

Agent Instruction Sheet – Life Insurance Policy

Note: The medical question found under section 2, of page 1, must be answered to authorize us to contact MIB.

All required forms will be generated after the Life Insurance Policy Worksheet/Application is completed. If requesting additional coverage, please complete the appropriate Supplemental Life Insurance Worksheet/Application.

- ✓ Complete all required forms included with the Worksheet/Application.
- ✓ Worksheet/Application should be submitted with a complete illustration or a Certification of Illustration.
- ✓ If the GenDex SurvivorSM Fixed Index Universal Life Insurance Policy product is selected, please list the younger insured as the primary insured.
- ✓ If the Legacy Planner Life Insurance Policy product is selected, and your client does not qualify based on the answers to the “Yes/No” questions, he/she may still qualify for a different Allianz product.

Required forms and verification:

- Statement of Understanding – Submit with the Worksheet/Application and leave a copy with client
- HIPAA – Submit with the Worksheet/Application
- MIB – Leave with client
- Review driver’s license (or other government issued ID) to verify identity of client

Additional forms that may be required by your state and/or product selection: Please see the Worksheet/Application packet.

- Agent’s Report – Complete for all applications
- HIV Consent form
- Replacement forms
- Accelerated Benefit Disclosure Statement – Required when Terminal Illness Accelerated Benefit Rider is inclusive to the product selected or if the Long Term Care Accelerated Benefit Rider (LTC ABR) is selected.
- Conditional Receipt – Leave with client whenever premium is collected.
- LTC ABR – Only available on certain products. When selecting for LTC ABR please include the following forms:
 - LTC Replacement Notice
 - LTC Personal Worksheet
 - LTC Questions/List
 - LTC ABR Disclosure
 - Third Party Disclosure
 - Outline of Coverage
 - LTC Potential Rate Increase
 - State Health Insurance Counseling Program Notice
- Other state forms as required

Forms required due to your client’s specific needs:

- Transfer form – Required to transfer funds from another company.
- Financial Statement – Required when selecting a face amount over \$1,000,000 or at underwriter’s discretion. Regardless of face amount, if owner or beneficiary is a business, complete the business financial statement.
- EFT form – Required when requesting premium via automatic withdrawals from a bank. EFT’s can be drafted the 1st through the 25th of the month.

Required signatures:

- Spouse’s signature is required anytime someone other than the spouse is listed as primary beneficiary and when writing in a community property state (AK, AZ, CA, ID, LA, NV, NM, TX, WA, and WI).
- Signature is required from all proposed insureds 15 years and older.
- Signature of parent or guardian is required for all proposed insureds 17 years or younger and an owner must be listed.

Delivery:

- The policy must be delivered and the application must be signed in the state the Worksheet was signed.
 - See the enclosed “What to Expect During the Life Insurance Underwriting Process.”
- If you complete a Life Worksheet, you and your client(s) must sign and date both copies of the application.
 - One copy of the application is located inside the policy and another is inside the policy packet. The application inside the policy packet must be returned to the Home Office.

Additional information:

- For questions contact the FASTeam at 800.950.7372 (press 1 for Sales Support, then 2 for Life).
- All forms are available on the Web site at www.allianzlife.com or call the Supply Department at 800.358.8585.

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
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Date of birth (mm/dd/yyyy)	Social Security number	Relationship to the owner/proposed insured
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Residence address (street required) _____

City	State	ZIP code
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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?
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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

Conditional Life Insurance Receipt

**Make all checks payable to Allianz Life Insurance Company of North America.
Do not make checks payable to an agency, broker, agent, or leave payee blank.**

A life insurance policy with Allianz Life Insurance Company of North America (the "Company") will not become effective unless and until a policy is delivered and accepted by you. However, if you have paid us the first full modal premium selected on the worksheet, or your payment is equal to at least two months premium, we will provide the following conditional insurance. Please read the following carefully.

