

Life Insurance Policy Worksheet

New business Change to existing policy number _____

1. Proposed primary/first insured

First name		MI	Last name	
<input type="checkbox"/> Male	Date of birth (mm/dd/yyyy)		Age	Social Security number
<input type="checkbox"/> Female				
Residence address (street required)				
City			State	ZIP code
Place of birth (state and country)			Driver's license number	State of issue

If owner is other than proposed primary/first insured, or juvenile, complete Supplemental Life Insurance Worksheet NB5057-R4.

2. Policy information

Delivery state	Specified amount (face amount)	Rate class
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Premium information

Total amount submitted with Worksheet None, or enter amount \$ _____

Frequency, check one Single premium Annually Semiannually Quarterly Monthly (complete EFT authorization, and provide void check)

Lump-sum amount (Non-1035 exchange) \$	Billed premium amount	Additional billed amount
1035 exchange amount +\$		
Total lump sum = \$	\$	\$

Is lump sum coming from a 1035 exchange of a life insurance policy? Yes No

If from a life insurance policy, was the contract that is being replaced a Modified Endowment Contract (MEC)? Yes No

3. Product information (Products may not be available in all states)

Generation Planner II™ Life Insurance Policy (issued with Death Benefit Option A only).

Optional riders

- Child Term Rider _____ units (\$1,000 per unit. Minimum 5 units/maximum 10 units. Issued to child(ren) ages 15 days to age 20). Available at initial application or policy anniversary after birth of first child, complete Supplemental Worksheet NB5057-R4.
- Waiver of Premium Rider
- Long Term Care Accelerated Benefit Rider (LTC ABR)¹ Rider specified amount \$ _____
LTC monthly benefit (1-4) _____% of rider specified amount.

¹LTC ABR not available in CA, KY, MA, NJ, OR, UT, VA, and WA.

10 Year Term Life Insurance Policy **20 Year Term Life Insurance Policy** **30 Year Term Life Insurance Policy**

Optional rider Waiver of Premium Rider

3. Product information (continued)

GenDex MomentumSM Life Insurance Policy (complete part J of Agent's Report)

Death Benefit Option (check one). If a box is not selected, Option A will be issued.

- A (specified amount minus gross partial surrenders)
- B (specified amount plus accumulation value)
- C (specified amount plus total of all premiums paid minus gross partial surrenders)

Definition of life insurance test (check one). If a box is not selected, GPT will be issued.

- Cash value accumulation test (CVAT) (not available with Loan Protection Rider)
- Guideline premium test (GPT)

Minimum Annual Interest Rate (If a box is not selected, the 0% option will be issued)

- 0%
- 1%

Select the following allocations in increments of "1". The minimum allocation is 1%. Total must equal 100%.

Monthly sum S&P 500 _____%	Monthly sum Nasdaq-100® _____%	Interest earning account _____%
Annual point-to-point S&P 500 _____%	Annual point-to-point Nasdaq-100® _____%	
Monthly sum EURO STOXX 50 _____%	Annual point-to-point blended _____%	
Annual point-to-point EURO STOXX 50 _____%	Monthly average blended _____%	

Optional riders

- Enhanced Cash Value Rider (not available with any other riders except Loan Protection Rider)
- Additional Term Rider Rider specified (face) amount \$ _____
- Other Insured Term Rider (Complete Supplemental Worksheet NB5057-R4)
Rider specified (face) amount \$ _____
- Child Term Rider _____ units (\$1,000 per unit. Minimum 5 units/maximum 10 units. Issued to child(ren) ages 15 days to age 20).
Available at initial application or policy anniversary after birth of first child, complete Supplemental Worksheet NB5057-R4
- Waiver of Specified Premium Rider Waiver amount \$ _____
(Minimum: \$300/year; Maximum: lesser of \$150,000/year or 2 times the minimum annual premium)
- Waiver of Monthly Deduction Rider (not available with Waiver of Specified Premium Rider)
- Enhanced Liquidity Rider (check one) 50% 100%
- Long Term Care Accelerated Benefit Rider (LTC ABR)¹ Rider specified (face) amount \$ _____
LTC monthly benefit (1-4) _____ % of rider specified amount. ¹LTC ABR not available in CA, KY, MA, NJ, OR, UT, VA, and WA.
- Loan Protection Rider (not available with Cash value accumulation test (CVAT))

This policy may be purchased with the intention of accumulating cash value on a tax-free basis for some period (such as, until retirement) and then periodically borrowing from the policy without allowing the policy to lapse. The aim of this strategy is to continue borrowing from the policy until its contract value is just enough to pay off the policy loans that have been taken out and then relying on the Loan Protection Rider to keep the policy in force until the death of the insured. Anyone contemplating taking advantage of this strategy should be aware that it involves significant risk. This strategy has not been ruled on by the Internal Revenue Service (the "IRS") or the courts and it may be subject to challenge by the IRS on the grounds the policy has effectively lapsed or been exchanged. It is thus possible that loans under this policy may be treated as taxable distributions when the rider is exercised. In that event, assuming policy loans have not already been subject to tax as distributions, a significant tax liability could arise. Anyone considering using the policy as a source of tax-free income by taking out policy loans should, before purchasing the policy, consult with and rely on a competent tax advisor about the tax risks inherent in such a strategy.

3. Product information (continued)

GenDex SurvivorSM Life Insurance Policy (complete part J of Agent's Report)

Note: The GenDex Survivor product is a second to die policy. Insured's cannot be listed as each others beneficiaries. A separate person, corporation, or trust has to be named as the beneficiary.

Death Benefit Option (check one). If a box is not selected, Option A will be issued.

- A (specified amount minus gross partial surrenders)
- B (specified amount plus accumulation value)
- C (specified amount plus total of all premiums paid less gross partial surrenders)

Definition of life insurance test (check one). If a box is not selected, GPT will be issued.

- Cash value accumulation test (CVAT)
- Guideline premium test (GPT)

Minimum Annual Interest Rate (check one) If a box is not selected, the 0% option will be issued.

