

ALLIANZ GUARANTEED  
INCOME FOR LIFE

# APPLICATION FORMS

Issued 24 November 2023

**Allianz** Retire+  
POWERED BY PIMCO

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For individual investors

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# How to apply

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## Step 1 **Read the Product Disclosure Statement carefully**

We recommend speaking with a licensed financial adviser before investing.

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## Step 2 **Review applicable Protected Investment Options and Maximum Returns**

You should review the applicable Protected Investment Options and Maximum Returns currently on offer. These can be found at [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au) where it will also state the period for which the Maximum Returns are valid. The Maximum Returns may change between the time you first review them and the Commencement Date of your investment. The Maximum Returns applicable to you during the first year will be the Maximum Returns on the date of the commencement of your investment.

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## Step 3 **Direct Clients (No Financial Adviser) review and complete the Target Market Determination Questions**

If you are a direct client (No Financial Adviser) you should review and answer the Target Market Questions to determine whether Allianz Guaranteed Income for Life is appropriate for you.

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## Step 4 **Complete the application form**

Complete the form on the following pages or at [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au).

A valid application must include:

- a completed and signed application form\*
- identity verification documents (if required)
- your initial investment (including any upfront ASF, if applicable)

You may want to complete a TFN Declaration and Withholding Tax form (if applicable).

*\* Please note that we may treat the application as valid whether the application form is signed manually, electronically or is not signed where it has been submitted to us by you, your adviser or other person on your behalf.*

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### **Regarding processing**

If your valid application is received in our Sydney office before 3pm (AET) on a Sydney business day (cut off time), your application will generally be processed on that day. If your application and money are received after the cut off time, or on a non-business day, your application will generally be processed on the next business day.

If your application is not complete, we will contact you or your financial adviser to gather the remaining information. In this instance we will hold your money for up to 28 days until we receive the required information. After this period your money may be returned to you. No interest will be paid on funds that have been returned.

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## Step 5 **Make payment**

You can invest using personal savings in one of the following ways:

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### **Direct debit**

You can arrange for the money to be debited from your bank account by completing the direct debit authority form, which can be found on our Website.

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### **Electronic funds transfer**

You can send us your funds electronically. If you are submitting a paper application, please include your/the Life Insured's surname and date of birth in your details. If you are submitting an online application, please include your Application ID in the details. Our bank account details:

**Account name: Allianz Australia Life Insurance Limited**

**BSB: 032 003**

**Account number: 544069**

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### **Deposit at a Westpac branch**

You can deposit your funds directly into our Westpac bank account at any Westpac branch. Please include in the description your/the Life Insured's date of birth and surname, e.g. 19121956Smith. Our account details:

**Account name: Allianz Australia Life Insurance Limited**

**BSB: 032 003**

**Account number: 544069**

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## Step 6 **Send your completed forms and documentation**

Email: [applications@allianzretireplus.com.au](mailto:applications@allianzretireplus.com.au) or

Post: Allianz Australia Life Insurance Limited, Reply Paid 89484,  
Sydney, NSW 2001

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Please find these forms over the subsequent pages and complete the one relevant to your investor type



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Application form for individual investors



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Application form for company, unregulated trust or SMSF



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Complete the relevant application form on the following pages

## Identity document certification

### Please note

- If you authorise Allianz Australia Life Insurance Limited (AALIL) in the Authorisation section of the application form to verify your identity information with the issuer or the official record holder of the identity information or via a third party electronic identification service provider, you may not need to provide us with certified copies of your identification documents.
- If you have not provided AALIL with the required authorisation and you are lodging this application through a financial adviser, the financial adviser is required to provide us with certified copies of the identification documents set out below. If you are not lodging the application through a financial adviser, you are required to provide us with certified copies of identification documents. The certifier must confirm that the photocopy is a true and correct copy of the original ID, followed by their signature, name, qualification and date. If you send us a scanned copy of the certified copy of an identification document, you must have the certifier send the scan, and certify in the email that the scanned attachment is a true and correct copy of the original ID, and their name and qualification. Otherwise you must post us the original certified copy.
- If the application form is signed under power of attorney, we will also need certified copies of the power of attorney and the identification documents of the agent.
- If the application relates to a trust, we will need a certified copy of the trust deed.
- Documents that have an expiry date must not have expired.
- If any document is not in English, then it must be accompanied by an English translation prepared by an accredited translator.
- If any document is in a previous name, then evidence of the change of the name (e.g. a marriage certificate) must be attached.

