

Annuity Application

Application for the state of:

Texas (MUST complete pages 1-5 of the Annuity Application)

Product requirements:

- All products must meet the **minimum premium** requirements
- TX is a community property state. Obtain spouse's consent if someone other than the spouse is listed as primary beneficiary.
- If the Instant Cash Bonus or Systematic Withdrawal of Interest is desired, please verify that the appropriate boxes are checked in Section 5 – Annuity Product.
- A4-02 – Complete the Supplemental Application if the product chosen (except Allianz Endurance 15SM Annuity and Allianz VersaDexSM Annuity) allows a choice of the indexes or interest earning value.
- TX-A9 – Complete the Supplemental Application for Allianz Endurance 15 Annuity or Allianz VersaDex Annuity.
- TX-A3 – Immediate EliteTM Annuity Supplemental Application and proof of age
- TX-A7 – In**Command**Dex[®] Annuity Supplemental Application and proof of age required if taking immediate income (or the A4-02 Supplemental Application if the policy will be left in deferral)
- TX-A2 – Agreement and signature page **MUST** be signed for every application
- NB5029-EN – Complete the Agent's Report (return signed form to Home Office with application).
 - A driver's license or other government ID must be reviewed to verify client's identity.
 - You must also complete the commission option section of this form if the product chosen is Allianz Endurance 15 Annuity, Allianz VersaDex Annuity, InfiniDexTM Annuity series, MasterDex[®] Annuity series, or PremierDexTM Annuity series.
- S2056 – if transfer is involved. Always include an estimated transfer amount if a rollover or 1035 exchange is taking place.
- NB3051 – Product Suitability Form is required for all annuity applicants (return completed and signed form to Home Office with application)

Required forms not available in application packet:

- Trustee Representations (return signed form to Home Office with application if designating a trust or corporation as owner)¹
- Statement of Understanding (sign and return entire form to Home Office with application)¹

Additional information:

- **Special Note:** Section 9 (Agent Information) must be completed
- To ensure distributions at death are payable to the intended person or entity, see the product Statement of Understanding for details
- **DO NOT** use white out. If you have a correction, cross it out and have the owner/annuitant initial the change.
- Prior approval may be required on cases \$500,000.00 or more
- Additional beneficiary pages **MUST** be signed and dated by the owner
- For questions contact the **FASTeam at 800.950.7372** (press 1 for Sales Support, then 1 for Annuities)

¹All forms are available on the Web site at www.allianzlife.com or call the Supply Department at 800.358.8585.

IMPORTANT: Remove all carbonless forms from back of packet before completing application.

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Overnight Address:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

www.allianzlife.com

TX-Annuity (R-5/15/2007)

For agent use only

Allianz 



Application for Annuity

1. Owner (if additional space is needed, use section 10 – Special Requests)

Individual

First □□□□□□□□□□	Middle □□□□□□□□□□	Last □□□□□□□□□□□□□□	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy) □□/□□/□□□□	Age □□□□	Social Security number □□□□—□□—□□□□
Phone number (Home) (□□□□)–□□□□–□□□□		Phone number (Work) (□□□□)–□□□□–□□□□	
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Joint Owner (Owners are joint tenants with rights of survivorship)

First □□□□□□□□□□	Middle □□□□□□□□□□	Last □□□□□□□□□□□□□□		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to owner □□□□□□□□□□	Date of birth (mm/dd/yyyy) □□/□□/□□□□	Age □□□□	Social Security number □□□□—□□—□□□□
Mailing address □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□				
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Trust **Corporation** **Partnership**

Full name □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□			
Phone number (□□□□)–□□□□–□□□□		Tax or Employer ID number □□□□□□□□□□□□□□□□□□□□□□	
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If Trust is named, provide Trustee's (first name) □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Last name □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Date of Trust (mm/dd/yyyy) □□/□□/□□□□	

