authorization will be permitted for the contract owner only. Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of Allianz. This authorization can be revoked at any time with a written cancellation by the contract owner.

Make all checks payable to Allianz. Do not make checks payable to an agency, broker, agent, or leave blank.

Signed at (city and state) _____	Signed date _____
Owner’s signature (or trustee, corporate officer ⁶ , attorney-in-fact ⁷ , if applicable) _____	Owner’s e-mail address _____
Joint owner’s signature (or trustee, corporate officer ⁶ , attorney-in-fact ⁷ , if applicable) _____	Annuitant’s signature (if other than owner) _____
⁶ If company or corporate owned, submit a copy of corporate resolution. Annuities owned by a non-natural person do not qualify for tax deferral and the interest that accumulates in the contract each year must be reported as taxable income. ⁷ Submit a copy of power of attorney document. The Attorney-in-Fact must sign as follows: <i>Principal’s name (usually the owner) by Attorney-in-Fact’s name, Attorney-in-Fact.</i>	
To be answered by agent: I certify that the statements of the applicant have been correctly recorded. <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant have an existing life insurance policy or an existing annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this annuity replace or change an existing life insurance policy or annuity contract?	
During the sales presentation connected with the replacement transaction, I (agent) used only Allianz approved sales materials and left a copy of each piece used with the applicant.	
Agent’s signature _____	Date _____

6 Special Requests

7 Agent Signature Required

First name	MI	Last name	
Signature		Date	Agent number

First name	MI	Last name	
Signature		Date	Agent number

PO Box 59060
Minneapolis, MN 55459-0060
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800.950.7372

See page 4 for mailing instructions

Authorization to Transfer Funds

1. Address of company where the funds are coming from – (No PO Boxes)

Company name

Address

City

State

ZIP code

Phone number

Insured/annuitant(s) _____

Social Security number(s) _____

Owner(s) if other than annuitant _____

Social Security number(s) _____

Address _____

City _____ State _____ ZIP code _____

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified below.

2. Certificate of Deposit – must specify

Account number

Liquidate Certificate of Deposit on the maturity date of / /

Liquidate Certificate of Deposit upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.

• If partial transfer, indicate the amount to be transferred \$ _____

3. Liquidate (See box 10 for Medallion Stamp Signature Guarantee) – select only one

Brokerage account

Account number

All Partial liquidation (Quantity or \$ amount) _____

(List assets) _____

Mutual fund(s)

Account number

All Partial liquidation (\$ amount) _____

Money market(s)

Account number

All Partial liquidation (\$ amount) _____

401(k)/Pension Plan(s) require their own withdrawal paperwork. Clients must contact their former employer to initiate transfer.

Account number

All Partial liquidation (\$ amount) _____

8. Lost contract statement

- Contract is attached.
- Certificate of lost contract** – I/We certify that the above numbered contract has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.

Owner's signature _____

9. Tax withholding

If you want withholding on your distribution, please contact your existing carrier.

10. Required minimum distribution (must specify if applicable)

Important note to existing carrier: If I am 70½ or older, do not transfer or roll over my current year's required minimum distribution (RMD). I direct the present Custodian/Trustee to (check one box):

- Proceed with the transfer as I have already taken my current year's RMD.
- Distribute my RMD to me before transferring my funds.
- Retain my RMD amount until such time as it is required to be distributed.

11. Transaction authorization

I am aware of any surrender/withdrawal penalties which may apply, and I authorize the transaction described above. This transfer request also authorizes Allianz to receive information on the status of this transfer or exchange by phone or in writing.

The undersigned represents and agrees that the Company is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that the Company has made no representations and that it has no responsibility nor liability concerning the undersigned's tax treatment under the Internal Revenue Code.

Please make check payable to: Allianz Life Insurance Company of North America

For the benefit of _____

Dated at _____ this _____ day of _____ 20 _____

Witness _____ Signature of Insured/Annuitant(s) _____

Signature of Insured/Annuitant(s) _____

Witness _____ Signature of Owner(s) _____
(if other than the annuitant)

Signature of Owner(s) _____

Signature of Spouse¹ _____

Medallion Stamp Signature Guarantee (if required)

¹If you reside in one of the following community property states, the spouse must also sign: Alaska, Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin.

