

## Financial Professional of Record Change Form

This form is used for in-force Fixed Annuity contracts, Long Term Care, and Life Insurance policies. This form cannot be used for pending new business application changes.

**To ensure prompt processing:** Read the entire form and include all requested information along with the appropriate signatures. All changes will be processed within five business days of the date the request is received at the Allianz Life Insurance Company of North America (Allianz) Home Office.

### Requirements for new Financial Professional:

New financial professional must:

- Have an active resident license
- Have an active Allianz contract/appointment for the line of business applicable to the contract/policy
- Be compliant with current anti-money laundering requirements

Note: For non-individual owned contracts/policies, please provide the following paperwork if not already on file

- Trust: provide trust name, trust documents and/or a trust certification form
- Custodial: provide custodian name, corporate resolution or power of attorney paperwork

### Requirements by type of Financial Professional change:

**Commission Change** (*Financial Professional of record changes intended to also redirect future commission*)

Must complete sections 1, 2, 3 and 4. The following signatures are required:

- New financial professional receiving commissions
- Current financial professional
- All members of the current financial professional's upline
- Broker/dealer's authorized approver if a broker/dealer is in the old hierarchy
- Contract/policy owner

**Servicing Change** (*Financial Professional of record changes with no change to future commission*)

Must complete sections 1, 2 and 4. The following signatures are required:

- New servicing financial professional
- Contract/policy owner

## Section 1 - Contract/Policy Owner's Information

Contract/Policy Number(s)

Contract/Policy Effective Date(s)

Owner Name

Owner Address

City

State

ZIP code

Joint Owner Name

*If you need additional space, please attach either a Letter of Instruction or a separate form listing the contract/policy numbers.*

## Section 2 – New Financial Professional Signatures

By signing below, the new servicing financial professional and heirarchy accept all servicing rights. Future trails and commissions for the contract/policy(s) listed may be assigned to a new heirarchy only if all authorizations of the new and current hierarchies are included:

New Financial Professional Name (Print)

Allianz Financial Professional Number

New Financial Professional Address

City

State

ZIP code

Signature

Date

Upline #1 (Print)

Allianz Financial Professional Number

Signature

Date

Upline #2 (Print)

Allianz Financial Professional Number

Signature

Date

Upline #3 (Print)

Allianz Financial Professional Number

Signature

Date

**Section 3 – Current Financial Professional Signatures**

By signing below, the current financial professional of record agrees to release all servicing rights. Future trails and commissions are also released with the inclusion of all current and future hierarchy member signatures.

\_\_\_\_\_  
Current Financial Professional Name (Print) Allianz Financial Professional Number

\_\_\_\_\_  
Current Financial Professional Address

\_\_\_\_\_  
City State ZIP code

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Upline #1 (Print) Allianz Financial Professional Number

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Upline #2 (Print) Allianz Financial Professional Number

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Upline #3 (Print) Allianz Financial Professional Number

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Broker/Dealer Name (Print)

\_\_\_\_\_  
Broker/Dealer Branch Manager/VP Name and Title

\_\_\_\_\_  
Signature Date

**Section 4 - Contract/Policy Owner's Signatures**

As contract/policy owner(s) of the above referenced contract/policy(s) with Allianz, I authorize that any personal financial information and documentation may be disclosed to the new Financial Professional.

By signing below, I am authorizing Allianz to change my Financial Professional for the accounts listed above. I further acknowledge I have received a copy of this signed form for my records.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Joint Owner' Signature Date

**Please submit your form through one of the options below:**

**Email completed forms to the appropriate product area:**

fixedannuity@send.allianzlife.com  
lifeinsurance@send.allianzlife.com

**OR**

**Web Upload:**

You can scan and upload your signed and completed form by logging in to your account at [allianzlife.com](http://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:** 763.582.6002

**Any questions?** Call us at 800.950.7372