### Who can certify

Please ensure that each page of the relevant document(s) is certified. The person certifying must state their capacity (from the list below) and state on each page that the document is a true and correct copy of the original.

- Justice of the Peace
- Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- Officer with five or more continuous years of service with one or more financial institutions, for the purposes of the Statutory Declaration Regulations 2018

- Finance company officer with five or more continuous years of service with one or more financial companies, for the purposes of the Statutory Declaration Regulations 2018
- Officer with, or authorised representative of, a holder of an Australian financial services licence or Australian credit licence, having two or more continuous years of service with one or more licensees
- Judge of Court or magistrate
- Person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner i.e. an Australian lawyer
- Chief executive officer of a Commonwealth court
- Registrar or deputy registrar of a court
- Australian consular officer or an Australian diplomatic officer
- Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership, i.e. an accountant.
- Police officer or notary public.

### How to certify documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories above and ask them to certify that the photocopy is a true and correct copy of the original document. The person will need to print their name, date, and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

### Sample wording

I, [full name], a [category of persons listed above], certify that this [name of document] is a true and correct copy of the original.

### [Signature and date]

Documents in a language other than English must be accompanied by English translation prepared by an accredited translator.

# Application Forms

# Allianz Guaranteed Income For Life Application Form

## Individual Investors

Issued: 24 November 2023

Before completing this application form, please ensure that you have read the Product Disclosure Statement Issued 24 November 2023 (PDS), and related Target Market Determination, that provides information about investing in Allianz Guaranteed Income for Life, and is issued by Allianz Australia Life Insurance Limited, ABN 27 076 033 782, AFSL 296559.

### Direct Clients Only (No Financial Adviser)

The following questions are designed to determine whether you are in the target market for Allianz Guaranteed Income for Life (AGILE). The questions are designed to be answered by direct clients who do not have a financial adviser. The questions or their answers do not constitute personal advice or a recommendation to acquire AGILE. This means we have not considered your objectives, financial situation and needs in determining whether you are in the target market for AGILE.

If you answer 'no' to any of the questions below, you may be outside the target market for AGILE and we recommend that you consider seeking independent financial advice to understand if this product is appropriate for you.

Refer to the AGILE Product Disclosure Statement (PDS) Glossary for the definition of all capitalised terms.

Please answer checkboxes like this  or

<b>1. I am aged 50 to 80 years.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. I am seeking to convert a lump sum investment into a guaranteed lifetime income stream which I can commence any time after a minimum period of 3 years.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. AGILE is designed to be held for life. I am comfortable that withdrawals made may be subject to certain charges and limits and will impact my guaranteed lifetime income as outlined in the Product Disclosure Statement.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. AGILE is not designed to be a whole of portfolio solution. I have access to additional capital and other sources of income outside of AGILE.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. I am willing to invest in one or a combination of the following Protected Investment Options:</b>		
a) Total Protection ( <i>Available in Growth and Lifetime Income Phase</i> ) - Your Annual Return will never be below zero but there is a Maximum Return.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Partial Protection: Initial 10% ( <i>Only available in Growth Phase</i> ) - the first 10% of any market losses will be protected, but losses beyond 10% will be reflected in the Annual Return. There is also a Maximum Return.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Annual Returns are calculated before deduction of the annual Product Fee, Lifetime Income Premiums and any applicable taxes.</i>		

If you answered 'no' to any of the above, then you acknowledge that by proceeding with this application you understand that you may not fall within the target market for the product, you have had the opportunity to seek independent financial advice, and you wish to proceed with this application for Allianz Guaranteed Income for Life.

If you answered yes to all of the above, then you acknowledge that you fall within the target market for the product.

