

Certificate of Foreign Language Interpretation

Proposed Policy Owner's First Name _____ MI _____ Last Name _____

Proposed Policy Owner's Native Language(s) _____

Interpreter's First Name _____ MI _____ Last Name _____

Interpreter's Address _____ City _____ State _____ Zip Code _____

Interpreter's Phone Number _____ English and _____
Language Used By Interpreter

Proposed Policy Owner's Declaration and Signature

- I authorize the interpreter named above to act on my behalf as my interpreter during my business transaction or examination concerning the purchase of a life insurance policy.
- I fully understand that this interpreter's participation in the interview may result in him or her learning of my personal information and I consent to this disclosure.
- I have communicated with this interpreter, and I am satisfied that the interpreter has the ability to speak and understand a language that I speak.
- I understand that my interpreter must be fluent in English and a language I understand, competent to interpret and remain impartial and unbiased at all times.
- My interpreter is at least 18 years of age and is not the selling financial professional.
- The interpreter has interpreted this entire form to me and I fully understand the contents of this document.

Proposed policy owner's signature _____ Date _____

Proposed policy owner's name (please print) _____

Interpreter's Declaration and Signature

- I am appearing today at the request of the individual whose name appears above (the proposed policy owner).
- I speak and understand both English and the non-English language indicated above fluently, and know from speaking with the individual that we understand each other.
- I agree to interpret accurately, literally and fully all discussions, questions, and documents during the course of the transaction or examination.
- I understand that I must be fluent in both English and a language that the proposed policy owner named above understands, competent to interpret, and remain impartial and unbiased at all times.
- I agree not to disclose any personal information about any parties or any other information that I may learn.

Interpreter's Declaration and Signature (continued)

- I understand that Allianz Life Insurance Company of North America (Allianz) will collect, retain, and verify the identity information I have provided.
- I certify that I am qualified to act as an interpreter and that I have interpreted the contents of any documents listed below and the substance of all discussions to the proposed policy owner.
- Identify any interpreted documents: _____

Interpreter's signature

Date

Interpreter's name (please print)

Please submit the form using one of the options below:

Email completed forms to:

lifeinsurance@send.allianzlife.com

OR

Web Upload:

You can upload your signed and completed form(s) by logging into your account at Allianzlife.com

OR

Mail:

Regular Mail
Allianz Life Insurance Company of North America
PO Box 59060
Minneapolis, MN 55459-0060

Overnight Mail
Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

OR

Fax: 763.582.6004

Any questions? Call us at 800.950.7372