

Limited Power of Attorney for the Purchase and Ownership of a Life Insurance Policy

The Life Insurance Policy and Application

Application or Policy Number _____¹ the ("Policy") applied for with Allianz Life Insurance Company of North America ("Allianz").

The Policy Owner and/or Insured's Declarations

I, _____ the undersigned proposed policy owner ("Policy Owner") of a Policy applied for with Allianz, and I, _____ (if different from the Policy Owner) the undersigned proposed Insured ("Insured") of a Policy applied for with Allianz on my life hereby authorize _____, and his or her successor as approved by me to act as my/our Attorney-in-Fact solely for the limited purposes outlined below:

Policy Application, Delivery, and Receipt

- To accept delivery within the United States of any Policy issued in connection with the above-referenced application, in accordance with the procedures in effect at Allianz.
- In conjunction with this authority, the Attorney-in-Fact designated herein may also accept and sign on my behalf, any declaratory statements or amendments to the Policy and/or any Policy Illustration which may accompany it with delivery and which Allianz permits to be signed by the Attorney-in-Fact. I understand I will be bound by my Attorney-in-Fact's acceptance on my behalf of any such amendment and agree to be bound by any representations made in any amendment as if they were my own and by all resulting Policy terms and further agree that any Policy Illustration will remain applicable as if delivery were made to me directly.

_____ Agreed by Policy Owner; _____ Agreed by Insured (if different). (Policy Owner and Insured (if different) must both initial)

Policy Ownership and After Sale Service

- To receive, on my behalf at my Attorney-in-Fact's address as provided to Allianz, any Policy communications and correspondence generated by Allianz if the Policy is issued, including but not limited to, any and all premium notices, privacy notices, lapse notices, grace period notices, annual statements, Policy change confirmations, and any other communications generated in the course and scope of administering the Policy, if issued.
- In conjunction with this authority, I agree that Allianz' mailing of such communications and correspondence to my Attorney-in-Fact constitutes compliance with any legal or Policy requirement to mail such communications and correspondences to me directly at my address in Allianz' records and understand that I will not receive any such communications and correspondences directly.

_____ Agreed by Policy Owner (Policy Owner must initial)

- If the Policy is issued, to inquire on my behalf and receive documentation from Allianz regarding the status of the Policy, such as confirming current beneficiaries, loan values, cash values, premiums due, premiums paid, and assignees (if any), and any In-Force Illustrations for the Policy.

_____ Agreed by Policy Owner (Policy Owner must initial)

¹ Or other identification number if neither is available.

Limitations of Authority Granted

THIS LIMITED AUTHORITY DOES NOT EXTEND TO AND DOES NOT INCLUDE AUTHORITY FOR ANY OTHER POLICY TRANSACTIONS, INCLUDING BUT NOT LIMITED TO: POLICY LOANS, POLICY CHANGES, WITHDRAWALS, AND OWNERSHIP TRANSFERS NOR DOES THE RECESSION OF THIS AUTHORITY RELIEVE THE POLICY OWNER OF ANY OTHER POLICY OWNERSHIP CONDITIONS OR CONTRACTUAL OBLIGATIONS OR PREVIOUS ACTIONS TAKEN BY THE ATTORNEY-IN-FACT.

Conditions Precedent to Policy Issuance

The Policy Owner and Insured (if different) understand that no insurance shall take effect under the Policy until the Application has been approved by Allianz and all of the following conditions have been met: (a) the first full premium is paid, (b) the Policy Owner or the Attorney-in-Fact has received the Policy during the lifetime of and while the Insured is in good health, (c) all of the statements and answers given in the Application for the Policy are true and complete as of the date of the Policy Owner's or the Attorney-in-Fact's personal receipt of the Policy, and (d) the Policy will not take effect if any facts or information have changed.

Communications with the Attorney-in-Fact

Policy Owner and Insured (if different), hereby agree that:

- They shall communicate to the above-referenced Attorney-in-Fact at the time the Policy is delivered and at the time the Policy Delivery Receipt is signed that the Insured is living and that all parts of the Application and applicable supplements continue to be true and complete without material change as of the time the Policy is delivered and the first full premium for it is paid, and to further confirm that any amendments to the Application, Policy, and/or Policy Illustrations are acknowledged and accepted by Allianz.

IN ALL CASES, ALLIANZ RESERVES THE RIGHT TO REFUSE AN ATTORNEY-IN-FACT SIGNATURE AND/OR REQUEST AN INDEPENDENT VERIFICATION BY THE POLICY OWNER OR INSURED WHERE AN AMENDMENT HAS BEEN AFFECTED UPON ANY ELEMENT OF THE APPLICATION, POLICY, OR ILLUSTRATIONS THAT IS DEEMED BY ALLIANZ TO BE A POTENTIALLY CONTESTABLE ELEMENT DURING THE POLICY'S CONTESTABILITY PERIOD.