- 0%
- 1%

Select the following allocations in increments of "1". The minimum allocation is 1%. Total must equal 100%.

Monthly sum S&P 500 _____%	Monthly sum Nasdaq-100® _____%	Interest earning account _____%
Annual point-to-point S&P 500 _____%	Annual point-to-point Nasdaq-100® _____%	
Monthly sum EURO STOXX 50 _____%	Annual point-to-point blended _____%	
Annual point-to-point EURO STOXX 50 _____%	Monthly average blended _____%	

Optional riders

- Waiver of Specified Premium Rider for proposed first insured Waiver amount \$ _____
(Minimum: \$300/year; Maximum: lesser of \$150,000/year or 2 times the minimum annual premium)
- Waiver of Specified Premium Rider for proposed second insured Waiver amount \$ _____
(Minimum: \$300/year; Maximum: lesser of \$150,000/year or 2 times the minimum annual premium)
- Waiver of Monthly Deduction Rider for proposed first insured (not available with Waiver of Specified Premium Rider)
- Waiver of Monthly Deduction Rider for proposed second insured (not available with Waiver of Specified Premium Rider)
- Enhanced Liquidity Rider (check one) 50% 100%
- Estate Protection Rider
- First-to-Die Rider Rider specified amount \$ _____
- Loan Protection Rider (not available with Cash value accumulation test (CVAT))

This policy may be purchased with the intention of accumulating cash value on a tax-free basis for some period (such as, until retirement) and then periodically borrowing from the policy without allowing the policy to lapse. The aim of this strategy is to continue borrowing from the policy until its contract value is just enough to pay off the policy loans that have been taken out and then relying on the Loan Protection Rider to keep the policy in force until the death of the insured. Anyone contemplating taking advantage of this strategy should be aware that it involves significant risk. This strategy has not been ruled on by the Internal Revenue Service (the "IRS") or the courts and it may be subject to challenge by the IRS on the grounds the policy has effectively lapsed or been exchanged. It is thus possible that loans under this policy may be treated as taxable distributions when the rider is exercised. In that event, assuming policy loans have not already been subject to tax as distributions, a significant tax liability could arise. Anyone considering using the policy as a source of tax-free income by taking out policy loans should, before purchasing the policy, consult with and rely on a competent tax advisor about the tax risks inherent in such a strategy.

3. Product information (continued)

GenDex FoundationSM Fixed Index Universal Life Insurance Policy

Death Benefit Option (check one). If a box is not selected, Option A will be issued.

- A (specified amount minus gross partial surrenders)
- B (specified amount plus accumulation value)
- C (specified amount plus total of all premiums paid less gross partial surrenders)

Definition of life insurance test (check one). If a box is not selected, CVAT will be issued.

- Cash value accumulation test (CVAT)
- Guideline premium test (GPT)

Select the following allocations in increments of "1". The minimum allocation is 1%. Total must equal 100%.

Monthly sum S&P 500 _____%	Monthly sum Nasdaq-100 [®] _____%	Interest earning account _____%
Annual point-to-point S&P 500 _____%	Annual point-to-point Nasdaq-100 [®] _____%	
Monthly sum EURO STOXX 50 _____%	Annual point-to-point blended _____%	
Annual point-to-point EURO STOXX 50 _____%	Monthly average blended _____%	

Optional riders

- Other Insured Term Rider (Complete Supplemental Worksheet NB5057-R4)
Rider specified (face) amount \$ _____
- Child Term Rider ___ units (\$1,000 per unit. Minimum 5 units/maximum 10 units. Issued to child(ren) ages 15 days to age 20).
Available at initial application or policy anniversary after birth of first child, complete Supplemental Worksheet NB5057-R4
- Waiver of Specified Premium Rider Waiver amount \$ _____
(Minimum: \$300/year; Maximum: lesser of \$150,000/year or 2 times the minimum annual premium)
- Waiver of Monthly Deduction Rider (not available with Waiver of Specified Premium Rider)
- Long Term Care Accelerated Benefit Rider (LTC ABR)¹ Rider specified (face) amount \$ _____
LTC monthly benefit (1-4) _____% of rider specified amount
¹LTC ABR not available in CA, KY, MA, NJ, OR, UT, VA, and WA
- Loan Protection Rider (not available with Cash value accumulation test (CVAT))

This policy may be purchased with the intention of accumulating cash value on a tax-free basis for some period (such as, until retirement) and then periodically borrowing from the policy without allowing the policy to lapse. The aim of this strategy is to continue borrowing from the policy until its contract value is just enough to pay off the policy loans that have been taken out and then relying on the Loan Protection Rider to keep the policy in force until the death of the insured. Anyone contemplating taking advantage of this strategy should be aware that it involves significant risk. This strategy has not been ruled on by the Internal Revenue Service (the "IRS") or the courts and it may be subject to challenge by the IRS on the grounds the policy has effectively lapsed or been exchanged. It is thus possible that loans under this policy may be treated as taxable distributions when the rider is exercised. In that event, assuming policy loans have not already been subject to tax as distributions, a significant tax liability could arise. Anyone considering using the policy as a source of tax-free income by taking out policy loans should, before purchasing the policy, consult with and rely on a competent tax advisor about the tax risks inherent in such a strategy.

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4. Proposed primary/first and second insured's beneficiary – percentage must equal 100% for primary and 100% for contingent. Note: Distribution will be made equally or to the survivor(s) unless otherwise noted.

