

Annuity Application - Florida (Age 65+)

Product requirements:

- All products must meet the minimum premium/age requirements.
- Agreement and signature **MUST** be signed for every application.
- A10 – Complete the Supplemental Application for Allianz EnduranceSM Plus Annuity, Allianz EnduranceSM Elite Annuity, MasterDex PlusSM Annuity series or MasterDex X[®] Annuity.
- NB5029-EN-2 – 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 Plus Annuity, Allianz Endurance Elite Annuity, MasterDex X Annuity, or MasterDex Plus Annuity Series.
- S2056 – if transfer is involved. Always include an estimated transfer amount if a rollover or 1035 exchange is taking place.
- NB3051-FL – 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 (visit www.allianzlife.com for current forms)

- Product / State-specific Statement of Understanding (sign and return entire form 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 all sales material used during the sales presentation must be left with the applicant and submitted to the Home Office with application. Sales material is any individualized material, including illustrations. This does not include company-approved sales aids of a generally descriptive nature.
- Trustee Representations (return signed form to Home Office with application if designating a trust as owner).
- NB6037 – Beneficial IRA RMD Election Form if selecting the Beneficial IRA box in section 3 of this application. Please note: Beneficial IRAs are only available on Dominator Plus[®] Annuity, Dominator[®] Select Annuity, MasterDex PlusSM Annuity / MasterDex 5 PlusSM Annuity (Income Plus Rider is not allowed), and MasterDex X Annuity (Simple Income II Rider is not allowed).
- FL-A3 – Immediate Elite[®] Annuity Supplemental Application and proof of age (Please complete appropriate state version).
- Buyer's Guide to Fixed Deferred Annuities, if required in your state (leave with applicant).
- Product-specific Preliminary Contract Disclosure, if required in your state (leave with applicant).

Additional information:

- **A street address is required**, even if a PO Box is used for mailing purposes, due to USA Patriot Act requirements.
- **Special note:** Section 7 (Agent Information) must be completed.
- To ensure distributions at death are payable to the intended person or entity, see the product-specific 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 \$1,000,000 or more.
- If a power of attorney is designated the application must be signed:

“John Doe by Jane Doe, Attorney-in-Fact”

In this example, Jane Doe is the attorney-in-fact and she is signing on the behalf of John Doe

Indicate why the attorney-in-fact is signing the application and 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).
The latest versions of all forms are available on the Web site at www.allianzlife.com.**

Annuity application

1. Contract owner information

Select one Individual Joint Trust Corporation Partnership

Social Security number or Tax/Employer ID

Name (first, middle, last or trust/corporation name) Suffix

Date of birth (mm/dd/yyyy) Male Female Are you a U.S. Citizen?
 Yes No (If no, complete W8-BEN)

Street address (required)

City State ZIP code

Mailing address, if different than street address

City State ZIP code

Telephone number – primary Telephone number – secondary

If a trust is named, provide trustee's first/last or full legal name
(If trust is owner, please complete the Trustee Representation Form) Date of trust

Joint owner information, if selected above (must be an individual)

Social Security number or Tax/Employer ID

Name (first, middle, last or trust/corporation name) Suffix

Date of birth (mm/dd/yyyy) Male Female Are you a U.S. Citizen?
 Yes No (If no, complete W8-BEN)

Street address (required)

City State ZIP code

Mailing address, if different than street address

City State ZIP code

Relationship to owner

Annuitant information, if other than owner or owner is not an individual

Social Security number or Tax/Employer ID

Name (first, middle, last or trust/corporation name) Suffix

Date of birth (mm/dd/yyyy) Male Female Are you a U.S. Citizen?
 Yes No (If no, complete W8-BEN)

Mailing address

City State ZIP code

Relationship to owner

2. Beneficiary designation (Owner/joint owner cannot be a beneficiary)

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Percentage	Social Security number or Tax/Employer ID
If the primary beneficiary is a trust or corporation, please check the appropriate box <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation			
If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			Date of trust (required)
Name (first, middle, last or trust/corporate/custodian name)			Suffix
Relationship to owner			

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Percentage	Social Security number or Tax/Employer ID
If the primary beneficiary is a trust or corporation, please check the appropriate box <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation			
If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			Date of trust (required)
Name (first, middle, last or trust/corporate/custodian name)			Suffix
Relationship to owner			

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Percentage	Social Security number or Tax/Employer ID
If the primary beneficiary is a trust or corporation, please check the appropriate box <input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Corporation			
If beneficiary is a trust, is the trust <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			Date of trust (required)
Name (first, middle, last or trust/corporate/custodian name)			Suffix
Relationship to owner			

(If more than three beneficiaries, attach a list signed by owner(s).)