1. Conditional life insurance coverage is determined separately for each proposed primary insured under the policy. **Conditional life insurance coverage identical in terms to the policy you have applied for will become effective before delivery of the policy applied for only if all of the conditions listed below have been completely satisfied.**
 - The amount of advance premium taken with the worksheet is at least equal to the first full modal premium selected on the application or a minimum of two months premium;
 - The proposed primary insured is age 75 or less;
 - Completion of the worksheet, telephone interview, medical examination, blood testing, urine testing, exercise EKG, and EKG as deemed necessary by the Company before death and within 75 days from the worksheet signed date. However, if the proposed primary insured dies from an unintentional accidental bodily injury before any exams and tests are completed, a death benefit will be paid under the terms of this Conditional Life Insurance Receipt;
 - All answers on the worksheet and telephone interview are true and complete;
 - The proposed primary insured is insurable and acceptable for the insurance on a non-rated basis.
2. If your premium payment is not honored, this Conditional Life Insurance Receipt is void.
3. The maximum amount of insurance effective under this Conditional Life Insurance Receipt is limited to the lesser of:
 - (a) The amount of insurance specified in the worksheet; or
 - (b) The sum of \$1,000,000 minus the total sum of all existing life insurance shown on the worksheet or in force with the Company.
4. Except as provided in this Conditional Life Insurance Receipt, any policy approved by the Company will not take effect until the full premium is paid and the policy is delivered and accepted during the lifetime of the applicant.
5. No agent or any other person is authorized by Allianz Life Insurance Company of North America to waive any requirement, or modify in any way, any of the provisions of this Conditional Life Insurance Receipt; nor are they authorized to accept risks or make decisions regarding insurability on behalf of the Company.
6. Any insurance effective under this Conditional Life Insurance Receipt will expire and be void upon the earlier of:
 - (a) The effective date of the policy for which the application was made;
 - (b) The date the Company sends you written notification denying your request for coverage;
 - (c) The date the Company sends you written notification that the request for coverage is deemed incomplete due to failure to complete the underwriting process;
 - (d) The date the request for coverage is withdrawn by the proposed primary insured or agent on the proposed primary insured's behalf.
7. If the death of the proposed primary insured is due to suicide or an intentionally self-inflicted injury, payment by the Company will be limited to the return of the advance premium paid.
8. In no event will coverage exist under both this Conditional Life Insurance Receipt and the life insurance policy the Company offers you.
9. Any death benefit payable under the terms of this Conditional Life Insurance Receipt will be paid to the named beneficiary(ies) as designated on the worksheet.

I certify that I have reviewed and explained the conditions of this receipt with _____
_____, the proposed primary insured and _____
_____, proposed other insured(s) (if applicable) and I have received advance
premium totaling \$ _____ in connection with the life insurance worksheet with Allianz Life Insurance Company of North America.

Date

Signature of agent

**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.

Notice of Disclosure

Notice of Disclosure

One of the prime objectives of the Company is to provide insurance at a fair cost. The underwriting process (evaluation of risks) is necessary not only to assure this fair cost, but also to assure that each policyholder contributes his fair share of the cost. In considering your application, information from various sources, therefore, must be considered. These include the results of your physical examination, if required, and any reports received from doctors and hospitals who have attended you.

Notice of Insurance Information Practices

To evaluate your application, we will need some personal information about you. It may be necessary to obtain some of that information from sources other than yourself. For your protection, you have a qualified right to learn what information we obtain about you. You also have the right to request correction of any erroneous information. Although the information we obtain about you is confidential, in some cases we may disclose information to others without your specific authorization. We will furnish a more detailed summary of our information practices upon request.

Fair Credit Reporting Act

As a part of our evaluation of your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with agencies, friends, neighbors or others with whom you are acquainted or who may have information about you. This report, among other things, may include information as to your character, general reputation, personal characteristics, health and mode of living.

You may request to be interviewed in connection with the preparation of any investigative reports. Upon your written request and within a reasonable period of time, you have the right to receive additional detailed information about the nature and scope of the investigation and to receive a copy of the report at your expense. We will advise you of the name and address of the consumer reporting agency from whom you may receive a copy of the report to inspect the report itself.