## 1 Investor Details

<p>Title</p> <input type="text"/>	<p>Date of birth (DD/MM/YY)</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>Gender</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<p>Name</p> <p>First name</p> <input type="text"/>		<p>Residential address</p> <input type="text"/>
<p>Middle name</p> <input type="text"/>		<p>State</p> <input type="text"/>
<p>Surname</p> <input type="text"/>		<p>Postcode</p> <input type="text"/>
<p>Email address</p> <input type="text"/>		<p>Country</p> <input type="text"/>
<p>Phone</p> <input type="text"/>		<p>Postal address (if different from residential)</p> <input type="text"/>
		<p>State</p> <input type="text"/>
		<p>Postcode</p> <input type="text"/>
		<p>Country</p> <input type="text"/>

*AGILE is issued by Allianz Australia Life Insurance Limited (AALIL), ABN 27 076 033 782, AFSL 296559 | [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au) | 1300 371 136. Neither PIMCO Australia Pty Ltd, ABN 54 084 280 508, AFSL 246862 (PIMCO Australia), nor any other member of the PIMCO group of companies (PIMCO Group), is the issuer or promoter of Allianz Guaranteed Income for Life or is liable to any investor in, or any other beneficiary of an investment issued under the PDS. No member of the PIMCO Group, including PIMCO Australia, guarantees the performance of Allianz Guaranteed Income for Life, or any withdrawal or other payment, including the repayment of capital invested and the return of income, from it. PIMCO Australia provides investment management and other support services to AALIL and may receive fees or other benefits from AALIL for the services it provides.*



## Tax file number declaration

It is not an offence to not quote your TFN. However, if you choose not to provide us with your TFN, TFN exemption or a TFN declaration form, we may withhold an amount at the highest marginal tax rate (including applicable levies and charges). Please complete the TFN Declaration and Withholding Tax Declaration forms, which are available on our Website [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au).

## 2 Tax Residency

Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or Social Security Number in the US.

<p><b>Are you an Australian resident for tax purposes?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you a tax resident of another country?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, please provide your Tax Identification Number (TIN).</b>  <b>If you are a tax resident of more than one country, please list all relevant countries.</b></p>	<p><b>Country 1</b> <input style="width: 100%;" type="text"/></p> <p>TIN <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>If no TIN, specify reason A / B / C * <input type="text"/></p> <hr/> <p><b>Country 2</b> <input style="width: 100%;" type="text"/></p> <p>TIN <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>If no TIN, specify reason A / B / C * <input type="text"/></p> <hr/> <p><b>Country 3</b> <input style="width: 100%;" type="text"/></p> <p>TIN <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>If no TIN, specify reason A / B / C * <input type="text"/></p> <hr/> <p><b>Country 4</b> <input style="width: 100%;" type="text"/></p> <p>TIN <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>If no TIN, specify reason A / B / C * <input type="text"/></p>
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### \*Reasons for no TIN

A – Country of tax residency does not issue TINs to tax residents

B – I have not been issued a TIN

C – Country of tax residency does not require the TIN to be disclosed

## 3 Investment Details

### 3A. Allocation selection

Investment amount (minimum \$20,000)

\$

Please specify your allocation mix (whole numbers only).

Protected Investment Options	Allocation %
Australian Equity Index – Total Protection	<input type="text"/> %
Australian Equity Index – Partial Protection: Initial 10%	<input type="text"/> %
Global Equity Index – Total Protection	<input type="text"/> %
Global Equity Index – Partial Protection: Initial 10%	<input type="text"/> %
<b>Total</b>	<b>100 %</b>

The current Maximum Returns for each Protected Investment Option can be found at our website [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au)

### 3B. Payment details

Please select your payment method

**Direct Debit:** Please complete and sign the *Direct Debit Request* (available on our Website [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au)) and we will debit your funds from your nominated bank account.

**Deposit:** Please deposit to the following account and quote your date of birth and name e.g. 30031954Smith.  
Account name: Allianz Australia Life Insurance Limited, BSB: 032 003, Account number: 544069.

If you are depositing your funds directly into our account, please provide details of the source (e.g. name of bank account) you will be sending your funds from.

Source 1  ▶ Amount \$

Source 2  ▶ Amount \$

Source 3  ▶ Amount \$

### 3C. Source of funds

Please select the source of your funds being invested (for anti-money laundering purposes)

- Income from regular employment – regular and/or bonus
- Investment income (e.g. rent, dividends, pension)
- Business income (e.g. income from operating a business)
- One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)
- Sale of assets (e.g. shares, property)
- Windfall (e.g. gift, lottery winnings)
- Borrowed funds
- Charitable donations

Other sources (if any)

## 4 Withdrawals

### 4A. Bank account details

Please provide details of the account you want any withdrawals or other payments made to from your AGILE investment. The account must be in the name of the investor.