3. Plan specifics (This section must be completed to indicate how this contract should be issued.)

<input type="checkbox"/> Nonqualified <input type="checkbox"/> 1035 exchange <input type="checkbox"/> Other _____	<input type="checkbox"/> Qualified <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover (within 60 days): <input type="checkbox"/> IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Simple IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Roth conversion <input type="checkbox"/> Self directed IRA Contribution for tax year _____ (if applicable) <input type="checkbox"/> 401(k) <input type="checkbox"/> HR10/Keogh <input type="checkbox"/> Other _____ <input type="checkbox"/> Beneficial IRA (NOTE: A tax code must be selected above in addition to this option) <input type="checkbox"/> Continue my Required Minimum Distribution monthly in the amount of \$ _____ (Complete withholding notice and election in section 5)
---	--

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

An individual cannot own a 401(k).

4. Purchase payment (This section must be completed; please make check payable to Allianz.)

Cash submitted with application \$	Estimated transfer/rollover/1035 amount \$	Agent-ordered funds (estimated funds) \$
Billed premium amount	Select mode: <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 void check)	

5. Annuity products (Products not available in all states)

Flexible premium:

- Allianz Endurance 10[®] Annuity#●
- Allianz EnduranceSM Plus Annuity#●
- Allianz EnduranceSM Elite Annuity#●
- MasterDex 10[®] Annuity#●
- MasterDex X[®] Annuity#●▲
- Other _____
- MasterDex PlusSM Annuity#●*
- MasterDex 5 PlusSM Annuity#●*
- MasterDex 10 PlusSM Annuity#●

Complete Supplemental Annuity Application.
● Complete Agent's Report.

Single premium:

- Dominator Plus[®] Annuity● (choose term) 5 10
- Dominator[®] Select Annuity● (choose term) 1 2 3

Single Premium Immediate Annuity (SPIA):

- Immediate Elite[®] Annuity● (Complete the Immediate Elite Annuity Supplemental Application; state version of A3 available at www.allianzlife.com)

Withholding notice and election:

All, or part, of the payment you receive in connection with a distribution from the annuity contract, including the values used to cancel any outstanding loan indebtedness at the time of distribution, may be includable in your gross income for tax purposes.

The taxable portion of the distribution is subject to federal (and potentially state) withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution by marking the appropriate box below. If an election is not made, federal income tax will be withheld from the taxable portion of your distribution at the rate of 10%.

If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

- Yes, I do** want to have federal income tax withheld from the taxable amount of my disbursement at a rate of ____% (10% is the minimum allowed).
- No, I do not** want to have federal income tax withheld from the taxable amount of my disbursement.

Rider option available for all annuities except Immediate Elite Annuity (not available in all states)

- Flexible Withdrawal Rider option:** Fees apply. If selected, the rider-specific Statement of Understanding must be submitted with the application.

***Benefit option available for MasterDex Plus Annuity and MasterDex 5 Plus Annuity (not available in all states)**

- Income Plus Benefit option¹:** Fees apply. If selected, the rider-specific Statement of Understanding must be submitted with the application.
¹ If selecting immediate income, please complete and submit an Income Plus Benefit Election form available at www.allianzlife.com.

▲ MasterDex X Optional Riders (not available in all states)

- Simple Income II Rider: Fees apply. If selected, the rider-specific Statement of Understanding must be submitted with the application.

6. Replacement (this section must be completed)

Do you have existing life insurance or annuity contracts? Yes² No
 Will the annuity contract applied for replace or change existing contract or policies? Yes² No
 Amount of coverage in force \$ _____

² Complete the replacement section that follows and include the appropriate replacement forms for the state of sale (available at www.allianzlife.com).

7. Primary agent information

Name (first, middle, last)			Suffix
Telephone number	% commission split	% production split	Agent number
Florida license ID number			
Name (first, middle, last)			Suffix
Telephone number	% commission split	% production split	Agent number
Florida license ID number			

8. Agreements and signatures

The following states require applicants to read and acknowledge the statement for your state below.