2. Annuitant (if other than owner)

First □□□□□□□□□□	Middle □□□□□□□□□□	Last □□□□□□□□□□□□□□		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to owner □□□□□□□□□□	Date of birth (mm/dd/yyyy) □□/□□/□□□□	Age □□□□	Social Security number □□□□—□□—□□□□
Mailing address □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□				
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3. Beneficiary (percentage must equal 100% for Primary and 100% for Contingent) Primary Contingent

First <input style="width:100%; height:1em;" type="text"/>	Middle <input style="width:100%; height:1em;" type="text"/>	Last <input style="width:100%; height:1em;" type="text"/>
Percentage <input style="width:100%; height:1em;" type="text"/>	Relationship to owner <input style="width:100%; height:1em;" type="text"/>	Social Security number (if available) <input style="width:100%; height:1em;" type="text"/>

 Primary Contingent

First <input style="width:100%; height:1em;" type="text"/>	Middle <input style="width:100%; height:1em;" type="text"/>	Last <input style="width:100%; height:1em;" type="text"/>
Percentage <input style="width:100%; height:1em;" type="text"/>	Relationship to owner <input style="width:100%; height:1em;" type="text"/>	Social Security number (if available) <input style="width:100%; height:1em;" type="text"/>

 Primary Contingent

First <input style="width:100%; height:1em;" type="text"/>	Middle <input style="width:100%; height:1em;" type="text"/>	Last <input style="width:100%; height:1em;" type="text"/>
Percentage <input style="width:100%; height:1em;" type="text"/>	Relationship to owner <input style="width:100%; height:1em;" type="text"/>	Social Security number (if available) <input style="width:100%; height:1em;" type="text"/>

 Primary Contingent

First <input style="width:100%; height:1em;" type="text"/>	Middle <input style="width:100%; height:1em;" type="text"/>	Last <input style="width:100%; height:1em;" type="text"/>
Percentage <input style="width:100%; height:1em;" type="text"/>	Relationship to owner <input style="width:100%; height:1em;" type="text"/>	Social Security number (if available) <input style="width:100%; height:1em;" type="text"/>

 Primary Contingent

First <input style="width:100%; height:1em;" type="text"/>	Middle <input style="width:100%; height:1em;" type="text"/>	Last <input style="width:100%; height:1em;" type="text"/>
Percentage <input style="width:100%; height:1em;" type="text"/>	Relationship to owner <input style="width:100%; height:1em;" type="text"/>	Social Security number (if available) <input style="width:100%; height:1em;" type="text"/>

 Primary Contingent

First <input style="width:100%; height:1em;" type="text"/>	Middle <input style="width:100%; height:1em;" type="text"/>	Last <input style="width:100%; height:1em;" type="text"/>
Percentage <input style="width:100%; height:1em;" type="text"/>	Relationship to owner <input style="width:100%; height:1em;" type="text"/>	Social Security number (if available) <input style="width:100%; height:1em;" type="text"/>

 Primary Contingent Trust Corporation

Full name (if applicable) <input style="width:100%; height:1em;" type="text"/>		
If Trust is named, provide Trustee's (first name) <input style="width:100%; height:1em;" type="text"/>	Last name <input style="width:100%; height:1em;" type="text"/>	
Percentage <input style="width:100%; height:1em;" type="text"/>	Date of Trust (mm/dd/yyyy) <input style="width:100%; height:1em;" type="text"/>	Tax or Employer ID number (if available) <input style="width:100%; height:1em;" type="text"/>

TX is a Community Property state. If owner's spouse is not named as primary beneficiary, please acknowledge by signing below, "I waive my Community Property Interest and give my consent for someone other than myself to be designated as primary beneficiary to this policy."

 Spousal consent (sign)

4. Replacement

Do you have any existing annuity contracts or life insurance policies? YES* NO
 If yes, will the annuity contract applied for replace or change existing contracts or policies? YES* NO

Amount of coverage in force
 \$, , .

*Complete the replacement sections that follow in order for the transfer to proceed.