First name		Last name
<input type="checkbox"/> Primary	Percentage	Relationship
<input type="checkbox"/> Contingent		
First name		Last name
<input type="checkbox"/> Primary	Percentage	Relationship
<input type="checkbox"/> Contingent		
First name		Last name
<input type="checkbox"/> Primary	Percentage	Relationship
<input type="checkbox"/> Contingent		

5. Proposed primary insured's beneficiary if not an individual – percentage must equal 100% for primary and 100% for contingent

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole proprietorship
Trust/Business name (if applicable)		If trust is named, provide trustee's first and last name		
Percentage	Date of trust (mm/dd/yyyy)	Tax or employer ID number (if available)		

6. Proposed primary/first insured's medical information (must always be completed)

Name of proposed primary/first insured's physician/medical facility	Preferred phone number	
Address		
City	State	ZIP code

Within the past 12 months, has the proposed primary/first insured received treatment or advice from a member of the medical profession for heart disease, diabetes, stroke, or cancer? Yes No

7. Replacement (must always be completed)

Does the proposed primary/first insured have a(n) existing:

1. Annuity contracts? Yes No
2. Life insurance? Yes No
3. Will the life insurance being considered replace or change existing contracts or policies? Yes No

Amount of life insurance in force or applied for, not including the amount requested on this worksheet? \$ _____, or None in force or applied for

Name of company _____ Face amount \$ _____ Date issued/applied for _____

Name of company _____ Face amount \$ _____ Date issued/applied for _____

Name of company _____ Face amount \$ _____ Date issued/applied for _____

Name of company _____ Face amount \$ _____ Date issued/applied for _____

4. Long term care (LTC) policies? Yes No Applied for In force If applied for, will both policies be taken Yes No

5. Will the LTC insurance being considered replace or change existing long term care insurance contracts or policies? Yes No

Notice and Consent for AIDS - Related Blood Testing

To evaluate your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood or other bodily fluid for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form, you agree that this test may be done and that underwriting decisions will be based on the test result. A series of three tests will be performed by a licensed laboratory through a medically accepted procedure. Test results will be reported only to the person or persons designated by the consent form and to affiliates, reinsurers, employees and contractors of the insurer in relation to the underwriting of the insurance application. An insurer may also make a report of a nonspecific blood disorder to the Medical Information Bureau.

AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant or by exposure to infected blood (as in needle sharing during intravenous drug use.) Persons at high risk of contracting AIDS include males who have had sexual contact with another male, intravenous drug users, hemophiliacs and sexual contacts of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. An infected person has a significant chance of developing AIDS over the next 10 years.

THE HIV ANTIBODY TEST

Before you consent to testing, please read the following important information:

1. **Purpose.** The test is being run to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
2. **Positive Test Results.** If you test positive, you should seek medical follow-through with your personal physician because you may be infected with HIV.
3. **Accuracy.** An HIV test will be considered positive only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. Nonetheless, the HIV antibody test is not 100% accurate. Positive errors include:
 - (a) **False positives:** The test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.
 - (b) **False negatives:** The test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes at least 4-12 weeks for a positive test result to develop after a person is infected.
4. **Possible Adverse Effects of Test.** A positive test may cause you significant anxiety. A positive test may result in uninsurability for life, health or disability insurance policies for which you may apply in the future. Although prohibited by law, discrimination in housing, employment or public accommodations may result if your tests were to become known to others. A negative result may create a false sense of security.
5. **Disclosure of Results.** A positive test result will be disclosed to you or the physician that you designate.
6. **Confidentiality.** Like all medical information, HIV test results are confidential. An insurer, insurance agent or insurance-support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to affiliates, reinsurers, employees and contractors of the insurer in relation to the underwriting of the insurance application. In addition, a report of a nonspecific blood disorder may be made to the Medical Insurance Bureau, a national insurance data bank.
7. **Prevention.** Persons who have a history of high risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.
8. **Information.** Further information about HIV testing and AIDS can be obtained by contacting one of the counseling resources attached to this form.

Notification of Test Results

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test result means, you are asked to list a private physician so that he or she can tell you the test result and explain its meaning.

Name of physician reporting a positive test result: _____

Address: _____

If you want the test results to be given directly to you, initial here: _____.

You should consult a physician or one of the resources listed to discuss the results.

Consent

I have read and I understand this Notice and Consent for AIDS-Related Blood Testing. I voluntarily consent to the withdrawal of blood from me, the testing of the blood, and the disclosure of the test results as described above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if the test result is positive. (This Consent is valid for six months from the date it is signed.)

I acknowledge that I have received a copy of this authorization. A photocopy of this form will be as valid as the original.

Signature of Proposed Insured

Date

Address

California AIDS Community Resources

San Francisco AIDS Foundation

414/864-5855

Sacramento AIDS Foundation

916/448-2437

Central Valley AIDS Team

209/264-2436

AIDS Services Foundation of Orange County

714/646-0411

San Diego AIDS Project

619/543-0300

AIDS Project – East Bay

415/420-8181

AIDS Project Los Angeles

213/876-8951

AIDS Hotline

800/922-AIDS

213/876-AIDS

Spanish AIDS Hotline

800/222-SIDA

Hemophilia AIDS Project

818/793-6192

TTY Information

213/464-0029

AIDS Hotline – U.S. Public Health Service

800/342-AIDS

California Department of Health Services Office of AIDS

916/323-7415

Kern County AIDS Team

805/861-3631

Inland AIDS Project

714/820-2437 (San Bernardino)

714/784-2437 (Riverside)

Santa Barbara County AIDS Counseling and Assistance Program

805/963-3636

AIDS Information Hotline

805/965-2925

Santa Clara County ARIS Project

408/370-3272

Shasta County AIDS Helpline

916/225-5252

Sonoma County AIDS Information Hotline

707/579-AIDS

Stanislaus County Community AIDS Project

209/571-5341

GenDex Momentum® Fixed Index Universal Life Insurance Policy

Statement of Understanding

Thank you for considering the GenDex Momentum Fixed Index Universal Life Insurance Policy from Allianz. We want to be sure you are aware of all of the benefits and features offered by your policy.

Please read the following summary. If you need additional clarification on any of the items listed below, please refer to the GenDex Momentum Specimen Life Insurance Policy. Terms shown in italic typeface are defined in either this summary's Glossary of Terms or in the policy itself. Once you have read this summary, please sign and return this form to confirm you understand the policy you are considering.

