

Policy Number: _____
(Home Office Use Only)

Application for Individual and Joint Life Insurance - Part 1

1. Insured Information

a. Proposed Insured

First Name MI Last Name

Male Female _____
Date of Birth Age Social Security Number/TIN

Street Address City State ZIP Code

Telephone Number Cell Phone Number Email Address

Driver's License Number State of Issue

Place of Birth United States (state) _____ Other (country) _____

Are you currently employed? Check one

- Yes, full-time (more than 30 hours per week) Yes, part-time (30 hours per week or less)
 Self-Employed, please check one Full-time Part-time
 No, homemaker, student, or retired Not currently employed

If employed, please provide your current:

- a. Employer's name: _____
b. Job title and type/line of business: _____
c. Length of employment: _____
d. Is this a U.S. based company? Yes No

Please provide the financial information below:

\$ _____ \$ _____
Annual Earned Income Annual Unearned Income Please indicate source of unearned income

\$ _____
Spouse's/Domestic Partner's/Civil Union Partner's Annual Income

\$ _____ \$ _____ \$ _____
Household Net Worth Household Liquid Assets Household Annual Expenses

a. Proposed Insured (continued)

Have you ever filed for bankruptcy?

No
 Yes, provide dates and details for each bankruptcy filing: _____

2. Owner Information

a. Proposed Policy Owner¹

Is proposed owner the same as proposed insured on the base policy? Yes No, complete the below

Type of Owner: Individual Corporation Partnership Sole Proprietorship Trust Joint

First Name/Trust or Corporation Name MI Last Name

If Trust, provide Trustee Name(s)

Male Female _____
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

Street Address City State ZIP Code

Home Phone Number Cell Phone Number Email Address

\$ _____
Amount of Insurance In Force on Proposed Policy Owner

\$ _____ \$ _____ \$ _____ \$ _____
Household Annual Income Household Net Worth Household Liquid Assets Household Annual Expenses

b. Proposed Joint Policy Owner

Type of Owner: Individual Corporation Partnership Sole Proprietorship Trust Joint

First Name/Trust or Corporation Name MI Last Name

If Trust, provide Trustee Name(s)

Male Female _____
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

¹ If a Foreign National, please complete the **Application for Individual and Joint Life Insurance - Foreign National Questionnaire**.

b. Proposed Joint Policy Owner (continued)

Street Address _____ City _____ State _____ ZIP Code _____

Home Phone Number _____ Cell Phone Number _____ Email Address _____

\$ _____
Amount of Insurance In Force on Proposed Policy Owner

\$ _____ \$ _____ \$ _____ \$ _____
Household Annual Income Household Net Worth Household Liquid Assets Household Annual Expenses

c. Proposed Contingent Policy Owner

If not completed, the proposed contingent policy owner will be the estate of the Proposed Policy Owner.

Type of Owner: Individual Corporation Partnership Sole Proprietorship Trust Joint

First Name/Trust or Corporation Name _____ MI _____ Last Name _____

If Trust, provide Trustee Name(s) _____

Male Female _____
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

Street Address _____ City _____ State _____ ZIP Code _____

Home Phone Number _____ Cell Phone Number _____ Email Address _____

3. Premium/Billing Information

Frequency: Single Premium Annual Semi-Annual Quarterly Monthly - complete **EFT Authorization**

\$ _____ \$ _____ \$ _____
Billed/Planned Premium Amount Total Amount Submitted with the Application First Year Lump Sum Amount

\$ _____
1035 Exchange Amount

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

If this is a replacement of a life insurance policy, was that policy a Modified Endowment Contract (MEC)? Yes No

The Payor is: (Billing statements will **ONLY** be sent to the address of the Payor)

Proposed insured Proposed owner Other - below

Payor First Name _____ MI _____ Last Name _____

Male Female _____
Date of Birth Relationship to Proposed Insured Social Security Number/TIN

3. Premium/Billing Information (continued)

Street Address _____ City _____ State _____ ZIP Code _____

Home Phone Number _____ Alternate Phone Number (optional) _____ Email Address _____

\$ _____
Amount of Insurance In Force on Payor

\$ _____ \$ _____ \$ _____ \$ _____
Household Annual Income Household Net Worth Household Liquid Assets Household Annual Expenses

Reason this person is the Payor _____

4. Source of Funds - Payments made with foreign currency or payments drawn on or originating from a foreign bank or other foreign source are prohibited. Funding through a Mortgage/Reverse Mortgage or Home Equity Loan is prohibited.

- Earned Income Mutual Fund/Brokerage Account Money Market Fund Savings Loans
 Annuity Contract Other Life Insurance Policy
 Qualified Funds - i.e. IRA, Beneficial IRA, 401(k), SEP, 403(b) (provide details): _____

Inheritance (provide details): _____

Other (provide details): _____

- Premium Financing - If financing will be used, please answer the following questions:
- Name of the company who is administering the premium finance: _____
 - Name of lender providing the funds: _____
 - What type of loan? Recourse Non-recourse
 - Is the client obligated to repay the loan? Yes No

5. Purpose of Insurance

a. What is the purpose of the Life Insurance/Death Benefit coverage for the proposed insured?

Personal Insurance

- Income Replacement
 - Charitable Giving
 - Estate Conservation
 - College Funding
 - Other (please explain): _____
- Final Expenses
- Retirement Planning
- Mortgage Protection
- Mortgage Amount \$ _____

Business Insurance

- Deferred Compensation
- Key Person
- Split Dollar
- Buy/Sell
- Business Continuation
- Executive Bonus

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

c. Do both the proposed insured and the proposed owner(s) believe that this life insurance policy being applied for will meet the insurance needs and objectives of each person? No Yes

d. Did the agent discuss with both the proposed owner(s) and the proposed insured the current life insurance policies and other assets of each person prior to the decision to purchase this life insurance policy? No Yes

e. Does the proposed owner(s) feel that sufficient liquid assets are available to them for living expenses and emergencies in addition to the money allocated to pay the life insurance premiums? No Yes

Please indicate which of the following discussions have been had with the proposed insured or the proposed owner(s) of this life insurance policy. Check ALL that apply.

