

Allianz Life Insurance Company  
of North America  
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Minneapolis, MN 55416-1297



## Systematic Withdrawal

**The Allianz Connections<sup>SM</sup> or Allianz Vision<sup>SM</sup> Variable Annuity products will end the systematic withdrawal program once Lifetime Plus Payments have begun.**

- Withdrawals will be processed on the 9<sup>th</sup> of the month. If the 9<sup>th</sup> of the month is not a business day, please refer to your product prospectus for additional information. The form must be received in good order no later than 4:00 p.m. Eastern time on the Business Day prior to the processing date to begin withdrawals in the same month.
- Systematic withdrawal will continue until the Allianz Life Insurance Company of North America (Allianz) receives written authorization to discontinue.
- \$25,000 minimum contract value required.
- If you are requesting payments to satisfy IRC Sec. 72(t) or 72(q), also complete the Certification for IRC Sec. 72(t) or 72(q) form.
- Do not use this form for 403(b) contracts.
- Questions: Contact us Monday - Thursday 7 a.m. - 6 p.m., Friday 7 a.m. - 5 p.m. Central time

### Maximum free withdrawal amount per year:

Allianz Alterity<sup>®</sup> Variable Annuity – 10 or 12% of purchase payments, cumulative

Allianz Charter II<sup>®</sup> Variable Annuity – 7% of purchase payments, noncumulative

Allianz Connections<sup>SM</sup>, Allianz Elite<sup>SM</sup>, High Five<sup>®</sup> Bonus, High Five<sup>®</sup> L, Allianz Index Advantage<sup>®</sup> and Rewards<sup>®</sup> Variable Annuities – 10% of purchase payments per year, noncumulative

Allianz Vision<sup>SM</sup> and High Five<sup>®</sup> Variable Annuities – 12% of purchase payments, noncumulative

Allianz Valuemark<sup>®</sup> IV Variable Annuity – 15% of contract value, noncumulative

Allianz Valuemark<sup>®</sup> II/III Variable Annuity – 15% of purchase payments, cumulative

1) Contract number \_\_\_\_\_

2) Systematic withdrawal program (SWD)  Payment to begin: (month/year) \_\_\_\_ / \_\_\_\_

**Withdrawals will decrease the Contract Value, death benefit, future income and any other guarantee values under your Contract. We recommend that you review your prospectus and speak with your Registered Representative for further details regarding the impact of withdrawals on your Contract.**

Systematic withdrawal amount \$ \_\_\_\_\_ Withdrawal should be:  Quarterly  Monthly  Semiannual  Annual

SWD can be modified once each contract year and may be terminated by Allianz at any time. Funds will be removed prorated unless instructed differently. Allianz will not be held liable for any losses or tax liability incurred as a result of systematic withdrawals.

### 3) Tax section – Complete for all disbursement requests

All, or part, of the payment you receive in connection with the surrender, withdrawal, or loan of a life insurance, endowment, or annuity contract, including the values used to cancel any outstanding loan indebtedness, may be includable in your gross income for tax purposes.

The taxable portion of the distribution is subject to federal (and potentially state) withholding unless you elect not to have withholding apply. You may elect not to have withholding apply by marking the appropriate box below. **If an election is not made, federal income tax will be withheld from the taxable portion at the rate of 10%.** Once the funds are distributed to you, Allianz will not reverse federal or state withholding.

If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may wish to contact your tax advisor regarding any questions you may have about taxes.

I have read the above information and **I DO NOT** want to have federal income tax withheld from my payment.

I have read the above information and **I DO** want to have federal income tax withheld at the rate of \_\_\_\_\_% (10% is the minimum allowed if withholding is elected.) I realize I will be subject to state income tax withholding if I elect federal withholding and reside in a state where state tax withholding is mandatory.

# Systematic Withdrawal



For State Withholding options, you should consult your State's applicable website, you can review the State Withholding Guide available at [www.allianzlife.com](http://www.allianzlife.com) or contact your tax professional.

Please note that, effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA. Please consult your tax advisor for any questions.

## 4) Certification of Taxpayer Identification Number

If you are applying for this product and/or requesting payments as a U.S. Person, the IRS requires you to agree to the following statements. If you are not a U.S. Person, please complete Form W-8BEN.

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number shown on this form is correct or I am waiting for a number to be issued to me.
2. I am not subject to backup withholding because:
  - a. I am exempt from backup withholding, or
  - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or
  - c. The IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person, and
4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

- Check the box if the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return.

## 5) Payment instructions (Withdrawals can only be made payable and sent to the contract owner or financial institution for the benefit of the contract owner.)

- Send check(s) to my address of record  
 Mail to financial institution/Brokerage Account

Financial institution's name \_\_\_\_\_

Account number \_\_\_\_\_

Financial institution's phone number \_\_\_\_\_

(In order for this withdrawal to be treated as an IRA to IRA transfer (e.g., traditional, Roth, or SEP), you must submit the receiving company's Letter of Acceptance and required transfer paperwork with this form. Without this paperwork, we will process the withdrawal as a taxable distribution, report it to the IRS, make the disbursement payable to the financial institution and send the disbursement to the owner's address of record.)

- Automatic Clearing House (ACH) (Bank must be a member of ACH. Bank account owner must be the same as contract owner.)  
**Please note:** If voided check or deposit slip is not sent or already on file with Allianz, a check will be sent to your address of record in place of the ACH transfer.
- Bank checking (must attach voided check)     Bank savings (must attach deposit slip with a valid ACH routing number)

# Systematic Withdrawal



## 6) Signatures (Signature section must be completed. All owner's signatures are required.)

I authorize Allianz to process the requested distribution. I am aware that this transaction is **NOT** reversible. Once the distribution is processed, the taxable event and any federal or state withholding that occurred cannot be reversed. I am aware that withdrawal charges may apply and understand the tax consequences of such distribution.

**This form must be received within 30 days of signing.**

_____	_____	_____
Contract Owner or Authorized Signer's name (print)	Contract Owner or Authorized Signer's signature	Signed date
_____	_____	_____
Joint contract owner's name (print)	Joint contract owner's signature	Signed date
_____	_____	_____
Contract Owner's Tax ID/SSN	Joint contract owner's Tax ID/SSN	
(    )	(    )	
_____	_____	_____
Contract Owner or Authorized Signer's day telephone	Contract Owner or Authorized Signer's evening telephone	

## (ADDITIONAL SIGNATURES REQUIRED, IF APPLICABLE)

<sup>1</sup>Trust: \_\_\_\_\_ as trustee of the: \_\_\_\_\_

_____	_____	_____
Trustee's signature	Trust name (printed)	Signed date

<sup>1</sup>Power-of-Attorney: \_\_\_\_\_ By: \_\_\_\_\_

_____	_____	_____
Contract owner's name	Attorney-in-fact signature	Signed date

**Collateral assignment:** \_\_\_\_\_

_____	_____
Collateral Assignee signature	Signed date

<sup>1</sup> Submit legal documents such as trust papers and power-of-attorney paperwork.  
Trust papers required include: 1) trust name 2) trust date 3) names of trustee and successor 4) signature page.