



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 _____