Arizona: Upon written request, we are required to provide you with factual information regarding the benefits and provisions of this annuity. If for any reason you are not satisfied with this contract, you may return the contract within 20 days of receiving it for a refund of any premium you paid. **If you're age 65 or older at the time of application, you may return the contract within 30 days after receiving it for a refund of any premium you paid.**

Arkansas, Colorado, Louisiana, Maine, Ohio, Oklahoma, Tennessee, Virginia, and West Virginia: Any person who knowingly intends to defraud an insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits the crime of fraud, and may be subject to criminal prosecution and civil penalties. In ME, CO, and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits. In CO, an insurer or insurance agent who knowingly provides false, incomplete, or misleading information to a policyholder or claimant to defraud or attempt to defraud the contract holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Connecticut: I have received a copy of the disclosure material and understand that the results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties.

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

- All statements and answers given in this or any supplemental applications that will be attached to this application 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 such proof before annuity payments begin;
- I understand that 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.

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 participate in any stock or equity 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 "yes," I authorize and direct Allianz to act on telephone or electronic instructions from the agent and/or anyone authorized by him/her. 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.

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

Contract owner's signature (or trustee¹, corporate officer², power of attorney³, if applicable)

Joint owner's signature (or trustee¹, corporate officer², power of attorney³, if applicable)

Proposed annuitant's signature (if other than owner)

Signed at (city and state)

Date signed

¹If trust owned, submit Trustee Representation form (available at www.allianzlife.com)

²If company or corporate owned, submit a copy of corporate resolution. Also, corporate-owned annuities do not qualify for tax deferral and the interest that

accumulates in the contract each year must be reported as taxable income.

³If owner has power of attorney, submit a copy of power of attorney paperwork. The power of attorney must sign as follows: *Principal's name (usually the owner) by Attorney-in-Fact's name, Attorney in Fact.*

To be answered by licensed agent: I certify that the statements of the applicant have been correctly recorded. To the best of my knowledge, the applicant: DOES DOES NOT have existing life insurance or annuity contracts; and the insurance applied for will not or will replace existing insurance.

Connecticut: I certify that the disclosure material has been presented to the applicant and a copy was provided to the applicant. I have not made statements which differ from this material nor have I made any promises about the future equity values of this contract.

Agent's signature

Supplemental Application

Complete the following if you have selected the Allianz Endurance 10[®], Allianz EnduranceSM Plus, Allianz EnduranceSM Elite, Allianz MasterDex X[®], Allianz MasterDex PlusSM, Allianz MasterDex 5 PlusSM, or Allianz MasterDex 10 PlusSM Annuity.

Select up to a maximum of 10 allocations from the index and/or the interest choices below. Indicate the index crediting method where applicable and the allocation percentage for each allocation.

- S&P 500[®]
- Annual Point-to-Point Allocation Percentage: _____%
- Monthly Sum Allocation Percentage: _____%
- Monthly Average Allocation Percentage (Endurance 10 only): _____%
- Nasdaq-100[®]
- Annual Point-to-Point Allocation Percentage: _____%
- Monthly Sum Allocation Percentage: _____%
- Monthly Average Allocation Percentage (Endurance 10 only): _____%
- FTSE 100/EuroSTOXX 50¹
- Annual Point-to-Point Allocation Percentage: _____%
- Monthly Sum Allocation Percentage: _____%
- Monthly Average Allocation Percentage (Endurance 10 only): _____%
- Blended
- Annual Point-to-Point Allocation Percentage: _____%
- Monthly Average Allocation Percentage: _____%
- Fixed Interest – Allocation Percentage: _____%

¹ FTSE 100 is not available on the Endurance Elite or MasterDex X, EuroSTOXX 50 will be used instead.

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

“Standard & Poor’s[®],” “S&P[®],” “S&P 500[®],” “Standard & Poor’s 500,” and “500” are trademarks of The McGraw-Hill Companies, Inc. and have been licensed for use by Allianz Life Insurance Company of North America. The product is not sponsored, endorsed, sold or promoted by Standard & Poor’s and Standard & Poor’s makes no representation regarding the advisability of purchasing the product.

The Nasdaq-100[®], Nasdaq-100 Index[®], and Nasdaq[®] are trade or service marks of The Nasdaq Stock Market, Inc. (which with its affiliates are the Corporations) and are licensed for use by Allianz Life Insurance Company of North America. The product(s) have not been passed on by the Corporations as to their legality or suitability. The product(s) are not issued, endorsed, sold, or promoted by the Corporations.

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

“FTSE,” “FT-SE,” “Footsie,” “FTSE4Good,” and “techMARK” are trademarks jointly owned by the London Stock Exchange Plc and the Financial Times and are used by the FTSE International Limited (“FTSE”) under license. “All-World,” “All-Share,” and “All-Small” are trade marks of FTSE. The FTSE 100 is calculated by FTSE. FTSE does not sponsor, endorse, or promote this product and is not in any way connected to it and does not accept any liability in relation to its issue, operation, and trading.