What is the GenDex Momentum?

GenDex Momentum is a flexible-premium, fixed index universal life insurance policy. GenDex Momentum provides a death benefit to your beneficiary(ies) that is income-tax free. It also provides tax-deferred growth and after the 10th policy year, offers an accumulation value bonus. You can choose to earn interest credits based on the S&P 500®, The Nasdaq-100, The EuroSTOXX 50, or a blended index option that contains a predefined mix of domestic and international equity indexes along with a bond index.

How do I choose – and change – the way my policy's value is allocated?

When you purchase your policy you can allocate its value (in 1% increments) to any of the 9 index and/or fixed interest options we offer.

Shortly after each policy anniversary you will receive an annual report. It will include a form that allows you to change your policy allocations. If that is your intention, you must complete the allocation change form and return it to the Home Office within 21 days of the policy anniversary. If we do not receive the form within 21 days of the policy anniversary, your changes will not take effect until the next policy anniversary.

Assuming I allocate policy values to the fixed interest option, how is fixed interest calculated and credited?

Your fixed interest is calculated and credited daily. The fixed interest option credits predictable interest based on rates we establish that are not based on a market index. The initial interest rate is guaranteed for the first policy year. We change the interest rate each policy year thereafter, but we guarantee it will be no less than 2% in all policy years.

Assuming I allocate policy values to an index option, how is interest calculated and credited?

Indexed interest is calculated and credited at the end of the policy

year. We use three crediting methods to calculate indexed interest: annual point-to-point, monthly sum, and monthly average. Annual point-to-point crediting is available on all index options. Monthly sum crediting is available on the S&P 500, Nasdaq-100, and EuroSTOXX 50 options. Monthly average crediting is available only on the blended index option.

	S&P 500	Nasdaq-100	EuroSTOXX50	Blended Index
Annual point-to-point	X	X	X	X
Monthly sum	X	X	X	
Monthly average				X

Can you describe how annual point-to-point crediting works?

With annual point-to-point crediting, we capture the initial value of an index on the last business day before a policy year. We then capture it exactly one year later, on the last business day of a policy year. We take the ending index value and subtract the initial index value, and then divide that difference by the initial index value to determine the annual change.

If the annual change does not exceed the stated annual cap (which we will define later), the indexed interest rate is equal to the annual change. If the annual change is greater than the annual cap, the indexed interest rate is equal to the annual cap. If the annual change for an index is negative, the portion of your policy value allocated to that index option will not lose any value, but it will receive zero indexed interest for that year.

The hypothetical example below shows how the indexed interest rate would be calculated with annual point-to-point crediting.

	Initial index value	Ending index value	Annual change	Annual cap	Indexed Interest rate
Index 1	2422.70	2589.00	6.864%	6%	6%

How is annual point-to-point interest calculated for the blended index option?

The blended index option is made up of four market indexes in fixed percentages, or weights, that will not change during the life of your policy. The indexes (and their weights) are as follows: Dow Jones Industrial Average (35%), Barclays Capital U.S. Aggregate Bond Index (35%), EuroSTOXX 50 Index (20%), and Russell 2000 (10%). To calculate the indexed interest rate for the blended index, annual change is calculated for each index in the, and then the changes are added together according to the weight of each index.

The hypothetical example below shows how the indexed interest rate for the blended index option would be calculated.

	Initial index value	Ending index value	Annual change	Weight	Weighted change
Index 1	2422.70	2589.00	6.864%	X35%	= 2.402%
Index 2	53.65	62.00	15.564%	X35%	= 5.447%
Index 3	2753.20	2633.66	-4.342%	X20%	= -0.868%
Index 4	168.31	189.00	12.293%	X10%	= 1.229%
				Sum	= 8.21%
				Indexed interest rate	= 6%

For the annual point-to-point crediting method, the annual cap is applied to the sum of the weighted annual changes, not to each individual weighted annual change. As long as the sum of the weighted annual changes does not exceed its stated annual cap, we will credit the annual change percentage to your policy. If the sum of the weighted annual changes is greater than the annual cap, the indexed interest rate will equal the annual cap percentage. If the sum of the weighted annual changes is negative, the portion of your policy value allocated to that index option will not lose any value, but it will receive no indexed interest for that year.

Can you describe monthly sum crediting?

We again start by capturing the initial value of an index on the last business day before a policy year. We then capture the index value 12 more times a year, on the last business day before each "policy monthiversary". If your policy is dated the 14th of the month, for example, your policy monthiversary will be the 14th of every month throughout the life of your policy.

We take each month's ending index value and subtract the initial index value, and then divide that difference (either positive or negative) by the initial index value to determine the monthly change. If the monthly change does not exceed the stated monthly cap, the capped monthly change for that month will equal the monthly change. If the monthly change exceeds the monthly cap, the capped monthly change for that month will equal the monthly cap. At the end of each policy year, we add together these 12 capped monthly changes (whether positive or negative) to determine the indexed interest rate.

If the sum of the 12 capped monthly changes is negative, the portion of your policy value allocated to that index option will not lose any value, but it will receive zero indexed interest for that year.

The hypothetical example below shows how the indexed interest rate would be calculated with annual point-to-point crediting.

End of month	Index value	Monthly change	Capped monthly change
Dec	879.82	-	-
Jan	855.70	-2.74%	-2.74%
Feb	841.15	-1.70%	-1.70%
Mar	848.18	0.84%	0.84%
Apr	916.92	8.10%	2.40%
May	963.59	5.09%	2.40%
Jun	974.50	1.13%	1.13%
Jul	990.31	1.62%	1.62%
Aug	1008.01	1.79%	1.79%
Sep	995.97	-1.19%	-1.19%
Oct	1050.71	5.50%	2.40%
Nov	1058.20	0.71%	0.71%
Dec	1111.92	5.08%	2.40%
		Sum	10.05%

Can you describe how monthly average crediting works?

