

# Request to Transfer Ownership and/or Change Beneficiaries

The owner should use this form to transfer ownership of an annuity or life insurance policy, and/or to add or change beneficiaries.

## Section 1: Policy or contract information

Policy or contract number: \_\_\_\_\_

Owner's name: \_\_\_\_\_  
INDIVIDUAL NAME OR NON-INDIVIDUAL NAME (E.G., TRUST, ESTATE, CHARITY)

Social Security number or EIN if owner is a trust or estate: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Complete only if you are transferring ownership:

Are you a U.S. citizen?  Yes  No - If no, indicate if you are a non-resident or resident alien:

Non-resident alien - complete IRS Form W-8BEN A non-resident alien is a lawful temporary resident in the U.S.

Resident alien - complete IRS Form W-9 A resident alien is a lawful permanent resident in the U.S.

## Section 2: New owner information

- The Transfer of ownership of a life or annuity contract generally has tax and legal implications. And once the ownership is effective, the tax reporting of the change cannot be reversed. Therefore, we encourage you to consult with your tax or legal advisor before making an ownership change.
- A change of ownership does not change your beneficiary. You may want to update the beneficiaries listed. See Section 3: Beneficiary designation.
- **The new owner must also sign in Section 4: Signatures.**

Individual name: \_\_\_\_\_  
FIRST NAME INITIAL LAST NAME

Non-individual name (e.g., trust, estate, charity): \_\_\_\_\_

Social Security number or EIN if new owner is a trust or estate: \_\_\_\_\_

Street address (must not be a PO box): \_\_\_\_\_  
STREET NUMBER, STREET NAME (STREET ADDRESS IS REQUIRED AND MUST BE YOUR PERMANENT PRIMARY RESIDENTIAL ADDRESS)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth or date of trust: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to insured: \_\_\_\_\_  
MM DD YYYY

Policy or contract number: \_\_\_\_\_

(Please write your policy or contract number at the top of each page, in case the pages of this form become separated.)

### Additional documentation may be required

- If you are designating a trust as the new owner of a life insurance policy, please provide a complete copy of the trust, as well as a completed Trustee Certification form (NB2290). We will process your request once we receive the copy of the trust, and your completed form.
- If you are designating a trust on a nonqualified annuity contract, please provide a copy of the trust pages that include the name of the trust, the date of the trust, the names of the trustee and successor trustee, and signature page. You must also provide a completed Non-Individual Ownership form (NB6059). We will process your request once we receive the trust pages, and your completed form.
- If you are transferring ownership of a nonqualified annuity contract, you may incur a taxable event. In this case, we will send the current owner an "Awareness of Taxation" letter to be completed. We will process your request once we receive your completed letter.
- Some ownership changes may result in a loss of certain benefits and coverages. In this case, we will send the current owner an "Awareness of Benefit Changes" letter. We will process your request once we receive your completed letter.
- Forms can be found at [allianzlife.com](http://allianzlife.com)

### Section 3: Beneficiary designation

Complete this section to add or change beneficiaries.

- Percentages must total 100%.
- If you have more than 4 beneficiaries, please list them on a separate sheet, **signed and dated by you**.
- If you do not indicate the % you would like each beneficiary to receive, the surviving beneficiaries will share equally.

**Beneficiary 1** Percentage: \_\_\_\_\_% Select one:  Primary  Contingent

Individual beneficiary name: \_\_\_\_\_  
FIRST NAME INITIAL LAST NAME

Non-individual beneficiary name (e.g., trust, estate, charity): \_\_\_\_\_

Street address: \_\_\_\_\_  
STREET NUMBER, STREET NAME

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security number or EIN: \_\_\_\_\_

Date of birth or date of trust: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to insured: \_\_\_\_\_  
MM DD YYYY

**Beneficiary 2** Percentage: \_\_\_\_\_% Select one:  Primary  Contingent

Individual beneficiary name: \_\_\_\_\_  
FIRST NAME INITIAL LAST NAME

Non-individual beneficiary name (e.g., trust, estate, charity): \_\_\_\_\_

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Policy or contract number: \_\_\_\_\_

(Please write your policy or contract number at the top of each page, in case the pages of this form become separated.)

Street address: \_\_\_\_\_  
STREET NUMBER, STREET NAME

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security number or EIN: \_\_\_\_\_

Date of birth or date of trust: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to insured: \_\_\_\_\_  
MM DD YYYY

**Beneficiary 3** Percentage: \_\_\_\_\_% Select one:  Primary  Contingent

Individual beneficiary name: \_\_\_\_\_  
FIRST NAME INITIAL LAST NAME

Non-individual beneficiary name (e.g., trust, estate, charity): \_\_\_\_\_

Street address: \_\_\_\_\_  
STREET NUMBER, STREET NAME

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security number or EIN: \_\_\_\_\_

Date of birth or date of trust: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to insured: \_\_\_\_\_  
MM DD YYYY

**Beneficiary 4** Percentage: \_\_\_\_\_% Select one:  Primary  Contingent

Individual beneficiary name: \_\_\_\_\_  
FIRST NAME INITIAL LAST NAME

Non-individual beneficiary name (e.g., trust, estate, charity): \_\_\_\_\_

Street address: \_\_\_\_\_  
STREET NUMBER, STREET NAME

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Alternate number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security number or EIN: \_\_\_\_\_

Date of birth or date of trust: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to insured: \_\_\_\_\_  
MM DD YYYY

Policy or contract number: \_\_\_\_\_

(Please write your policy or contract number at the top of each page, in case the pages of this form become separated.)

As the authorized signer, please sign your name and date below in the appropriate space. If you do not sign and date this page, we will not be able to process your request.

Changes will take affect based on the guidelines in your contract. Allianz is not liable for any requested changes we make to your contract before this effective date.

➤ Current owner's signature: \_\_\_\_\_ Signed date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

➤ Current joint owner's signature: \_\_\_\_\_ Signed date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

➤ New owner's signature: \_\_\_\_\_ Signed date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

➤ New joint owner's signature: \_\_\_\_\_ Signed date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

➤ Trustee's signature: \_\_\_\_\_ Signed date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

as trustee of the: \_\_\_\_\_  
TRUST NAME (PRINTED)

➤ Attorney in fact signature: \_\_\_\_\_ Signed date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Power of attorney: \_\_\_\_\_  
PRINCIPAL NAME (PRINTED)

➤ Assignee's signature: \_\_\_\_\_ Signed date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**Mailing addresses**

**Regular mail:**

Allianz Life Insurance Company of North America  
PO Box 59060  
Minneapolis, MN 55459-0060

**Fax number:** 763.582.6006

**Overnight mail:**

Allianz Life Insurance Company of North America  
5701 Golden Hills Drive  
Minneapolis, MN 55416-1297