Investor

Account name

BSB

   -   

Account number

## 5 Age Pension+ (Optional)

### 5A. Age Pension+ Option Election

You may elect the Age Pension+ Option upon the earliest of commencing the Lifetime Income from AGILE or for superannuation investments meeting a Relevant Condition of Release (including reaching age 65) or for non-superannuation investments reaching Pension Age.

If you have already met one of these conditions at the time of completing this application, and you wish to elect the Age Pension+ Option, you must confirm your choice in this application. You will not be able to do so at a later stage. You will also not be able to elect the Age Pension+ Option after your Lifetime Income has commenced.

If you know the date that you will reach Pension Age for non-superannuation investments, you may advise us below, and we will ensure the Age Pension+ Option will take effect on that date.

For more information on the Pension Age or the Age Pension+ Option, please refer to the PDS available on our website. Whether Age Pension+ is suitable for you will depend on your personal circumstances. We recommend you speak to an authorised financial adviser before making this election.

I would like to elect the Age Pension+ Option

**When is the earliest that you will reach Pension Age?**

I have already reached Pension Age

I will reach Pension Age on:

## 6 Beneficiary Details

### 6A. Nominated beneficiary

A beneficiary is a person nominated to receive a lump sum payment upon the death of the Life Insured.

You can nominate up to 10 people to receive any remaining benefits if you die during the term of the investment.

I nominate:

My legal personal representative (on behalf of my estate) ▶ Percentage of benefit  %

and/or

The following individual(s)

#### Beneficiary 1

Title  First name  Middle name  Surname

Date of birth (DD/MM/YY)  /  /  Percentage of benefit  %

Postal address

State  Postcode  Country

Email  Phone

#### Beneficiary 2

Title  First name  Middle name  Surname

Date of birth (DD/MM/YY)  /  /  Percentage of benefit  %

Postal address

State  Postcode  Country

Email  Phone

**Please note:** A nominated beneficiary can be changed or removed at any time. If you nominate more than 1, total percentage of benefit must equal 100%. If you would like to nominate more, please provide details under additional information (section 9).

Please be aware, any AGILE benefits, including the income streams such as the Lifetime Income Payments and any other amounts including benefits payable on death, will be paid to the Investor or beneficiary/ies nominated above or to the estate as applicable, and not to the Life Insured (or a Surviving Spouse, if applicable).

## 7 Identity Verification

If you authorise AALIL on page 11 to verify your identity information with the issuer or the official record holder of the identity information or via a third party electronic identification service provider, you may not need to provide us with certified copies of your identification documents.

If you have not provided AALIL with the required authorisation and you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents. If you are not lodging this application through a financial adviser, you must include the following certified identification documents. The certifier must confirm that the photocopy is a true and correct copy of the original ID, followed by their signature, name, qualification and date. If you send us a scanned copy of a certified copy of an identification document, you must have the certifier send the scan, and certify in the email that the scanned attachment is a true and correct copy of the original ID, and their name and qualification. Otherwise, you must post us the original certified copy.

### 7A. Australian resident investors

#### Primary documents

*Please provide a valid copy of one of the following documents:*

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Australian driver's licence containing your photograph

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Australian Passport containing your photograph and signature

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Card issued under a State or Territory law containing your photo and date of birth

#### Acceptable secondary documents

*If one of the above cannot be provided, please provide one document from Group 1 and one document from Group 2 below:*

##### Group 1

---

Birth certificate or Australian birth extract

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Australian citizenship certificate

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Pension or Health care card issued by Centrelink or the Department of Veterans' Affairs

##### Group 2

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A notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you (e.g. Council rates notice, Electricity bill, Gas bill, Water rates notice, Telephone bill, Internet services bill)

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A letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you (e.g. Pension Statement, Rent Assistance, Mobility Allowance, Utilities Allowance)

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A letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you (e.g. Notice of assessment, Payment reminder)

### 7B. Non-Resident Investors

*Please provide a valid copy of one of the following documents:\**

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Foreign passport, or similar travel document bearing your signature & photograph

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National identity card issued by a foreign government

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Foreign driver's licence that contains your photograph

\*Any foreign document must be accompanied by an English translation prepared by an accredited translator.

## 8 Adviser Service Fees

If you have agreed with your adviser to pay to them an upfront and/or ongoing adviser service fees, then please provide details.