We start by capturing the initial value of an index on the last business day before a policy year. We then capture the index value 12 more times a year, on the last business day before each policy monthiversary. These 12 index values are added together, and then divided by 12 to find their average value. We take this average value and subtract the initial index value, and then divide that difference by the initial index value to determine the averaged change. We find the averaged change for each index in the blended index and then add the averaged changes together according to the weight of each index. Finally, we multiply that sum by the participation rate. If positive, the result is the indexed interest rate. If the result is negative, the portion of your policy value allocated to that index option will not lose any value, but it will receive zero indexed interest for that year.

The hypothetical example below shows how the indexed interest rate would be calculated with annual point-to-point crediting.

	Initial index value	Average index value	Averaged change	Weight	Weighted change
Index 1	2422.70	2589.00	6.864%	X35%	= 2.402%
Index 2	53.65	62.00	15.564%	X35%	= 5.447%
Index 3	2753.20	2633.66	-4.342%	X20%	= -0.868%
Index 4	168.31	189.00	12.293%	X10%	= 1.229%
				Sum	= 8.21%
				Indexed interest rate	= 6%

What are caps, floors and participation rates, and how do they affect my policy's potential growth?

A cap is a preset limit that we use to calculate the indexed interest. With annual point-to-point crediting, we apply an annual cap. If the annual change exceeds its annual cap, the indexed interest rate is equal to the annual cap. With monthly sum crediting, we apply a monthly cap. If the monthly change exceeds the monthly cap, the monthly cap is used for that month to calculate the indexed interest rate.

Annual caps and monthly caps for the first policy year are established when you purchase your policy. On each policy anniversary we may change caps for the coming policy year. Annual caps will never be less than 3%. Monthly caps will never be less than 1%.

A floor is a guaranteed interest rate for your index allocations. You can choose a 0% or 1% annual floor for your policy. The floor option you select will apply to all of your allocations. You may change your annual floor on each policy anniversary by notifying the Home Office within 21 days after a policy anniversary. If we do not receive your request within 21 days of a policy anniversary, your change will not take effect until the next policy anniversary.

A participation rate is a percentage used to calculate the indexed interest rate. With annual point-to-point and monthly sum crediting, we apply a 100% participation rate. The participation rate for these crediting methods is guaranteed for all policy years. With monthly average crediting, we may apply a participation rate that is less than 100%. Monthly average participation rates for the first policy year are established when you purchase your policy. On each policy anniversary we may change the participation rates for the monthly average allocations for the coming policy year. The participation rate for this crediting method will never be less than 25%.

Can my accumulation value go down due to losses in the index(es) I choose?

No. If the market index(es) suffer a loss in any give year, your accumulation value is protected. Any interest or index credits that were earned previously are also locked in.

What makes up my accumulation value?

The accumulation value is equal to the greater of the current value and the guaranteed accumulation value.

The initial current value equals your net premium. The current value is increased by any positive indexed interest earned at the end of the policy year, fixed interest earned daily, premium in excess of your planned premium, and/or bonuses credited on applicable policy anniversaries. The current value is decreased by monthly deductions, monthly asset based charges, partial surrenders and accelerated benefit payments.

The initial guaranteed accumulation value equals your net premium. The guaranteed accumulation value is increased by any fixed interest earned daily, premium in excess of your planned premium, and/or bonuses credited on applicable policy anniversaries. The guaranteed accumulation value is decreased by monthly deductions, partial surrenders and accelerated benefit payments.

We will describe these terms in more detail later.

Does the GenDex Momentum have a bonus?

Yes. Beginning on your 10th policy anniversary, the current value and the guaranteed accumulation value will be credited with an accumulation value bonus. The initial bonus is .30%. Beginning on your 20th policy anniversary the bonus is .85%. You will receive this bonus until the policy anniversary when the insured's age is 120.

What death benefit options are available with the GenDex Momentum?

GenDex Momentum has three death benefit options:

Option A is equal to the specified amount of your policy minus all gross partial surrenders. Option A is the default death benefit if you do not make a selection on your application.

Option B is equal to the specified amount of your policy plus the accumulation value.

Option C is equal to the specified amount plus the premium you have paid into the policy minus all gross partial surrenders.

When your policy is issued your death benefit will automatically be guaranteed for 10 years.

What if I choose one death benefit option and then change my mind later?

After the first policy anniversary, you may change your death benefit option on each policy anniversary. **You cannot change to Option C after the time of application, or change from Option C to Option B.** The minimum premium will not change.

Besides the death benefit, what other benefits does the GenDex Momentum offer me?

The **Terminal Illness Accelerated Benefit** pays the policy owner up to 100% of the death benefit (up to \$1 million) should the insured become diagnosed with a terminal illness that results in life expectancy of 12 months or less. A prepayment fee of 1% will be deducted from the payment you receive. **Receipt of these benefits may be taxable. You should consult a tax advisor prior to requesting a benefit payment.**

What riders can I add to my GenDex Momentum base policy at additional cost?

There are currently eight riders that may be available to you at an additional charge. These optional benefits must be selected on your original policy application. You may only terminate a rider on a policy anniversary.

The **Child Term Rider** gives you the option to purchase up to \$10,000 term insurance coverage for each of the insured individual's children, from 15 days old to age 25. This term coverage can later be converted to an approved Allianz permanent insurance policy without medical underwriting. This rider is available when the policy is issued, or at the policy anniversary following the birth or adoption of the insured individual's first child. The rider terminates on the policy anniversary following the insured individual's 65th birthday.

The **Waiver of Specified Premium Rider** credits the waiver amount (shown in your GenDex Momentum base policy schedule) when the insured individual becomes totally disabled. To be covered by this rider, the insured individual must suffer a total disability prior to their 65th birthday. Benefit payments begin six months after the total disability occurs, and will continue to age 120 if the disability persists. Receipt of benefits under this rider does not guarantee the base policy will remain in force.