5. Annuity product (select one of the following)

Flexible premium:

- | | | |
|---|---|---|
| <input type="checkbox"/> Accumulator Bonus Maxxx Elite® Annuity | <input type="checkbox"/> Cash Bonus Elite® Annuity | <input type="checkbox"/> Power 7 Elite™ Annuity♦ |
| <input type="checkbox"/> Allianz Endurance 15 SM Annuity#• | <input type="checkbox"/> Elect monthly payment of bonus <input type="text"/> <input type="text"/> % | <input type="checkbox"/> Elect Systematic Withdrawal of Interest |
| <input type="checkbox"/> Allianz VersaDex SM Annuity#• | <input type="checkbox"/> Withhold federal taxes at a rate of <input type="text"/> <input type="text"/> %
(will default at a rate of 10%) | Payment mode (check one) |
| <input type="checkbox"/> BonusDex Elite® Annuity# | <input type="checkbox"/> Do not withhold federal taxes | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> InCommandDex® Annuity■ | | <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually |
| <input type="checkbox"/> InfiniDex™ Annuity#• | | <input type="checkbox"/> Withhold federal taxes at a rate of <input type="text"/> <input type="text"/> %
(will default at a rate of 10%) |
| <input type="checkbox"/> InfiniDex 5™ Annuity#• | | <input type="checkbox"/> Do not withhold federal taxes |
| <input type="checkbox"/> InfiniDex 10™ Annuity#• | | |
| <input type="checkbox"/> MasterDex® Annuity#• | | |
| <input type="checkbox"/> MasterDex 5® Annuity#• | | |
| <input type="checkbox"/> MasterDex 10® Annuity#• | | |
| <input type="checkbox"/> PowerDex Elite® Annuity | | |
| <input type="checkbox"/> PremierDex™ Annuity#• | | |
| <input type="checkbox"/> PremierDex 5™ Annuity#• | | |
| <input type="checkbox"/> Bonus PowerDex 5 Elite® Annuity | | |
| <input type="checkbox"/> Bonus PowerDex 10 Elite® Annuity# | | |
| <input type="checkbox"/> Other _____ | | |

Single premium:

- Dominator® Annuity* (choose term) 5 6 7 8 9 10
 Other _____

Single Premium Immediate Annuity (SPIA):

- Immediate Elite™ Annuity (Complete the Immediate Elite Annuity Supplemental Application TX-A3)
 Other _____

- ♦ Premium payments are allowed during the first year **ONLY**.
- # Complete Supplemental Annuity Application.
- * Complete section 12 if applicable.
- Complete Agent's Report.
- Complete the InCommandDex Annuity Supplemental Application TX-A7 if taking immediate income, or the A4-02 Supplemental Application if the policy will be left in deferral.

6. Type of annuity

- | | |
|---|--|
| <input type="checkbox"/> Qualified | <input type="checkbox"/> Nonqualified |
| <input type="checkbox"/> Rollover <input type="checkbox"/> Transfer | <input type="checkbox"/> 1035 Exchange |
| <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Simple IRA For tax year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ (401(k), 403(b), KEOGH, SEP, etc.) | |

If no box is checked, nonqualified will be issued.

7. Premiums

Cash submitted with application
 \$, , .

Estimated transfer/rollover/1035 amount
 \$, , .

Billed premium amount
 \$, , .

Select mode: Single Annually Semiannually Quarterly
 Monthly (complete PAC authorization and provide void check)

8. Complete only if payroll deduction

Employer's name

Premium mode desired Group ID number Add on New

Length of employment years months Currently working full time (minimum 30 hours per week)? Yes No Employer's contribution (if applicable) \$

Payroll Deduction is no longer available

9. Agent information

Agent first <input type="text"/>	Middle initial <input type="text"/>	Last <input type="text"/>
Phone number <input type="text"/> - <input type="text"/> - <input type="text"/>	% Split <input type="text"/>	Agent number <input type="text"/>
Agent first <input type="text"/>	Middle initial <input type="text"/>	Last <input type="text"/>
Phone number <input type="text"/> - <input type="text"/> - <input type="text"/>	% Split <input type="text"/>	Agent number <input type="text"/>

10. Special Requests

11. Home Office changes to the application (for internal use only)

12. Contingent Owner, if applicable

First Middle Last

Trust Corporation

Full name

If Trust is named, provide Trustee's (first name) Last name

Date of Trust (mm/dd/yyyy) Tax or Employer ID number

Supplemental Application

Complete the following if you have selected the BonusDex Elite[®] Annuity, InCommandDex[®] Annuity, MasterDex[®] Annuity, MasterDex 5[®] Annuity, MasterDex 10[®] Annuity, or PremierDex[™] Annuity, PremierDex 5[™] Annuity, or Bonus PowerDex 10 Elite[™] Annuity.