12. Acceptance: This is to certify that the above individual has established a:

- Tax-qualified annuity _____
- Nonqualified annuity
- Life policy
- Roth IRA
- Traditional IRA
- Beneficial _____ IRA
- SEP IRA
- Simple IRA

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send a check with a copy of this form to:

Please make checks payable to issuer/assignee:

Allianz Life Insurance Company of North America

For the benefit of _____

If shipping overnight, please send checks to:

**ATTN: 360348
500 Ross Street 154-0455
Pittsburgh, PA 15250**

Please send checks to:

**Fixed T&E
PO Box 360348
Pittsburgh, PA 15250-6348**

Please send correspondence to:

**PO Box 59060
Minneapolis, MN 55459-0060**

By:

Assistant Secretary _____

Date _____



Product Suitability Form

Thank you for your interest in an Allianz annuity. Before we can process your application and issue your contract, we need to confirm that the annuity purchase suits your current financial situation and long-term goals. **Please complete this form in its entirety and submit with your application.**

Owner's name ¹	Age	Product name
Joint owner's name	Age	Premium amount
Annuity type <input type="checkbox"/> Qualified <input type="checkbox"/> Nonqualified	Are you actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Your privacy is a high priority to us. The information you provide is only used to confirm the suitability of your purchase. It will not be shared and is treated with the highest degree of confidentiality.

FINANCIAL STATUS

- Approximate gross monthly household income²** \$ _____/Month
 - Examples: salary, Social Security, pension/retirement benefits, investment, and rental income
 - Exclude** income currently earned on the money that will be used to purchase this annuity
- Approximate monthly household living expenses** \$ _____/Month
 - Examples: housing, transportation, insurance, food, healthcare, and taxes (include property, income, and FICA taxes)
- Disposable income (line 1 minus line 2)** \$ _____/Month
- Approximate household liquid assets** \$ _____
 - Examples: checking, savings or money market accounts, stocks, bonds, mutual funds, annuities without surrender charges, etc.
 - Exclude** assets used to fund this annuity, free withdrawals from this annuity, and personal belongings
- Total value of household annuities owned (include the purchase of this annuity)** \$ _____
- Approximate household net worth** \$ _____
 - Net worth = total assets less total debt (include premium for this annuity)
 - Exclude** primary residence, mortgage on primary residence, and personal belongings
- Minimum number of years you must own this annuity to receive the maximum value** _____ Years
- Do you anticipate any of the following changes during the time period indicated in question 7?**
 - Significant increase in living expenses** Yes No
 - Significant decrease in income** Yes No
 - Significant decrease in liquid assets** Yes No

If you answered yes to any part of question 8, please explain (if possible, estimate when you expect changes, and the amount)

 - Examples of increases in living expenses might be housing, medical, nursing home, or assisted living expenses
 - Examples of decreases in income might be retirement or a lower pension amount
 - Examples of decreases in liquid assets might be a reduction in the balance of your checking, savings, stocks, or mutual funds

9. **Federal income tax bracket** 0% 10% 15% 25% 28% 33% 35%

10. **Do you currently:**

- Reside in a nursing home or assisted living facility?** Yes No
- Have long term care insurance?** Yes No
- Have Medicare Supplement insurance?** Yes No

11. **California and Minnesota residents only: Does your monthly income exceed your monthly expenses?** Yes No

¹For non-individually owned contracts, see agent guide for instructions on completion of form

²Household means the owner and spouse/partner, if a member of the owner's household

Product Suitability Form

FINANCIAL OBJECTIVES

12. Financial objective(s) in purchasing this product (check all that apply)

- Income now Guarantees provided Growth potential Growth, followed by income
 Tax-deferred growth Pass on to beneficiaries Other _____