The **Additional Term Rider** provides annually renewable term insurance for up to four times the death benefit of the insured individual's base policy for face amounts less than \$250,000 and renewable insurance up to \$1,000,000 for face amounts greater than \$250,000. For face amounts greater than \$1,000,000, renewable term insurance is available up to the face amount.

The **Other Insured Rider** provides term insurance on up to four other insured individuals, with a combined death benefit up to four times the base policy's death benefit. The other individuals being insured will be subject to underwriting and must be approved by Allianz.

The **Waiver of Monthly Deduction Rider** waives the monthly deduction if the insured is totally disabled. This rider is not available if the Waiver of Specified Premium Rider is selected. To be covered by this rider, the insured individual must suffer a total disability prior to their 65th birthday. Benefit payments begin six months after the total disability occurs, and will continue to age 100 if the disability persists. Receipt of benefits under this rider does not guarantee that the base policy will remain in force.

The **Enhanced Liquidity Rider** allows you to waive a percentage of the surrender charges on your policy. You have the option to waive either 50% or 100% of the surrender charges.

The **Enhanced Cash Value Rider** provides an enhanced cash value in the policy's early years and guarantees a return of premium for a certain number of years (two). If this rider is selected, there will be a reduction in the interest credited, caps and/or participation rates, as applicable, based on your policy allocation selections.

The **Loan Protection Rider** helps prevent the lapse of the policy due to a policy loan. If your policy loan balance reaches 90% of the accumulation value, we will notify you, at which time, if you meet the conditions of eligibility, you may select to exercise the loan protection benefit. There is no charge for this rider until the rider is exercised. Once exercised, there is a one-time charge, which is a percentage of the accumulation value. To be eligible to exercise the Loan Protection Rider, the following conditions must be met:

- The insured must be between the ages of 75 and 100
- The policy must have been in effect for at least 15 policy years
- The net cash value must be sufficient to cover the Rider charge
- The policy loan must be equal to or greater than the base policy's current specified amount and the rider specified amount of any term rider on the insured(s) attached to the base policy
- Death Benefit Option A must be in effect

- The policy must not be a Modified Endowment Contract (MEC)
- The policy must not have had a material change in the past seven policy years
- The Life Insurance Qualification Test selected must be the Guideline Premium Test
- The guideline single premium after the exercise of the Loan Protection Benefit, must be greater than the sum of all premiums paid less the sum of all non-taxable partial surrenders taken since the policy was issued, or the guideline level annual premium after exercise of the Loan Protection Benefit, must be greater than zero, and the sum of all guideline level annual premiums must be greater than the sum of all premiums paid less the sum of all non-taxable partial surrenders taken since the base policy was issued.

Please note: This policy may be purchased with the intention of accumulating cash value on a tax-free basis for some period (such as, until retirement) and then periodically borrowing from the policy without allowing the policy to lapse. The aim of this strategy is to continue borrowing from the policy until its contract value is just enough to pay off the policy loans that have been taken out and then relying on the Loan Protection Rider to keep the policy in force until the death of the insured. Anyone contemplating taking advantage of this strategy should be aware that it involves significant risk. This strategy has not been ruled on by the Internal Revenue Service (the "IRS") or the courts and it may be subject to challenge by the IRS on the grounds the policy has effectively lapsed or been exchanged. It is thus possible that loans under this policy may be treated as taxable distributions when the rider is exercised. In that event, assuming policy loans have not already been subject to tax as distributions, a significant tax liability could arise. Anyone considering using the policy as a source of tax-free income by taking out policy loans should, before purchasing the policy, consult with and rely on a competent tax advisor about the tax risks inherent in such a strategy.

Can you tell me about the policy charges?

Your policy has three types of policy charges: premium charges, monthly deductions, and asset based charges.

Premium charges: We will deduct a premium charge of 5% as premium is paid into the policy. This charge is guaranteed never to be greater than 10%.

Monthly deductions: We will deduct a monthly deduction from your current value on each policy monthiversary. These charges end on the first policy anniversary following the individual's 120th birthday. Monthly deductions include mortality charges, rider charges, and expense charges.

- Mortality charges are based on factors such as your gender, age and risk class.
- Rider charges will vary depending on your selection of optional riders.
- An expense charge of \$7.50 per policy will be deducted on each monthly anniversary date. This charge is guaranteed never to be greater than \$10 per month. An additional 15 cents per \$1,000 of your policy's initial specified amount

(which is usually equal to the death benefit) will be deducted monthly for the first ten policy years. If you increase your policy's specified amount, a charge for the increased benefit will be deducted for the following ten years. This additional charge is guaranteed not to exceed 15 cents per \$1,000.

Asset based charges: An asset based charge will be deducted from the current value you allocate to index options to pay for the index growth potential. This charge is guaranteed never to be greater than 0.0625% of the allocated current value.

What if I need to take money out of my policy?

Policy loans are one option. If you take a policy loan, the loan will be proportionately applied against your policy's current market index and/or interest allocations. Loans will reduce your cash value and death benefit and could affect your death benefit guarantee.

Here's an example. At the time of your loan, your policy's \$100,000 accumulation value is allocated:

- \$50,000 S&P 500®
- \$25,000 Nasdaq-100
- \$25,000 fixed interest option

Let's say you want a \$10,000 loan. Your \$10,000 loan would initially be sourced in proportion to your allocation choices:

- \$5,000 from S&P 500®
- \$2,500 from Nasdaq-100
- \$2,500 from fixed interest option

At any policy anniversary after you take the loan, you can choose to reapportion your outstanding loan balances to any of your allocation "buckets" in 1% increments.

What is the interest rate on policy loans?

All loan interest is charged in advance.

We charge 6% annual interest at the beginning of each policy year for loans taken from the index allocations. The amount borrowed from the index allocations continues to earn indexed interest. Because of this, any indexed interest earned at the end of a policy year will offset the 6% interest charge.