1. Select from the index(es)¹ and/or the interest choices and indicate the allocation percentage for each.

- S&P 500 – Allocation Percentage: _____ %¹
(0, 25, 50, 75, 100)
- Nasdaq-100[®] – Allocation Percentage: _____ %¹
(0, 25, 50, 75, 100)
- Interest – Allocation Percentage: _____ %¹
(0, 25, 50, 75, 100)

¹The Allocation Percentages must be in increments of "25" and must total 100%.

Complete the following if you have selected the InfiniDex[™] Annuity, InfiniDex 5[™] Annuity, or InfiniDex 10[™] Annuity.

1. Select from the index(es)² and/or the interest choices and indicate the allocation percentage for each.

- S&P 500 – Allocation Percentage: _____ %²
(0-100)
- Nasdaq-100[®] – Allocation Percentage: _____ %²
(0-100)
- Interest – Allocation Percentage: _____ %^{2, 3}
(0-75)

² The Allocation Percentages can be in increments of whole numbers only and must total 100%.

³ The maximum percentage that can be allocated to the interest option is 75%.

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Supplemental Application

Complete the following if you have selected the Allianz VersaDexSM or Allianz Endurance 15SM Annuity.

Select from the index(es) and/or the interest choices below and indicate the index crediting method where applicable and the allocation percentage for each.

S&P 500[®]

Annual Point-to-Point Allocation Percentage: _____%

Monthly Sum Allocation Percentage: _____%

Nasdaq-100[®]

Annual Point-to-Point Allocation Percentage: _____%

Monthly Sum Allocation Percentage: _____%

FTSE 100

Annual Point-to-Point Allocation Percentage: _____%

Monthly Sum Allocation Percentage: _____%

Blended – Allocation Percentage _____%

Interest – Allocation Percentage _____%

The Allocation Percentages can be in increments of whole numbers only and must total 100%.

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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 type="text"/>	Middle <input type="text"/>	Last <input type="text"/>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Social Security number <input type="text"/> - <input type="text"/> - <input type="text"/>
Mailing address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip code <input type="text"/> - <input 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 type="text"/>	State <input type="text"/>	Zip code <input type="text"/> - <input 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.

InCommandDex[®] Annuity Supplemental Application

Complete the following 6 sections of this supplemental application if you are applying for the InCommandDex Annuity and are choosing to receive annuity payments immediately.

1. Select one of the following annuity options

Attach a copy of birth certificate or driver's license for the annuitant. 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 life with a death benefit Option C: Installments for life
 Option B: Joint and survivor annuity with a death benefit option Option D: Joint and survivor annuity

Joint annuitant information (Complete for annuity options B and D): *Attach a copy of the joint annuitant's birth certificate or driver's license.*

First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy) <input type="text"/>	Social Security number <input type="text"/>
Mailing address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip code <input type="text"/>

2. Guaranteed floor percentage (choose only one)

Floor 90% 85% 80% 75%

3. Select from the Index(es) and indicate the allocation percentage for each (total must equal 100%)

- S&P 500¹ Allocation percentage: 0% 25% 50% 75% 100%
 Nasdaq-100² Allocation percentage: 0% 25% 50% 75% 100%

4. Payment mode (choose only one)

- Monthly Quarterly Semiannually Annually

5. 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 type="text"/>	State <input type="text"/>	Zip code <input type="text"/>
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6. 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.

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THE CORPORATIONS MAKE NO WARRANTIES AND BEAR NO LIABILITY WITH RESPECT TO THE PRODUCT(S).

