



Request to Change Contract Information

Use this form to change your phone number, email address, street address, name and/or billing information. Please remember to sign the back of this form so we can process your request promptly.

Section 1: Owner information

Policy or contract number: _____

Owner's name: _____
INDIVIDUAL NAME OR NON-INDIVIDUAL NAME (E.G., TRUST, ESTATE, CHARITY)

Social Security number or EIN if owner is a trust or estate: _____

Section 2: Phone number and email address

Phone number: (____) _____ Alternate number: (____) _____

Email address: _____

Section 3: New address information

- Check if this address is a temporary or seasonal address change and notify us when you return to your primary residence. We will continue to use the temporary address until you notify us of your return to your permanent address. If you chose to have federal or state tax withheld, moving to a temporary or seasonal address will not change this tax status.

Street address (must not be a PO box): _____
STREET NUMBER, STREET NAME (STREET ADDRESS IS REQUIRED AND MUST BE YOUR PERMANENT PRIMARY RESIDENTIAL ADDRESS)

City: _____ State: _____ ZIP code: _____

Mailing address (if different from above): _____
STREET NUMBER, STREET NAME, PO BOX

City: _____ State: _____ ZIP code: _____

Section 4: New name information

Please attach a photocopy of a legal document (e.g., marriage certificate or driver's license) indicating your name change. If you don't include this information, we may not be able to process your request.

Previous name: _____
FIRST NAME INITIAL LAST NAME

New name: _____
FIRST NAME INITIAL LAST NAME

Section 5: Premium billing change

Please note that you can increase or decrease your premium only if your contract allows you to add premium.

Increase premium to: \$ _____ Decrease premium to: \$ _____

Change billing frequency to: Monthly* Quarterly Semi-annually Annually

Change billing date to: ____ / ____ (you can pick any date between 1 and 28)
MM DD

* If you select monthly, you must complete form S2079 Automatic Payment Plan. (You must also complete this form to add or change bank account information.)

Section 6: Other requests

If you would like to make other changes not covered on this form, please write them below. We will contact you if we need more information about your request.

Section 7: Signatures

As the authorized signer, please sign your name and date below in the appropriate space. If you don't sign and date this page, we may not be able to process your request.

➤ Owner's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

➤ Joint owner's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

➤ Trustee's signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

as trustee of the: _____
TRUST NAME (PRINTED)

➤ Attorney in fact signature: _____ Signed date: ____ / ____ / ____
MM DD YYYY

Power of attorney: _____
PRINCIPAL NAME (PRINTED)

Mailing addresses

Regular mail:

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

Fax number: 763.582.6006

Overnight mail:

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