We charge 4% annual interest at the beginning of the first 10 policy years, and 2% annual interest at the beginning of subsequent policy years for loans taken from the fixed interest allocation. We credit 2% annual interest back to your policy throughout each policy year.

Once the insured reaches age 120, we allocate 100% of the policy values (including loans) to the fixed interest allocation. All loans will be charged 2% annual interest, with 2% annual interest credited back to your policy throughout each policy year.

Please Note: While there are no policy charges after the policy anniversary that follows the insured's 120th birthday, the interest charged in advance on a loan may cause your policy to lapse or require additional premium.

Besides loans, how can I get money from my GenDex Momentum Policy?

You may also request a partial surrender of your policy's cash surrender value. You must request at least \$500. Partial surrenders do not incur surrender charges, but they do reduce your policy values (including its death benefit). Partial surrenders could also affect your death benefit guarantee.

You may also fully surrender, or cancel, your policy. If you elect to do this any time during the first 15 policy years (or within 15 years of a requested death benefit increase), surrender charges will apply.

What happens if I submit more premium than my policy requires?

Premium paid that exceeds the planned premium for the current year (or, if less, any premium paid in the previous year) will be placed in an interim account where it will earn fixed interest until the end of the policy year. At that time, we will distribute the values in the interim account to your allocations according to your allocation choices. This interim account credits interest similar to the interest in the interest allocation.

How will I know how my policy is doing?

You will receive an annual report following each policy anniversary. This report will show your policy's current cash value, its accumulation value (and any interest credited to it), monthly deduction charges, monthly asset based charges, updated premium payments, policy loans, gross partial surrender amounts, and accelerated benefit payments.

What options will my beneficiaries have upon my death?

Your beneficiaries can take the policy's death benefit in a lump-sum, income-tax-free payment or as a stream of income payments. If your beneficiaries choose an income stream payout option of at least 10 years, GenDex Momentum will increase the death benefit by 10%. **Note:** The part of the income payment representing the policy's death benefit is income-tax-free.

I have read the information above. It has been explained to me by the agent and the agent has not made any statements that differ from this disclosure form and no promises or assurances have been made about the future values of the policy. I have also received and read the GenDex Momentum Life Insurance Policy consumer brochure, and I believe the GenDex Momentum is suitable for my insurance needs.

I understand that:

- Any values shown, other than guaranteed minimum values, are not guarantees, promises, or warranties.
- All riders listed may not be available to me and that any available and selected riders will be applied for on the application and reflected on the base policy schedule.
- The above are brief descriptions of the base policy and riders.
- Benefits available in the base policy and each rider will be subject to all specific policy provisions.
- An external index or indexes may affect policy values; however, the policy does not directly participate in any stock or investments and I am not buying shares of any stock or index.

Owner _____ Date _____

I have presented and provided a signed copy of this disclosure to the owner. I have not made statements that differ from this disclosure form and no promises or assurances have been made about the future values of the base policy.

Agent/Registered Representative _____ Date _____

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Not FDIC insured • May lose value • No bank or credit union guarantee • Not a deposit • Not insured by any federal government agency or NCUA/NCUSIF

Glossary of Terms

Base policy

This is the life insurance policy to which any selected and approved rider(s) are attached.

Guaranteed accumulation value

The guaranteed accumulation value is calculated in the same manner as the current value described earlier in this summary, except that index and interest adjustments are credited at an annual rate of 2% AND monthly deductions, premium charges, and policy loans are charged at the maximum rate permitted in your policy.

Net premium

Premium you pay less a premium charge. This charge is guaranteed not to exceed 10% in any policy year.

Terminal illness

This is a diagnosis by a physician of a medical condition that is expected to result in death of the insured within 12 months (or less).

Totally disabled

During the first 24 months of a benefit period, Totally Disabled or Total Disability is the complete and continuous inability of an insured to perform the duties of the insured's occupation as the result of injury or sickness that requires the regular care of a physician.

After the benefit period has been in effect for 24 months, Total Disability or Totally Disabled means that an injury or sickness requires the insured to be under the regular care and attendance of a physician and prevents the insured from engaging in any occupation for which the insured is reasonably qualified by education, training, or prior experience.

**Authorization for Release of Health Information
To Allianz Life Insurance Company of North America ("Company")
(This authorization complies with the HIPAA Privacy Rule)**

**The applicant must read and sign this form and it
must be submitted with every insurance application.**

Name of Proposed Insured (please print) _____
Date of birth

Name of Proposed Other Insured (please print) _____
Date of birth

I authorize any health plan, physician, healthcare professional, hospital, clinic, laboratory, pharmacy, medical facility, or other healthcare provider that has provided payment, treatment, or services to me or on my behalf ("My Providers") to disclose my entire medical record and any other protected health information concerning me to the Company, its agents, employees, representatives, and reinsurers. This includes information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco.

I also authorize any insurance company, my insurance agent, the Medical Information Bureau (MIB), employers, consumer reporting agencies, health plan administrators, government agencies, relatives, friends, neighbors, and others with whom I am acquainted ("Other Persons"), that have any records or knowledge of me relating to my health/medical history, character, general reputation, personal characteristics, or mode of living, to give to the Company, its agents, its employees, its representatives, and its reinsurers any such information. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco.

By my signature below, I terminate any agreements I have made with My Providers or with Other Persons to restrict my protected health information and other information and I instruct My Providers and Other Persons to release and disclose my entire medical record and other records or knowledge of me or my health without restriction.

This protected health information and other information is to be disclosed under this Authorization so that the Company, its agents, employees, representatives, and reinsurers may: (1) underwrite my application for coverage, make risk rating determinations and make policy issuance determinations; (2) obtain reinsurance; and (3) conduct other legally permissible activities that relate to any coverage I have applied for with the Company.

The Company, its agents, employees, representatives, and reinsurers may release information obtained by this Authorization to the MIB, reinsurers, and other persons and entities performing business or legal services in connection with my application.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing at any time by sending a written request for revocation to Allianz Life Insurance Company of North America at 5701 Golden Hills Drive, Minneapolis, MN 55416-1297.