Agreement and signatures

It is agreed that: (1) All statements and answers given above are true and complete to the best of my knowledge; (2) This application shall become part of any annuity contract issued by the Company; (3) If proof of the annuitant's age is not given with the application, the Annuitant will furnish the Company such proof before annuity payments begin; (4) Any changes made in this application shall be subject to written consent of the Owner/applicant; (5) 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; and (6) I believe this annuity is suitable for my financial goals. **Policies subject to a Market Value Adjustment (MVA) may have increased or decreased policy values due to the MVA. For policies that may be affected by external equity index(es), the policy does not directly participate in any stock or equity investments.**

Signed at _____ on this _____ day of _____, _____
City, State month year

Owner

To be answered by Licensed Resident Agent: I certify that the statements of the applicant have been correctly recorded in this application. To the best of my knowledge, the insurance applied for in this application will not or will replace existing insurance.

Joint owner

Proposed annuitant's signature (if other than owner)

Agent's signature/witness

Agent's Report (Parts 1 & 2 must always be completed, part 3 must be completed with the Allianz Endurance 15SM Annuity, Allianz VersaDexSM Annuity, InfiniDexTM, MasterDex[®], or PremierDexTM Annuity series.

1. I have verified the applicant's identity by reviewing a driver's license (required).

License number State of issue

or

- The applicant did not have a driver's license, but I have verified their identity by reviewing another form of government ID. Please specify the other form of ID verified (such as Social Security card, birth certificate, or passport) _____.

2. Complete agent information

First <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MI <input type="text"/>	Last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature _____		Agent number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. What commission choice are you selecting? *(Please check only one option. Refer to the Product Information section of www.allianzlife.com, or call the FASTeam at 800.950.7372 should you have any questions on these options.)*

- Option A
 Option B
 Option C¹

¹This option is not available on the InfiniDex Annuity.

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Automatic Payment Plan—EFT Authorization

I hereby authorize Allianz Life Insurance Company of North America and the financial institution named below to process entries to my account in accordance with my instructions. This authority will remain in effect until I give notification, satisfactory to Allianz, to terminate this authorization.



Name on bank account (please print)		Name of applicant/owner (if other than account holder)	
Signature of account holder X		Date of authorization	Withdrawal day (1st thru 28th)
Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account number Routing number	Process entries <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	In the amount of \$
Name of financial institution or bank		Apply payments to policy number	
Address			
City, state, and ZIP code	Telephone		

Return to Home Office

Please submit a void check with this form.

NB5023 (R-2/2006)



Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060



Premium Receipt

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

A payment of \$ _____ was received from _____

for the annuity application dated _____

This receipt is not valid unless it is signed by an agent of the company. This receipt is not valid unless the amount paid with the application, if paid by check or draft, is honored on first presentation for payment.

Date _____ By _____
Agent

NB5030 (R-2/2006)

Leave with Applicant



Payroll Deduction Authorization

Name of employee member	Social Security number	
Department/ID number	Branch location	
Deduction frequency	First deduction date	Deduction amount

Payroll Deduction is no longer available

I hereby request _____ to deduct the amount indicated above from my wages or account and remit to Allianz Life Insurance Company of North America in payment of my policy premiums.

Name of Employer

Signature _____ Date _____

NB5031 (R-2/2006)

Submit to Employer

Notice of Disclosure

One of the prime objectives of the Company is to provide insurance at a fair cost. The underwriting process (evaluation of risks) is necessary not only to assure this fair cost, but also to assure that each policyholder contributes his fair share of the cost. In considering your application, information from various sources, therefore, must be considered. These include the results of your physical examination, if required, and any reports received from doctors and hospitals who have attended you.

Notice of Insurance Information Practices

To evaluate your application, we will need some personal information about you. It may be necessary to obtain some of that information from sources other than yourself. For your protection, you have a qualified right to learn what information we obtain about you. You also have the right to request correction of any erroneous information. Although the information we obtain about you is confidential, in some cases we may disclose information to others without your specific authorization. We will furnish a more detailed summary of our information practices upon request.

