

Individual Life Insurance Temporary Insurance Agreement

The maximum death benefit payable under the terms of this Temporary Insurance Agreement is the lesser of the amount of insurance specified in the Life Insurance Worksheet/Application or the sum of \$1,000,000.

In consideration of either a payment of the initial modal premium, or a completed Automatic Payment Plan - EFT Authorization Form (EFT Form) with your request for life insurance, Allianz Life Insurance Company of North America (the "Company") agrees to provide a **limited amount** of life insurance coverage on the lives of the Proposed Insured listed on the Life Insurance Worksheet/Application and below for a **limited period** of time, subject to the terms and conditions set forth in this Temporary Insurance Agreement (TIA).

Section 1: Proposed owner(s)/insured information

Proposed Insured's Name

Date of Birth

Proposed Owner's Name (If other than the Proposed Insured)

Proposed Joint Owner's Name (If other than the Proposed Insured)

Section 2: Health/eligibility questions

1. In the past five years has the Proposed Insured been diagnosed or treated for: heart disease, vascular disease, stroke, cancer, leukemia, malignant tumor, alcohol or drug dependence or abuse, insulin dependent diabetes, or disorder of the brain or immune system? Yes No
2. In the past 12 months, has the Proposed Insured been admitted or medically advised by a member of the medical profession to be admitted to a hospital or other licensed health care facility, had surgery performed or recommended or been advised to have any diagnostic test that has not been completed? Yes No
3. Is the Proposed Insured under 15 days of age or over 70 years of age? Yes No
4. Within the past 24 months has the Proposed Insured been declined for a life, health or Long-Term Care policy? Yes No

Your financial professional is not authorized to accept any premium or deliver this Temporary Insurance Agreement if any of the above four questions are answered YES or LEFT BLANK. In such event, there will be NO COVERAGE under this TIA and any premium received will be refunded.

Section 3: Date coverage begins

Temporary life insurance coverage under this TIA will begin on the date this TIA is signed by the Proposed Insured(s) and Proposed Owner(s) provided all of the following conditions are met:

1. A Life Insurance Worksheet/Application requesting life insurance coverage on the Proposed Insured(s) has been completed and an Authorization for Release of Information form has been signed by the Proposed Insured as of the same date this TIA was signed;
2. The answers to all of the Health/Eligibility Questions above are "No"; and
3. The Company received either a completed EFT Form or a payment of an amount equal to at least one full modal premium for the coverage applied for on the Life Insurance Worksheet/Application.

(continued on next page)

Section 4: Date coverage terminates

Temporary life insurance coverage under this TIA will terminate upon the earliest of:

1. The date the Life Insurance Policy takes effect;
2. The date the Company or financial professional of record receives a request from the Proposed Owner(s) to withdraw the Life Insurance Worksheet/Application and request for coverage;
3. The date the Company sends a notice of termination of the TIA to the Proposed Owner(s) at the address of record or preferred contact method; or
4. 30 days from the date of this TIA if a required personal health interview or medical examination is not completed and received.
5. 75 days from the date of this TIA.

If the TIA is terminated for any of the reasons stated above, except for #1, any collected premium will be refunded to the Proposed Owner(s).

Section 5: Coverage and amount

Subject to the provisions of this agreement:

- If a single life policy was applied for on the Life Insurance Worksheet/Application, the Company will pay a death benefit in the event the Proposed Insured dies while this TIA is in effect.

The maximum death benefit payable under the terms of this TIA is the lesser of:

- 1. The amount of life insurance specified in the Life Insurance Worksheet/Application; or**
- 2. The sum of \$1,000,000.**

Any death benefit payable under the terms of this TIA will be paid to the beneficiary(ies) designated on the Life Insurance Worksheet/Application. If there isn't a designated beneficiary, then the death benefit will be payable to the Proposed Owner(s) or his/her estate if the Proposed Owner(s) is also the Proposed Insured.

Section 6: Who is covered

This TIA covers the Proposed Insured named above. The TIA does **not** provide temporary life insurance coverage for any other proposed insured not named.

Section 7: Limitation and exclusions

The TIA coverage is subject to the following limitations and exclusions:

1. This TIA does not provide benefits or coverage for any rider which may have been applied for on the Life Insurance Worksheet/Application.
2. If a Proposed Insured(s) on a single life policy dies by suicide or an intentionally self-inflicted injury while this TIA is in force, payment by the Company will be limited to the return of the initial premium payable to the Proposed Owner(s) or the Proposed Owner's estate if the Proposed Owner(s) is also the Proposed Insured.
3. There is no coverage under this TIA if no completed EFT Form is received, or if the check submitted initial premium is not honored on the first presentation to the bank.
4. There is no coverage under this TIA if Section 1035 assignment and exchange paperwork is received without a completed EFT Form or initial premium.
5. In no event will there be coverage under both the TIA and the Life Insurance Policy applied for on the Life Insurance Worksheet/Application.
6. Only an officer of the Company may modify or waive any requirement or provision of this TIA and such modification or waiver must be in writing.

(continued on next page)

Section 8: Declarations and signatures

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued.

You should consult with legal advisors if you have any questions about these matters.

Each of the undersigned declares and agrees that:

- The answers provided above are complete and true to the best of his/her knowledge and belief;
- If the answer to the Health/Eligibility Questions are incorrect, incomplete or untrue, the Company will have the right to deny benefits under this TIA; and
- If a death benefit is payable under this TIA, such death benefit is limited to the lesser of the amount of life insurance specified in the Life Insurance Worksheet/Application or the sum of \$1,000,000.

Proposed Insured Signature Date

Proposed Policy Owner's Signature (if other than Proposed Insured) Date

Proposed Joint Policy Owner's Signature (if other than Proposed Insured) Date

Alternate signatures, if applicable

Trust:¹ _____ as trustee of the: _____
Trustee's signature Trust name (please print) Date

Trust:¹ _____ as trustee of the: _____
Second trustee's signature (as applicable) Trust name (please print) Date

¹ Submit a current copy of the trust certification form if not already on file.

Notice: Submit the original signed document to the Home Office and retain a copy for your records. All checks shall be made payable to Allianz Life Insurance Company of North America. Do not make checks payable to an agency, broker, agent, financial professional or leave payee blank.

Section 9: Receipt of EFT form or payment

To be completed by financial professional (check one):

- A check/wire in the amount of \$ _____ has been received or will be submitted with the Life Insurance Worksheet/Application on the above named Proposed Insured and I have provided the Proposed Owner(s) with a copy of the Temporary Insurance Agreement.
- An EFT Authorization form has been submitted with the Life Insurance Worksheet/Application on the above named Proposed Insured and I have provided the Proposed Owner(s) with a copy of the Temporary Insurance Agreement.

Signature of Financial Professional Dated (mm/dd/yyyy)

Please submit your form through one of the options below:

Email completed forms to:

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

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