

Replacement Packet – Florida (Age 65+)

Included forms:

- NB2244: Notice to Applicant Regarding Replacement of Life Insurance
- NB3055-FL: Florida Disclosure and Comparison of Annuity Contracts

Important information for completing replacement forms:

- Please be sure to complete the replacement form in its entirety
- Please be sure to complete the Disclosure and Comparison form if the client is age 65 or older
- Insurer name is the company the transfer is coming from
- Make sure account number is included
- Make sure forms are signed and dated

Additional information:

- Please be sure to include a copy of the client's current statement

**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.**

Notice to Applicant Regarding Replacement of Life Insurance

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage for certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both sides before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate place below.

Yes No

Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it acceptable.

I have read this notice and received a copy of it.

Date Applicant's signature

Date Agent's signature

Agent's name (printed or typed)

Agent's address (printed or typed)

Agent's company (printed or typed)

Information on Policies which may be replaced:

Company name	Policy number	Name of insured

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Date Agent's signature

Agent's name (printed or typed)

Agent's address (printed or typed)

Agent's company (printed or typed)

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FLORIDA DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

PROPOSED ANNUITY CONTRACT

Annuitant(s) _____

Annuitant(s) _____

Insurer _____

Insurer _____

Contract # _____

Application # _____

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY CONTRACT
Contract Issue Date	Mo ____ Day ____ Yr ____	Mo ____ Day ____ Yr ____ (EST)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
Initial/First Year Surrender Charge Percentage Rate	%	%

_____ / _____ Applicant's Signature Date	_____ / _____ Joint Applicant's Signature Date
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FLORIDA DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY CONTRACT
Surrender Charge Percentage Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(List limitations, requirements, exclusions of the benefit)		
Minimum Guaranteed Interest Rate	%	%
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset Fees		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be Payable		
Interest Rate Cap		
Participation Rate		
Index Type		
Spreads, Administrative Fees or Margins		
Other		

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

FLORIDA DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NUMBER _____

Annuity Total Value¹ \$ _____ Annuity Surrender Value² \$ _____

Surrender Charges³ Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____/____/____.

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

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.

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: DO NOT SIGN THIS FORM IF:

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Applicant's Name (please print)

Date Signed

Applicant's Signature

Joint Applicant's Name (please print)

Date Signed

Joint Applicant's Signature

FLORIDA DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXPLANATION OF TERMS

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Annuity Maturity Date” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender charges or other charges and are a provision of the annuity contract.

“Generic Contract Type” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Index Type” is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

“Initial Bonus Percentage or Amount” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Initial/First Year Surrender Charge Percentage Rate” is the original percentage rate that would have been deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“Interest Rate Cap” is the maximum interest percentage that will be credited to the annuity contract or that will be used to calculate the interest percentage to be credited to the annuity contract, for a specified time period.

“Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

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

FLORIDA DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS
EXPLANATION OF TERMS

(continued)

“Marketing Name” is the name adopted by the insurer to identify the contract form.

“Minimum Guaranteed Interest Rate” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Participation Rate” is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

“Potential Loss of Bonus if Exchanged” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Qualified Contract” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“Spreads, Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract. Charges that reduce the percentage or amount actually credited to the annuity contract.

“Surrender Charge” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“Surrender Charge Percentage Schedule for Remaining Years” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“Surrender Charge Period” is the number of annuity contract years a surrender charge may be applicable.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event (such as entering a nursing home) associated with either the annuitant or owner, as specified in the contract.

¹ This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

² This amount represents the surrender value of the existing annuity.

³ Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

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