**Upfront fee**      \$ \_\_\_\_\_ or \_\_\_\_\_ % (of initial investment)

**Ongoing fee**      \$ \_\_\_\_\_ p.a or \_\_\_\_\_ % p.a\*

\*Percentage in the first year is based on your Investment Value at commencement, and then in subsequent years on your Investment Value at each Anniversary Date.

**Please note:** In the Growth Phase, the ongoing adviser service fees reduce your Free Withdrawal Amount available and will attract the MVA if the Free Withdrawal Amount is exceeded if within the first 10 years of the investment. The maximum ongoing adviser service fee you can ask us to pay to your financial adviser is 2.2% (incl. GST) of your Investment Value at each Anniversary Date.

In the Lifetime Income Phase, withdrawals to pay ongoing adviser service fees will be facilitated out of regular Lifetime Income payments. The maximum ongoing adviser service fee you can ask us to pay your financial adviser is 30% of the Lifetime Income Payment calculated at each Anniversary Date.

For investors that elect Age Pension+, adviser service fees can no longer be paid from your investment.

## 9 Any Additional Information

State any other matters you wish to add in relation to this application.

## 10 Declarations

### 10A. Investor

Application is made to Allianz Australia Life Insurance Limited (ABN 27 076 033 782) (AFSL 296559) (“the Company”). I :

#### Information provided and to be provided

- Declare that all the information I have put in this form is true and correct.
- Declare that all the documents I have provided as part of the application are true and correct.
- Have received and read in Australia, the Target Market Determination and the Product Disclosure Statement for Allianz Guaranteed Income for Life. If I received these documents online or via email, then I agreed to receive the documents in that format, rather than a hard copy of those documents.
- Have completed the application form and made the application in Australia.
- Understand that if I don’t provide all the information that is requested on the application form, then the Company may not be able to process my application.
- Agree that the Company can’t be held liable for any loss that I may incur if it can’t process my application because I haven’t provided enough correct information.
- Agree that once I am notified by the Company that I can access a record of the transactions in relation to my investment via the Website [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au). I agree to use that Website to obtain a confirmation of the transactions and to access other communications in relation to my investment.

#### Document

- Understand that the Company has set out how Allianz Guaranteed Income for Life will operate in the Product Disclosure Statement and Investor Certificate.
- Understand that the terms and conditions are as contained in the PDS, or as may have been disclosed via the website, or otherwise disclosed, as terms and conditions of the Investment.
- Understand that this application form does not form part of the Product Disclosure Statement.
- Declare that I have the legal power to invest in Allianz Guaranteed Income for Life and have complied with all relevant laws in completing this application. If I have signed this application under a power of attorney, I have attached a certified copy of the power of attorney under which I am acting and have not received notice of the revocation of that power of attorney.

#### Accuracy of information

- Will compensate the Company if they suffer any loss or liabilities as a result of it acting on or relying on any incorrect, inaccurate or misleading information provided in relation to this Application.

#### Advisers

- Agree that the Company is able to provide to the financial adviser I have nominated (and their Licensee) information about my investment and to receive instructions from that financial adviser (and their Licensee) in relation to my investment.
- If section 8 of the application form has been completed, direct the Company to pay an Adviser Service Fee, upfront and/or ongoing, and I acknowledge:
  - That the Company doesn’t monitor the amount of the fee (other than any maximum limits imposed); nor the services provided in relation to that fee, and these are matters for me to discuss with my adviser.
  - The Company will act on my instructions at all times in relation to the payment of the fee and once an ongoing fee is set up continuing payment of any ongoing fee will only be made if I provide a new authority at the relevant Anniversary Date.
  - The Company pays the Australian Financial Services Licensee which licenses my adviser, and the Company has an agreement with the Licensee about how these amounts are paid.
  - Once a fee has been paid by the Company, it cannot be refunded and I will need to speak to my adviser in relation to any refunds.



## 10A. Investor

- If I am within the Growth Phase, any ongoing adviser service fee will reduce my Free Withdrawal Amount available and, for each year during the first 10 years of the commencement of my investment, will attract an MVA charge if the Free Withdrawal Amount is exceeded. If I do not have enough money from my investment that is available to be used to pay my Adviser Service Fee, the Company will not process the payment and I will need to deal directly with my adviser to make alternative arrangements for payment.
- If I have commenced my Lifetime Income payments (Lifetime Income Phase), I can elect to have any ongoing adviser service fees deducted from my regular Lifetime Income payment amounts (i.e. split the payment amount between myself and my adviser). This will reduce the amount of the Lifetime Income payment I receive, but it will not impact the value of my future guaranteed payments.
- If I have elected the Age Pension+ Option, it will not be possible to pay any ongoing adviser service fee from the effective date onwards.