13. Other financial products you own or have previously owned (check all that apply)

- None Certificates of deposit Fixed annuities Variable annuities Stocks/bonds/mutual funds

14. What is your general risk tolerance? (check one)



15. Source of this annuity's premium (check all that apply)

- Annuity Life insurance Certificates of deposit Death benefit proceeds from life insurance/annuity
 Reverse mortgage/home equity loan Savings/checking Stocks/bonds/mutual funds Other _____

16. Is this a replacement of an annuity contract? Yes No

If yes, please answer the following:

a. Was the contract being replaced purchased within the last 36 months?

b. Type of contract being replaced?

c. Is there a surrender charge?

d. Is this a full surrender? If yes, please answer the following:

e. Current Accumulation Value (include any bonus)

f. Current Surrender Value

g. Total Funds Transferred (+/- MVA* if applicable)

h. Current death benefit on the contract being replaced

- Include riders

i. Current income value on the contract being replaced

- If not applicable, list \$0. Include riders and living benefits.

	Contract 1	Contract 2
a. Was the contract being replaced purchased within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Type of contract being replaced?	<input type="checkbox"/> Fixed index <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed index <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
c. Is there a surrender charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is this a full surrender? If yes, please answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Current Accumulation Value (include any bonus)	\$ _____	\$ _____
f. Current Surrender Value	\$ _____	\$ _____
g. Total Funds Transferred (+/- MVA* if applicable)	\$ _____	\$ _____
h. Current death benefit on the contract being replaced	\$ _____	\$ _____
i. Current income value on the contract being replaced	\$ _____	\$ _____

* Market Value Adjustments can fluctuate during the time it takes to process an application and may impact the transfer value.

To expedite processing, please attach a Replacement Comparison.

ACCESSING YOUR MONEY

17. How do you anticipate taking distributions from this annuity? (check all that apply)

- Free/systematic withdrawals Annuitize Required minimum distribution (Qualified only)
 Income rider/Enhanced Withdrawal Benefit Lump sum Immediate income Loans Leave to beneficiary

18. When do you anticipate taking your first distribution from this annuity? (choose one)

- Less than 1 year Between 1 and 5 years Between 6 and 9 years 10 or more years None anticipated

Please recheck that all 18 questions were answered.

This form must be completed, signed, and dated so we can consider your application.

Owner acknowledgment

To the best of my knowledge and belief, the information above is true and complete. I understand that I should consult my tax advisor regarding possible tax implications of the purchase of an annuity or the exchange of an existing annuity or life insurance contract.

Owner's signature	Date
Joint owner's signature	Date

Agent acknowledgment

I believe this annuity is suitable for the financial needs and objectives of the owner(s). I base this belief on the information the owner(s) provided and on everything I know at this time.

Agent's signature	Agent number	Date
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Immediate Elite™ Annuity Supplemental Application

1. Select one of the following annuity options

Attach a copy of a birth certificate or driver's license when proof of age is requested. These qualified plans: (401(k), 403(b), Pension Plan, Keogh), will require the submission of the Qualified Disbursement Request form (S2085).

- Option A: Installments for a Guaranteed Period
 10 years 20 years Other _____
- Option B: Installments for Life (*submit proof of age*)
- Option C: Installments for Life with a Guaranteed Period (*submit proof of age*)
 10 years 15 years 20 years
- Option D: Joint and Survivor Annuity with a Guaranteed Period (*submit proof of age for annuitant and survivor*)
 10 years 15 years 20 years Other _____
- Option E: Joint and Survivor Annuity (*submit proof of age for annuitant and survivor*)
- Option F: Joint and 2/3 Survivor Annuity (*submit proof of age for annuitant and survivor*)
- Option G: Joint and 50% Survivor Annuity (*submit proof of age for annuitant and survivor*)

Joint annuitant information (*Complete for annuity options D, E, F, and G*):