The Dow Jones EuroSTOXX 50[®] is the intellectual property (including registered trademarks) of Stoxx Limited, Zurich, Switzerland and/or Dow Jones & Company, Inc., a Delaware corporation, New York, USA, (the “Licensors”), which is used under license. The financial instruments based on the Index are in no way sponsored, endorsed, sold or promoted by the Licensors and neither of the Licensors shall have any liability with respect thereto.

Agent's Report (Parts 1 & 2 must always be completed; part 3 must be completed with the Allianz Endurance 10[®] Annuity, Allianz EnduranceSM Elite Annuity, Allianz EnduranceSM Plus Annuity, MasterDex X[®] Annuity, MasterDex[®], or MasterDex PlusSM Annuity Series.) (Product availability may vary by state)

1. Anti-Money Laundering (AML) Requirement (The following customer verification is required for AML):

Please select which document was used to verify identification and provide the number and expiration date from the document. I have verified the proposed annuitant/owner(s) identity by reviewing an unexpired government issued photo ID selected below:

Proposed annuitant: Drivers license Passport State or military photo ID

State of issue _____ Expiration Date _____ Number _____

Owner: Drivers license Passport State or military photo ID

State of issue _____ Expiration Date _____ Number _____

Joint owner: Drivers license Passport State or military photo ID

State of issue _____ Expiration Date _____ Number _____

2. The applicant(s) is a member of the armed services, on active duty or a dependent of such person Yes No

If yes, I have provided the applicant(s) with a copy of the Military Sales Disclosure Statement Yes No

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 C

4. Who is the payor on this contract?

Owner

Annuitant

Other If other, please provide details _____

5. During the proposed sales presentation connected with the replacement transaction, I (agent) used only Allianz approved sales material and left a copy of each piece used with the applicant.

6. Special requests _____

7. Complete agent information

First name	MI	Last name	
Signature		Date	Agent number

First name	MI	Last name	
Signature		Date	Agent number



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 _____



**Florida Senior Consumer Suitability Form
ANNUITY SUITABILITY QUESTIONNAIRE**

Thank you for your interest in an Allianz annuity. Before we can process your application and issue your policy, 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

1. 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

2. Approximate monthly household living expenses \$ _____ /Month

- Examples: housing, transportation, insurance, food, healthcare and taxes (include property, income, and FICA taxes)

3. Disposable income (line 1 minus line 2) \$ _____ /Month

4 Does your monthly income exceed your monthly expenses? Yes No

5. Minimum number of years you must own this annuity to receive the maximum value _____ Years

6. Do you anticipate a significant increase in living expenses or decrease in household monthly income during the time period indicated in question 5? Yes No

- If yes, please explain (if possible, approximate when you expect changes in living expenses or income, and the amount)
- Examples of increases in living expenses might be housing, medical, nursing home, assisted living, or travel expenses
- Examples of decreases in household income might be retirement or a lower pension amount

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

_____ / _____	_____ / _____
Applicant's Signature	Joint Applicant's Signature
Date	Date

¹ For trust and corporate owned contracts, see agent guide for instructions on completion of form

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

ANNUITY SUITABILITY QUESTIONNAIRE

- 8. Approximate household net worth** \$ _____
• Net worth = total assets less total debt
• Exclude primary residence, mortgage, and personal belongings
- 9. Approximate household liquid assets** \$ _____
• Examples: checking, savings or money market accounts, short-term CDs, bonds, annuities without surrender charges, etc.
• Exclude assets used to fund this annuity, free withdrawals from this annuity, and personal belongings
- 10. Do you anticipate any significant reduction in your liquid assets during the time period indicated in question 5?** Yes No
- 11. Total value of all annuities you own** (include the purchase of this annuity) \$ _____
- 12. Do you currently reside in a nursing home or assisted living facility?** Yes No

FINANCIAL OBJECTIVES

- 13. Financial objectives 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 _____
- 14. 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
- 15. Source of this annuity's premium (check all that apply)**
 Annuity Life insurance Certificates of deposit Other _____
 Reverse mortgage/home equity loan Savings/checking Stocks/bonds/mutual funds
- 16. Is this a replacement of an annuity or life contract?** Yes No
If yes, what type? Fixed Fixed index Variable
If yes, is there a surrender charge? Yes No
If there is a charge, what is it on each contract being replaced? _____% _____% _____% _____%

ACCESSING YOUR MONEY

- 17. How do you anticipate taking distributions from this annuity? (check all that apply)**
 Free/systematic withdrawals or income rider Annuitize Required minimum distribution
 Enhanced withdrawal benefit Lump sum Loans Leave to beneficiary Immediate income
- 18. 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
- 19. I understand how my beneficiaries can receive the maximum contract value** Yes No

NOTE: Please verify that all 19 questions were answered.

