

Automatic Payment Plan - EFT Authorization

I hereby authorize Allianz Life Insurance Company of North America (Allianz) 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.

1. Account holder (name at financial institution)

First name MI Last name

Non-individual owner name

2. Name of applicant/owner (if other than account holder)

Policy/Contract number

First name MI Last name

Non-individual owner name

3. Payment information (select only one)

- ☐ Life insurance (choose one)
☐ EFT including initial premium ☐ EFT only
☐ Loan repayment

4. Frequency of payment (select only one)

Process entries: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Withdrawal day \$ In the amount of Add to policy/contract number

NOTE: Withdrawal day can be selected between the 1st through the 28th. Drafts for loan payments can **ONLY** occur monthly on the 1st or 20th.

Payment source for annuity contracts: ☐ Qualified ☐ Non-qualified

If any part of the payment being submitted is an indirect rollover from a qualified plan and was received by the contract owner within the last 60 days, this payment is considered qualified for annuity contracts. These assets must comply with the requirement that only one rollover is permitted within a one year period from all of the contract owner's IRAs.

Complete for existing contracts : ☐ Solicited ☐ Not Solicited

Select "Solicited" if your financial professional brought a specific product to your attention through any means including, but not limited to: phone, promotional material, mail or email. This also includes recommending you take a particular course of action in addition to purchasing a product such as, transferring, surrendering, adding premium or partially surrendering.

Select "Not Solicited" if you made this decision independently, without input from your financial professional and your financial professional is not providing a recommendation in support of a buy, hold, sell, transfer or add premium transaction.

5. Payment account information

Account type ☐ Checking ☐ Savings

Routing number

Account number

Confirm account number

Financial institution name

Financial institution phone number

Mailing address

City

State

ZIP code

6. Signatures (must be completed and signed)

The following statements are applicable on life insurance policies only:

- I understand and agree that the receipt by Allianz of this Automatic Payment Plan-EFT Authorization will not be considered my actual payment of the initial premium for the above Allianz life insurance policy (the policy number of this policy is shown on the first page).
- I further understand and agree that this Allianz policy will not go into effect until such time as Allianz receives the actual initial premium from the financial institution or bank shown on the second page, and the policy is delivered and accepted during the lifetime of the applicant/owner.
- Based on the effective date, I understand Allianz will draft the monthly premiums required to pay my policy to the current date.

Signatures

Account holder's signature

Date

Contract owner's signature

Date

Joint contract owner's signature

Date

Alternate signatures, if applicable

Trust:¹ _____ as trustee of the: _____

TRUSTEE'S SIGNATURE

TRUST NAME (PRINTED)

Date

Trust:¹ _____ as trustee of the: _____

TRUSTEE'S SIGNATURE

TRUST NAME (PRINTED)

Date

Power of Attorney:¹ _____ by: _____

CONTRACT OWNER'S NAME (PRINTED)

ATTORNEY-IN-FACT'S SIGNATURE(S)

Date

Power of Attorney's Email

Cell Phone Number

¹ Submit Certification of Trust form or legal documents such as power-of-attorney paperwork.

Please submit your form through one of the options below:

Email completed forms to the appropriate product area:

fixedannuity@send.allianzlife.com

variableannuity@send.allianzlife.com

lifeinsurance@send.allianzlife.com

OR

Web Upload:

You can scan and upload your signed and completed form by logging in to your account at www.allianzlife.com.

OR

Mail

Allianz Life Insurance Company of North America

PO Box 59060

Minneapolis, MN 55459-0060

Overnight mail

Allianz Life Insurance Company of North America

5701 Golden Hills Drive

Minneapolis, MN 55416-1297

OR

Fax: 763.582.6002 for Fixed Annuities and Life Insurance

763.765.7912 for Variable Annuities

Any questions? Call us at 800.950.5872 for Fixed Annuities and Life Insurance

Call us at 800.624.0197 for Variable Annuities