I understand that a revocation is not effective if My Providers and Other Persons have relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my entire medical record, the Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

I also understand that if I refuse to sign this Authorization, the Company may not be able to process my application. I acknowledge that I have received a copy of this Authorization.

Signature of Proposed Insured or Personal Representative _____
Date

Signature of Proposed Other Insured or Personal Representative _____
Date

Description of Personal Representative's authority or relationship to Proposed Insured/Other Proposed Insured.



26358

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060



Automatic Payment Plan-EFT Authorization

I hereby authorize Allianz Life Insurance Company of North America 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.

Name on bank account MI Last name

Name of applicant/owner (if other than account holder) MI Last name

Date of authorization (mm/dd/yyyy) / / Withdrawal day (1st - 25th)

Signature of account holder

Type of account Checking Savings

Account number Routing number

Process entries Monthly Quarterly Semi-annual Annual

In the amount of \$, . Apply payments to policy number

Name of financial institution or bank Phone number () -

Address

City State Zip code -

Please submit a void check with this form

Agent's Report

1 Agent information (for additional agents, please complete section 13.)

Agent's first name	MI	Agent's last name
Phone number	Agent number	Split percentage
Agent's first name	MI	Agent's last name
Phone number	Agent number	Split percentage

2 What commission choice are you selecting? (Available on GenDex series only. Select one option. Option B is only available on GenDex Momentum and GenDex Survivor. Refer to the GenDex Series Agent Guide or call the FASTeam at 800.950.7372 if questions on these options). Option A Option B

3

	Proposed Primary/ First Insured	Proposed Second
A. Did you meet with the proposed insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. How long have you known the proposed insured?	_____	_____
C. The proposed insured is:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
D. If married, amount of life insurance in force on spouse:	\$ _____	\$ _____
E. If married, spouse's annual earned income:	\$ _____	\$ _____
F. Is the proposed insured related to you or your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. If related, state relationship, if applicable:	_____	_____

4

Who will be ordering the following medical requirements? Agent Home Office
If agent, which applies? Physical measurements (PMI) Full blood profile (BLDPF) Home Office urine specimen (HOS)
 EKG APS Other, please specify _____
Exam scheduled with Paramedical Company _____ Phone (_____) _____

NOTE: The Home Office will be happy to schedule and follow up on all necessary requirements for your client, all you need to do is check "Home Office" to the above question.

5

A. What is the purpose of the proposed insurance coverage?

Personal insurance

Business insurance

- Income replacement Estate conservation Deferred compensation Buy/Sell
- Retirement income needs Final expenses Key person Business continuation
- Charitable giving Other – explain in "Remarks" Split dollar Loan indemnification
- Mortgage protection (Mortgage amount \$_____) Executive Bonus Other – explain in section 3

B. Please provide an explanation on how the face amount was determined: _____

6

Source of funds (Payments made with foreign currency or payments drawn on or originating from a foreign bank or other foreign lender are prohibited.):

- Earned Income Mutual Fund/Brokerage Account Money Market Fund Savings Loans
- Mortgage/Reverse Mortgage or Home Equity Loan Another Life Insurance or Annuity Contract Other _____
- Premium Financing If premium financing is going to be used, please answer the following questions:

A. Name of the company who is administrating the premium finance: _____

B. Who is the lender providing the funds (include name of lender and address)? _____

C. What type of loan? Recourse Non-recourse D. Is the client obligated to repay the loan? Yes No

Note: Premium financing plan(s) must be approved by Allianz. If you do not have prior approval, please submit all sales/marketing materials.

7

Who is the payor on this policy? Proposed primary insured Proposed owner

Other If other, please provide the following details:

First name	MI	Last name
------------	----	-----------

Date of birth (mm/dd/yyyy)	Social Security number	Relationship to the owner/proposed insured
----------------------------	------------------------	--

Residence address (street required) _____

City	State	ZIP code
------	-------	----------

Why is this person the payor? _____

What is the amount of insurance in force on the payor?	What is the annual income of the payor?
--	---

Will the owner/proposed insured be assigning part or all of the policy cash values and/or death benefit to the payor or someone else? Yes No

If yes, provide details _____

8

Military Sales Disclosure

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

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

- 9** **A.** Did you discuss with the client their current life insurance policies and other assets prior to their decision to purchase this life insurance policy? Yes No
- B.** In discussing this sale with the client, the client has indicated to you that they have sufficient liquid assets available for living expenses and emergencies other than the money allocated to pay the life insurance premiums: Yes No
- C.** In reviewing the purchase of this insurance policy as to the suitability of such purchase for the client, you have reasonable grounds for believing this purchase is suitable in meeting their insurance needs and financial objectives? Yes No
- If any of the above questions, regarding suitability, are answered "No," please provide details: _____

If **replacement** is involved, the following question also needs to be completed:

- D.** The existing life insurance policy is being replaced and cannot meet the client(s) objectives because:
- _____

- 10** **A.** To the best of your knowledge, has this client(s) sold, viaticated or settled any previous life insurance policies? Yes No
- B.** To the best of your knowledge, does this client(s) have any intention to sell or settle this policy, if issued? Yes No
- If Yes to either of the above question, please provide details: _____
- _____

- 11** Do you know of any information not given in the Worksheet which might affect the insurability of any person to be insured? Yes No If Yes, please explain in section 13.

- 12** 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 insured(s)/owner(s) identity by reviewing the government issued photo ID selected below:
- Proposed insured/first insured:** Drivers license Passport State or military photo ID
- State of issue _____ Expiration Date _____ Number _____
- Proposed second insured:** 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 _____

- 13** Special requests/Remarks: _____
- _____

- 14** To the best of my knowledge the information contained in the agent's report is accurate. During the sales presentation connected with the replacement transaction, I (agent) used only Allianz approved sales materials and left a copy of each piece used with the applicant.

Signature of Agent is required

Today's Date