Fair Credit Reporting Act

As a part of our evaluation of your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with agencies, friends, neighbors or others with whom you are acquainted or who may have information about you. This report, among other things, may include information as to your character, general reputation, personal characteristics, health and mode of living.

You may request to be interviewed in connection with the preparation of any investigative reports. Upon your written request and within a reasonable period of time, you have the right to receive additional detailed information about the nature and scope of the investigation and to receive a copy of the report at your expense. We will advise you of the name and address of the consumer reporting agency from whom you may receive a copy of the report to inspect the report itself.

Medical Information Bureau Notice

Information regarding your insurability will be treated as confidential. The Company, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's files, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112. The telephone number is 617.426.3660.

The Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

NB5025 (R-2/2006)

Leave with Applicant



Authorization to Transfer Funds

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

Company name

[Grid of boxes for company name]

Address

[Grid of boxes for address]

City

[Grid of boxes for city]

State

[Grid of boxes for state]

ZIP code

[Grid of boxes for ZIP code]

Phone number

([Grid of boxes]) - [Grid of boxes] - [Grid of boxes]

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 [Grid of boxes]

Liquidate Certificate of Deposit on the maturity date of [Grid of boxes] / [Grid of boxes] / [Grid of boxes]

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 [Grid of boxes]

All Partial liquidation (Quantity or \$ amount) _____

(List assets) _____

Mutual fund(s)

Account number [Grid of boxes]

All Partial liquidation (\$ amount) _____

Money market(s)

Account number [Grid of boxes]

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 [Grid of boxes]

All Partial liquidation (\$ amount) _____



4. Annuity contracts

My existing plan: KEOGH SEPP Roth IRA Converted Roth IRA 457
 TSA/403(b) IRA Simple IRA Nonqualified annuity Other

Account number

1035 tax-free exchange (See cost basis in block 8)
Surrender a nonqualified annuity contract(s) for the purchase of another nonqualified contract under Sec. 1035 of the Internal Revenue Code.

All Partial liquidation (% or \$ amount) _____

Transfer
Surrender of qualified annuity contract(s) established under Sec. 402 or 408 of the Internal Revenue Code for reinvestment in a qualified annuity contract established under same section of the Internal Revenue Code.

All Partial liquidation (% or \$ amount) _____

Surrender
The undersigned as owner of this contract elects to surrender the said contract for its net cash value and directs the transferring company to make payment(s) to the named Assignee.

All Partial liquidation (% or \$ amount) _____

TSA/403(b) transfer (TSA to TSA)
This transaction is intended to qualify as a tax-free transfer under Rev. Rul. 90-24.

All Partial liquidation (% or \$ amount) _____

For TSA/403(b) contracts only Loan balance: \$ _____

Loan default: Has the policy ever defaulted on a loan? Yes No

If yes, state the defaulted amount: \$ _____

Is the defaulted loan still outstanding? Yes No

Direct rollover
This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.

All Partial liquidation (% or \$ amount) _____

5. Life contracts

Account number

1035 tax-free exchange (See cost basis in block 8)
Surrender a life insurance contract for the purchase of another contract under Sec. 1035 of the Internal Revenue Code.

All Partial liquidation (% or \$ amount) _____

Surrender
The undersigned as owner of this contract elects to surrender the said contract for its net cash value and directs the transferring company to make payment(s) to the named Assignee.

All Partial liquidation (% or \$ amount) _____

6. Assignment

Absolute Assignment:
The owner of the above contract(s) hereby assigns All Partial ownership and beneficial rights under the contract(s) absolutely to the following assignee, Allianz Life Insurance Company of North America,

Assignee ID Number: 41-1366075 If partial, specify amount: \$ _____

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s), as to the partial or total amounts shown above, are irrevocably transferred. The sole beneficiary and payee of the partial or total amounts shown above, shall be the above named assignee. The assignment is subject to any prior collateral assignments affecting the contract(s).

Return to Home Office

7. Lost policy 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 _____

8. Cost basis

- Cost basis requested:** In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, furnish a statement to the Assignee and to the former contract holder of the cost basis in the contract.