_____/_____/_____/_____
Applicant's Signature **Date** **Joint Applicant's Signature** **Date**

**PAGES 4 – 7 OF THE ANNUITY SUITABILITY QUESTIONNAIRE (FORM NB3051-FL)
ARE REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.
FOR APPLICANTS OR JOINT APPLICANTS AGE 65 OR OLDER.**

ANNUITY SUITABILITY QUESTIONNAIRE

ADDITIONAL INFORMATION REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.

PROPOSED ANNUITANT'S PERSONAL INFORMATION

20. Name: Last _____ First _____ Middle _____
 21. Date of Birth ____/____/____ 22. Age _____ 23. Sex _____ 24. Tax Status _____
 25. Number and Age of Dependents: _____

JOINT ANNUITANT INFORMATION

26. Name: Last _____ First _____ Middle _____
 27. Date of Birth ____/____/____ 28. Age _____ 29. Sex _____ 30. Tax Status _____
 31. Number and Age of Dependents: _____

APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

32. Owner: Last _____ First _____ Middle _____
 33. Date of Birth ____/____/____ 34. Age _____ 35. Sex _____
 36. Entity: _____
 37. Tax Status _____ 38. Relationship to Annuitants(s): _____
 39. Form of Ownership: _____
 40. Supporting documents (list): _____

	Applicant	Joint Annuitant
41. Annual Income:		
42. Source of Income:		
43. Annual Household Income:		
44. Net Worth:		
45. Liquid Assets:		
46. Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
47. Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

_____ / _____ _____ / _____
Applicant's Signature **Date** **Joint Applicant's Signature** **Date**

ANNUITY SUITABILITY QUESTIONNAIRE

	Applicant	Joint Annuitant
48. Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
49. Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
50. Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
51. Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
52. Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		

53. Why are you purchasing this annuity? _____

54. What are your investment objectives? (check all that apply)

- Income Growth (long term) Safety of Principal and Income
 Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
 Other: _____

55. Describe your risk tolerance: (check all that apply)

- Conservative Moderately conservative Moderate
 Moderately aggressive Aggressive Other: _____

Comments: _____

56. Describe your investment experience by type and length of time: _____

57. What is the source of the funds for the purchase of the proposed annuity? _____

58. How long do you plan to keep the proposed annuity? _____

59. Will the proposed annuity replace any product? Yes No

60. If yes, will you pay a penalty or other charge to obtain these funds? Yes No

61. If yes, the amount of the charge or penalty \$ _____

_____ / _____ Applicant's Signature Date	_____ / _____ Joint Applicant's Signature Date
---	---

ANNUITY SUITABILITY QUESTIONNAIRE

NOTE:

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

62. Advantages of purchasing the proposed annuity: _____

63. Disadvantages of purchasing the proposed annuity: _____

64. The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies): _____

Agent's signature	Agent number	Date signed
-------------------	--------------	-------------

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

Questions 1 - 19 on pages 1 and 2 are required by Allianz Life Insurance Company and must be complete so we can consider your application.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

The applicant, joint applicant and/or owner may substitute their initials for signatures on all form pages with the exception of the signatures below, which are required.

Applicant or owner's signature	Date signed
Joint applicant or owner's signature	Date signed

ANNUITY SUITABILITY QUESTIONNAIRE

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Annual Household Income” is the combined annual income received by all household members each calendar year.

“Annual Income” is income received during a calendar year, whether earned or unearned.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Intended use of the Annuity” means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process) (6) Other, as stated by the Senior Consumer.

“Investment Objectives” are the senior consumer’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass to a beneficiary or beneficiaries at death.

“Liquid Assets” are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of Annual Income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Supporting Documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant if applicable, and the Applicant/Owner as it may exist.

“Tax Status” is the senior consumer’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Total Net Worth” is the senior consumer’s total assets minus liabilities or encumbrances applicable to those assets. Please exclude primary residence, mortgage, and personal belongings.

_____ / _____	_____ / _____
Applicant’s Signature	Joint Applicant’s Signature
Date	Date