Medical Information Bureau Notice

Information regarding your insurability will be treated as confidential. Allianz Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc. formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866.692.6901 (TTY 866.346.3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Allianz Life, or its reinsurers may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.



**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one,
and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's signature and printed name	Date
Producer's signature and printed name	Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
Could they change?
You're older – are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
What are the tax consequences of buying the new policy?
Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

REMEMBER, you have thirty (30) days following receipt to examine the contents of any individual life insurance policy or annuity. If you are not satisfied with it for any reason, you have the right to return it to the insurer at its home or branch office, or to the agent through whom it was purchased, for a full refund of premium.



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A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

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3.	_____	_____	_____	_____

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What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

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What are the interest rate guarantees for the new contract?
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Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

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You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because:

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's signature and printed name	Date
Producer's signature and printed name	Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
Could they change?
You're older – are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
What are the tax consequences of buying the new policy?
Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

REMEMBER, you have thirty (30) days following receipt to examine the contents of any individual life insurance policy or annuity. If you are not satisfied with it for any reason, you have the right to return it to the insurer at its home or branch office, or to the agent through whom it was purchased, for a full refund of premium.

Replacement Coverage for Life Insurance and Annuities

Complete if life insurance or annuity contracts will be replaced or if other life insurance or annuities are in force.

The agent and the proposed insured must complete all applicable information in this section if the proposed insured has any **existing** life insurance policies or annuity contracts, or is contemplating **replacing** any policies or contracts. The agent **MUST give the proposed insured the option** of having the Important Notice: Replacement of Life Insurance or Annuities read aloud **in either case**.

Replacement Certifications

The proposed insured and the agent certify that the Notice has been read aloud by the agent, or that the proposed insured did not wish the Notice to be read aloud. A copy of the Notice has been left with the proposed insured.

The applicant does does not have existing life insurance or annuity contracts.

(Agent Signature)

Date

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 nine 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 **Long Term Care Accelerated Benefit Rider** is an optional benefit available for issue ages 0-75. It can pay monthly cash benefits if the insured individual becomes chronically ill. These benefits equal 1% to 4% of the policy's eligible amount (shown in your GenDex Momentum base policy schedule). Benefit amounts can total up to \$10,000 a month, and payments begin 90 days after diagnosis. Total payments under this rider cannot exceed the death benefit (or \$1 million for policies with death benefits greater than \$1 million). Payments to owners of multiple Allianz policies cannot exceed \$1 million for all policies issued by Allianz.

Note: Benefit payments received under this rider will reduce the death benefit and all other policy values, as well as your required premium. The benefits themselves may be taxable. In addition, in a limited number of situations, the amount deducted from your policy's accumulation value to pay your monthly rider charge may also be taxable (including an additional 10% penalty tax if your policy qualifies as a modified endowment contract). **You should consult a tax advisor prior to choosing this rider.**

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 charge 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 based on factors such as your gender, age and risk class.

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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Glossary of Terms

Base policy

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

Chronically ill

This is certification by a licensed health practitioner that:

- Due to a loss of functional capacity, the insured individual is unable to perform at least two activities of daily living (bathing, continence, dressing, eating, toileting, and transferring) without substantial assistance, and substantial assistance is expected to be required for at least 90 continuous days; or
- Due to a cognitive impairment, the insured individual requires substantial supervision.

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.

Supplemental Life Insurance Worksheet

1. Proposed other/second insured

First name	MI	Last name		
Relationship to insured	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Age	Social Security number
Residence address (street required)				
City	State	ZIP code		
Place of birth (state and country)	Driver's license number			State of issue
Specified amount/face amount (N/A for GenDex Survivorship™)	Rate class quoted			

2. Proposed other insured's beneficiary(s) – percentage must equal 100% for primary and 100% for contingent.

(N/A for GenDex Survivorship)

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

3. Proposed other 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)

4. Child(ren) coverage (list name, date of birth, and gender for each child to be insured under chosen rider)

First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)
First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)
First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)
First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)

5. Proposed owner's information, if other than proposed insured(s)

Individual

First name	MI	Last name
Date of birth (mm/dd/yyyy)	Social Security number	Relationship to proposed insured
Home phone number	Business phone number	