9. Tax withholding election for payees of surrenders

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your surrender. You also may be subject to tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

- I do not** want to have federal income tax withheld from my surrender.
- I do** want to have federal income tax withheld from my surrender. Please withhold \$ _____

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.

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 Qualified TSA/403(b) annuity

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 policy, we need to confirm that your 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	Age	Product name
Joint owner's name	Age	Estimated premium amount

Annuity type Qualified Nonqualified

Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality.

Financial status 1. Approximate annual **household income** \$ _____

2. **Net worth** - equal to total assets (including premium for this contract, not including home or automobile) minus total debt (not including mortgages or primary residence) \$ _____

Marginal federal tax rate 0% 10% 15% 25% 28% 33% 35%

Financial objectives

- What are your **financial objective(s)** in purchasing this product? **(check all that apply)**
 Tax-deferred growth Income now Growth followed by income Growth, possible income
 Pass on to beneficiaries Guarantees provided Other _____
- After purchase of this annuity, how much **money** (or liquid assets) do you have available without penalty for emergencies?
Please specify amount \$ _____
- What other **financial products** do you own or have you previously owned? **(check all that apply)**
 None Certificates of deposit Fixed annuities Variable annuities Stocks/bonds/mutual funds
- What is your **source** for this annuity's premium? **(check all that apply)**
 Annuity Life insurance Certificates of deposit Other investments
 Reverse mortgage/home equity loan Savings/checking
- Is this a **replacement** of an annuity or life contract? Yes No **If yes**, what type(s)? Fixed Fixed index Variable
Is there a **surrender charge**? Yes No **If there is a charge**, what is it on each contract being replaced? ___% ___% ___% ___%

Accessing your money

- How** do you anticipate taking **distributions** from this annuity? **(check all that apply)**
 Annuitize Required minimum distribution Instant cash bonus Free/systematic withdrawals
 Loans Partial surrenders Lump sum Leave to beneficiary
- When** do you anticipate taking your **first distribution** from this annuity? **(choose one)**
 Less than one year Between one and five years Between six and nine years 10 or more years None anticipated
- How** will contract **values**, if any, be **paid at death**?
 Payment to beneficiary in lump sum Payment to beneficiary over a period of five or more years

NOTE: If this form is not completed, signed, and dated, we cannot consider your application.

I acknowledge that I have read the Statement of Understanding for the product listed and believe it meets my needs at this time. To the best of my knowledge and belief, the information above is true and complete.

Owner signature	Date
Joint owner signature	Date
Agent signature	Agent number
	Date

Product Suitability Form

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 Tax-deferred growth Income now Growth followed by income Growth, possible income
 Pass on to beneficiaries Guarantees provided Other _____
- After purchase of this annuity, how much **money** (or liquid assets) do you have available without penalty for emergencies?
Please specify amount \$ _____
- What other **financial products** do you own or have you previously owned? **(check all that apply)**
 None Certificates of deposit Fixed annuities Variable annuities Stocks/bonds/mutual funds
- What is your **source** for this annuity's premium? **(check all that apply)**
 Annuity Life insurance Certificates of deposit Other investments
 Reverse mortgage/home equity loan Savings/checking
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Agent signature	Agent number
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 Tax-deferred growth Income now Growth followed by income Growth, possible income
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- After purchase of this annuity, how much **money** (or liquid assets) do you have available without penalty for emergencies?
Please specify amount \$ _____
- What other **financial products** do you own or have you previously owned? **(check all that apply)**
 None Certificates of deposit Fixed annuities Variable annuities Stocks/bonds/mutual funds
- What is your **source** for this annuity's premium? **(check all that apply)**
 Annuity Life insurance Certificates of deposit Other investments
 Reverse mortgage/home equity loan Savings/checking
- Is this a **replacement** of an annuity or life contract? Yes No **If yes**, what type(s)? Fixed Fixed index Variable
Is there a **surrender charge**? Yes No **If there is a charge**, what is it on each contract being replaced? ___% ___% ___% ___%

Accessing your money

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 Annuitize Required minimum distribution Instant cash bonus Free/systematic withdrawals
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	Date