First <input style="width: 100%;" type="text"/>	Middle <input style="width: 100%;" type="text"/>	Last <input style="width: 100%;" type="text"/>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy) <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 20%; text-align: center;" type="text"/>	Social Security number <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 20%; text-align: center;" type="text"/>
Mailing address <input style="width: 100%;" type="text"/>		
City <input style="width: 80%;" type="text"/>	State <input style="width: 10%; text-align: center;" type="text"/>	Zip code <input style="width: 15%; text-align: center;" type="text"/> - <input style="width: 15%; text-align: center;" type="text"/>

2. Payment mode (choose only one)

- Monthly Quarterly Semiannually Annually

3. Payment method (choose only one)

- Send payment to my bank via Electronic Funds Transfer (*Attach a void check for a checking account or a deposit slip with a valid routing number for a savings account.*)
- Send payments to owner at address on record.
- Send payments to an address other than the owner's.

Name

Mailing address

City <input style="width: 95%;" type="text"/>	State <input style="width: 10%; text-align: center;" type="text"/>	Zip code <input style="width: 15%; text-align: center;" type="text"/> - <input style="width: 15%; text-align: center;" type="text"/>
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4. Notice of taxability, withholding, and election (check the appropriate box)

- Withhold federal income at a rate of % (will default at a rate of 10%).
You will be subject to state income tax withholding if you elect federal withholding and reside in a mandatory state.
 - Do **not** withhold federal taxes.
- Certain qualified plans may be subject to a mandatory 20% federal tax withholding.

No longer applicable. Use IRS Form W-4P located at IRS.gov

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

800/950-7372



Preliminary Contract Disclosure

Coverage name:	Immediate Elite™ Annuity, P50372
Company name and address:	Allianz Life Insurance Company of North America PO Box 59060 Minneapolis, MN 55459-0060
Minimum premium limitations:	\$25,000 qualified/nonqualified

The Immediate Elite is a single-premium immediate annuity policy.

This policy has no cash value. The policy provides periodic annuity payments to the annuitant or joint annuitant beginning after the issue date based on a chosen option. Options include installments for a guaranteed period, for life, life with a guaranteed period, and joint and survivor.

The remainder of any guaranteed payments will be paid to the named beneficiary after the last to die of the annuitant or any joint annuitant based on the payout option chosen.

A portion of your annuity payment will be subject to income tax. Because the Company does not provide legal counsel or tax advice, please consult a financial advisor.

A premium tax will be deducted if one is applicable in your state.

Immediate Elite™ Annuity Statement of Understanding

Thank you for choosing to purchase the Immediate Elite single premium immediate annuity. We want to be sure that you are aware of all the benefit features of your policy. Please read the following summary and sign the form to indicate your understanding.

1. This immediate annuity policy provides payments based on a chosen option. Options include installments for a guaranteed period, for life, life with a guaranteed period, and joint and survivor.
2. We will pay the remainder of any guaranteed payments to the named beneficiary after the last to die of the annuitant or any joint annuitant based on the payout option chosen.
3. If no annuitant or joint annuitant is alive on the due date of a payment, the beneficiary may select the commuted value in a lump-sum payment in lieu of the remaining payments for any remaining guaranteed period.
4. You may not transfer ownership or assign any benefits of this policy.
5. All or a portion of your annuity payments will be taxed as ordinary income to you. Receiving distributions from this contract before age 59½ may subject you to a 10% federal tax penalty depending upon whether the contract is qualified or nonqualified, the purpose of the distributions and how the payments are structured. Allianz does not provide legal counsel or tax advice, so please consult a legal or tax advisor for further information about the tax consequences of purchasing this contract.
6. The premium tax deduction will be applied if one is applicable in your state.

I have read the information above. It has been explained to me by the agent and I believe the Immediate Elite Annuity is suitable for my financial goals. I have also received and read the Immediate Elite Annuity consumer brochure. I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises, or warranties. I understand that I may return my policy within the free look period (shown on the first page of my policy) if I am dissatisfied for any reason.

Owner _____ Date _____

I have presented and provided a signed copy of this disclosure to the owner. I have not made statements that differ from the disclosure form and no promises or assurances have been made about the future values of the policy.

Agent _____ Date _____