5. Proposed owner's information, if other than proposed insured(s) (continued)

Residence address (street required)

City	State	ZIP code
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Optional mailing address

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

 Proposed joint owner (proposed owners are joint tenants with rights of survivorship) or **Contingent owner**

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

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

Residence address (street required)

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

Optional mailing address

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

 Trust **Corporation** **Partnership** **Sole proprietorship**

Trust/Business name (if applicable)	If trust is named, provide trustee's first and last name
-------------------------------------	--

Date of trust (mm/dd/yyyy)	Tax or employer ID number	Preferred phone number
----------------------------	---------------------------	------------------------

Trustee/Business address (street required)

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

Optional mailing address

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

6. Proposed other/second insured's medical information (must always be completed)

Name of proposed other/second insured's physician/medical family	Preferred phone number
--	------------------------

Address

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

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

Proposed other/second insured's client interview setup

Best time to call	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Preferred day to call	Phone number () ()	<input type="checkbox"/> Work <input type="checkbox"/> Home
-------------------	---	-----------------------	----------------------	---

Special requests <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Interpreter needed; language _____	Alternate phone number (optional) () ()
---	--

If juvenile, provide name of individual to be contacted for client interview (must be parent or legal guardian)

First name	MI	Last name	Relationship to juvenile
------------	----	-----------	--------------------------

7. Proposed other/second insured's replacement

Does the proposed other/second insured have a(n) existing :

1. Annuity contracts? Yes No
2. Life insurance? Yes No If Yes, will the life insurance being considered replace or change existing contracts or policies? Yes No
Amount of life insurance in force or applied for? \$ _____
3. Long term care (LTC) policies? Yes No If Yes, will the life insurance being considered replace or change existing contracts or policies? Yes No

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
----------------	--------------------------------	------------

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

8. Illustration certification – The agent's statement and the proposed owner's statement must both be completed if a signed illustration is not being submitted with this Worksheet, or if the illustration differs from the policy described on this Worksheet.

Agent's statement – By signing this Worksheet, I acknowledge that (*check the following that apply*):

- I did not provide an illustration
- The policy described in this Worksheet differs from the policy illustrated.

Proposed owner's statement – By signing this Worksheet, I/we acknowledge that (*check the following that apply*):

- I/we did not receive an illustration conforming to the policy described on this Worksheet.
- I/we received an illustration for the policy. However, the illustration differs from the policy described on this Worksheet.
- I/we understand that an illustration conforming to the policy as issued will be provided to me/us no later than at the time the policy is delivered.

9. Client interview set-up – please read form NB5026-WS to prepare your client for the phone interview.

Best time to call	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Phone number ()	<input type="checkbox"/> Work <input type="checkbox"/> Home
Special requests		Alternate phone number (optional)	
<input type="checkbox"/> Hearing impaired	<input type="checkbox"/> Interpreter needed: language _____	()	

10. Acknowledgement and signatures

I have received the Medical Information Bureau disclosure and investigative consumer report notice, form number NB5025.

Proposed primary/first insured's signature _____

Proposed owner's signature _____

Proposed other/second insured/spousal's signature _____

Primary beneficiary(ies) for proposed primary/first and second insured/proposed other insured(s) consent (only required in AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI) This is a community property state. By signing below, I waive my Community Property Interest and give my consent for someone other than myself to be designated as primary beneficiary to this policy.

Spousal consent(s) _____

To be answered by a licensed agent: By signing below, I certify that the statements of the proposed owner(s) have been correctly recorded in this Worksheet, and that I have reviewed a driver's license or other government issued ID to verify the identify of all proposed insured's and owner, if different. If a form of government ID other than a driver's license was reviewed, please specify the type of document (such as Social Security card, birth certificate, or passport). Please note: While reviewing the driver's license or other form of ID is preferred, this is not required for the 10 and 20 Year Term products.

Type of document reviewed _____

To the best of my knowledge, the insurance being considered in this Worksheet will will not replace existing insurance.

Today's date (mm/dd/yyyy) _____ Writing agent's signature _____