- They fully understand the appointment of an Attorney-in-Fact may result his or her learning of their personal information and they consent to such disclosure.
- The Attorney-in-Fact must be fluent in English and a language the Policy Owner or Insured understands or separate accommodations must be made for an interpreter. In either case, the Policy Owner and Insured must have spoken with all parties and be satisfied they have the ability to speak and understand each other and that if an interpreter is used, interpreter services will be available for any future communication needs with the Attorney-in-Fact.

Indemnification and Release

Policy Owner and Insured agree to indemnify and hold Allianz harmless from, and to pay Allianz promptly on demand, any and all loss, causes of action, or damages that may arise in connection with the appointment and actions of the herein-named Attorney-in-Fact. This authorization and indemnity:

- Is in addition to, and in no way limits or restricts, any rights which Allianz may have under any agreement or agreements between Allianz and the Policy Owner and/or Insured;

- Is a continuing indemnity, and shall remain in full force and effect until revoked by Policy Owner by a written notice addressed and delivered to Allianz but such revocation shall not affect any liability in any way resulting from actions initiated prior to receipt by Allianz of such revocation;
- Shall be binding on Policy Owner, Insured, and any assigns or successors-in-interest;
- Shall inure to the benefit of Allianz and of any successor firm or firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of Allianz or any successor firm or firms.

The Attorney-in-Fact's Declarations

I, _____ the undersigned Attorney-in-Fact agree to serve as the authorized Attorney-in-Fact for the undersigned Policy Owner and Insured (if different from the Policy Owner) solely for the limited purposes as outlined above.

Representations and Warranties

I am a legally competent adult and permanent resident of the United States ("U.S.") with a physically permanent U.S. address. I understand I am responsible to know and comply with all applicable law and verify that I am not:

- The life insurance producer ("Producer") or anyone employed by the Producer, his or her agency, or up-line distribution channel;
- An Allianz employee, licensed by or appointed with Allianz, or any other individual involved with the sale or solicitation of the Allianz Policy;
- A relative of the Producer;
- A friend the Policy Owner, Insured, or Producer who is not a professional performing a business service for the Policy Owner or Insured.

Communications with the Policy Owner and/or Insured

The Attorney-in-Fact hereby agrees:

- To communicate with the Policy Owner and Insured (if different) at the time the Policy is delivered and at the time the Policy Delivery Receipt is signed to ascertain that the Insured is living and that all parts of the Application and applicable supplements continue to be true and complete without material change as of the time the Policy is delivered and the first full premium for it is paid, and to further confirm that any amendments to the Application, Policy, and/or Policy illustrations are acknowledged and accepted.

IN ALL CASES, ALLIANZ RESERVES THE RIGHT TO REFUSE AN ATTORNEY-IN-FACT SIGNATURE AND/OR REQUEST AN INDEPENDENT VERIFICATION BY THE POLICY OWNER OR INSURED WHERE AN AMENDMENT HAS BEEN AFFECTED UPON ANY ELEMENT OF THE APPLICATION, POLICY, OR ILLUSTRATIONS THAT IS DEEMED TO BE A POTENTIALLY CONTESTABLE ELEMENT DURING THE POLICY'S CONTESTABILITY PERIOD.

- Not to disclose any personal information about any parties or any other information that he or she may learn in their capacity as Attorney-in-Fact.
- If the Policy Owner and Insured (if different) do not fluently speak and understand English, the Attorney-in-Fact must fluently speak and understand both English and the non-English language spoken by the Policy Owner or Insured or separate accommodations must be made for an interpreter. In either case, the Attorney-in-Fact must have spoken with all parties and be satisfied they have the ability to speak and understand each other and that if an interpreter is used, he or she will be available for any future communication needs with the Policy Owner or Insured.

Policy Owner Date Location (City/State)

Insured (if different from Policy Owner) Date Location (City/State)

Attorney-in-Fact Date Location (City/State)

Name of Attorney-in-Fact _____

Address _____

Telephone _____ E-mail _____

Nature and Length of Relationship between Policy Owner or Insured and Attorney-in-Fact:

Successor Attorney-in-Fact (if applicable) Date Location (City/State)

Name of Successor Attorney-in-Fact _____

Address _____

Telephone _____ E-mail _____

Nature and Length of Relationship between Policy Owner or Insured and Successor Attorney-in-Fact:

Subscribed and sworn to before me by _____ Policy Owner,

this _____ day of _____ 20 _____ .

Notary Seal/Stamp

Notary Public _____

My Commission Expires: _____