- Been offered "free insurance", a cash payment, or some other promised benefit as an incentive
- Discussed selling this life insurance policy
- Had an evaluation to determine the insured's life expectancy (how long the insured will live)
- Discussed changing ownership or beneficiaries once this policy is issued
- None of these

Provide details for any discussions indicated above: _____

6. Replacement and Insurance Activity

If replacing existing coverage, complete the applicable state **Replacement Notification**

Amount of life insurance currently in force? \$ _____ None

Amount of life insurance currently applied for, other than the amount being applied for on this application? \$ _____ None

Will this insurance replace any existing annuities and/or life insurance? No Yes, provide details below

If coverage will be replaced, will there be a surrender charge on the annuity or life insurance product? No Yes

If yes, what is the surrender charge percentage?

Replacement 1: _____% Replacement 2: _____% Replacement 3: _____% Replacement 4: _____% Replacement 5: _____%

Provide details of life insurance policy(s) or annuity contract(s) that are in force or applied for below:

1. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

_____ \$ _____
Name of Company Face Amount Date Issued or Applied For

2. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

_____ \$ _____
Name of Company Face Amount Date Issued or Applied For

3. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

_____ \$ _____
Name of Company Face Amount Date Issued or Applied For

4. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

_____ \$ _____
Name of Company Face Amount Date Issued or Applied For

5. Type: Life Annuity In force Applied For - If applied for, will both policies be taken? No Yes
To be replaced? No Yes

_____ \$ _____
Name of Company Face Amount Date Issued or Applied For

7. Product Information

Allianz Life Pro+ AdvantageSM Fixed Index Universal Life Insurance Policy

Specified Face Amount _____ Risk Class _____

Death Benefit Option (choose one) - If no option is selected, Option A will be issued.

A - Specified Amount B - Specified Amount plus Accumulation Value C - Specified Amount plus Total Premium Paid

Definition of Life Insurance Test (choose one) - If no option is selected, GPT will be issued.

Cash Value Accumulation Test (CVAT) Guideline Premium Test (GPT)

Allocations - Some allocations may not be available on all products or in all states.

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

Standard Indexed Allocations

Blended index

annual point-to-point with a cap _____% **S&P 500® Index** annual point-to-point with a cap _____%

Nasdaq-100® Index

monthly sum with a monthly cap _____% **Fixed Allocation** _____%

Bonused Indexed Allocations

Blended index

annual point-to-point with a cap _____% **PIMCO Tactical Balanced ER Index** annual point-to-point with a participation rate _____%

Bloomberg US Dynamic Balance II ER Index

annual point-to-point with a participation rate _____% **S&P 500® Index** annual point-to-point with a cap _____%

Nasdaq-100 Index

monthly sum with a monthly cap _____% trigger method _____%

Select Indexed Allocations

Blended index

annual point-to-point with a cap _____% **PIMCO Tactical Balanced ER Index** annual point-to-point with a participation rate _____%

Bloomberg US Dynamic Balance II ER Index

annual point-to-point with a participation rate _____% **S&P 500® Index** annual point-to-point with a cap _____%

Total of _____% (must equal 100%)

8. Optional Riders (*Riders may not be available on all products*)

Child Term Rider _____ units Complete **Child Term Rider Section**
(\$1,000 per minimum 5 units/maximum 10 units)

Enhanced Liquidity Rider (choose one) 50% 100%

Premium Deposit Fund Rider Amount \$ _____ Premium Deposit Fund Period (specify 3-10 years): _____

Supplemental Term Rider Amount \$ _____
(Minimum greater than \$25,000/maximum 5 times or 10 times the Base Specified Amount based on age and risk class)

Waiver of Specified Premium Rider Amount \$ _____

9. Child Term Rider

a.

First Name MI Last Name
Gender Male Female _____
Date of Birth Social Security Number/TIN Phone Number

Street Address City State ZIP Code

b.

First Name MI Last Name
Gender Male Female _____
Date of Birth Social Security Number/TIN Phone Number

Street Address City State ZIP Code

c.

First Name MI Last Name
Gender Male Female _____
Date of Birth Social Security Number/TIN Phone Number

Street Address City State ZIP Code

d.

First Name MI Last Name
Gender Male Female _____
Date of Birth Social Security Number/TIN Phone Number

Street Address City State ZIP Code

10. Beneficiary Designation

- Percentages must total 100%; if you do not indicate the percentage, the surviving beneficiary(s) will share equally.
- If the Beneficiary For is not indicated, the beneficiary(s) listed will be assigned to the Base Policy.
- If beneficiary(s) are a Trust, include Trustee Name(s) and Trust Date.

a.

Beneficiary For: Base Policy
Beneficiary Designation: Individual Trust Corporation Type: Primary Contingent _____
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

b.

Beneficiary For: Base Policy
Beneficiary Designation: Individual Trust Corporation Type: Primary Contingent _____
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

c.

Beneficiary For: Base Policy
Beneficiary Designation: Individual Trust Corporation Type: Primary Contingent _____
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

10. Beneficiary Designation (continued)

d.

Beneficiary For: Base Policy
Beneficiary Designation: Individual Trust Corporation Type: Primary Contingent _____
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

If there are additional beneficiaries, please complete **Supplemental Beneficiary Designation Form (NB2292)**