### Tax

- Acknowledge that in some instances, the Company is able under the law to collect my tax file number. Where they do collect it, I consent to providing it, and acknowledge that it will be used to set up and administer my investment, calculate applicable taxes, levies and charges and report to the ATO.
- Acknowledge that information contained in this application form and information regarding my account may be provided to the ATO and, if I am a resident for tax purposes of another country, information can be provided to those countries as well.
- Agree that if there are any changes in my circumstances, which means that some of the information I have put in this application form in relation to my tax residency status is no longer accurate or complete, I will let the Company know as soon as possible, and in any event within 30 days.

### Privacy

- Acknowledge that the Company has outlined the Privacy Policy in the Product Disclosure Statement, I consent to the collection, use and disclosure of my personal information in accordance with that policy including the collection of information from and the disclosure of information to my adviser. I can contact the Company to withdraw my consent at any time.
- Agree that if I have provided, or provide in the future, the Company with personal information about another individual (e.g. a beneficiary or a Spouse), I have shown that individual the information in the Product Disclosure Statement headed Privacy and they have consented to this information being provided to the Company.

### Application

- Apply to:
  - be a beneficiary under the Group Policy held by the Company's wholly owned subsidiary, Allianz Australia Life Policy Services Pty Limited, as policy owner.
  - nominate as the life/lives insured, myself, (in the case of an individual applicant) and otherwise relevant nominees of the company, superannuation fund, or other entities, from time to time.
- Acknowledge that:
  - the Investment Amount and all other applicable premiums, fees and charges are payable to the Company.
  - all income streams (net of any PAYG withholding) payable to me will be consolidated into one income stream applied for my benefit.
  - I will receive an entitlement to the benefits as described in the PDS in the form of income in accordance with the Annuity Instrument under the Group Policy and including the investor protections.
  - evidence must be provided on reasonable request which confirms my ongoing entitlement to a benefit in respect of a Life Insured (or Surviving Spouse, if applicable) and acknowledge and agree that the Company may suspend payment of a benefit if such evidence is not provided.
  - any overpayment amount I receive which is notified to me must be refunded promptly on request.

## 10A. Investor

- Acknowledge that:
  - To commence my lifetime income, I will need to complete a Lifetime Income Election Form any time after the first three years of my investment, and may elect at this time whether to choose the Spouse Insured Option and the Lifetime Income payment type, as set out in the PDS.
- Direct:
  - during the Growth Phase, the payment back into AGILE of all amounts attributable to my income stream investment during the course of each year of investment and the setting off of these amounts against the purchase price of each subsequent annual income stream; and
  - if and when I elect to commence the Lifetime Income Phase, for the balance of my Investment Value to be applied to lifetime income payments.

### Authorisations

- I direct the Company to pay the adviser service fees that are stated in my application form to the Australian Financial Services Licensee responsible for my financial adviser.
- My financial adviser is authorised to act on my behalf to modify my contact details and provide instructions in relation to my investment.
- My financial adviser is authorised to receive copies of all correspondence and disclosure.
- I wish to receive my Welcome Letter, Investor Certificate, Anniversary Election form, Annual Statement and Lifetime Income Election form and any other correspondence from the Company electronically including by any electronic address (e.g. email address) that I have provided to the Company and agree to notify the Company of any change to my electronic addresses that I have provided to the Company.
- I agree to have my identity information verified with the issuer or the official record holder of the identity information or via a third party electronic identification verification service provider.
- I wish to receive any marketing communications.

### Investor

Signature

Full name

Date (DD/MM/YY)

## 10B. Adviser to complete

### By completing and signing this section, I declare that:

- I have made available a copy of the PDS to the client.
- The information that I have provided in this adviser declaration section is true and correct.
- I will compensate the Company if it suffers any loss or liabilities as a result of it acting on or relying on any incorrect, inaccurate or misleading information provided.
- I have sighted original documents (where applicable), carried out an identity verification procedure and attached certified copies of each document required to satisfy the client identity verification requirements.
- I have considered the Target Market Determination (TMD) for Allianz Guaranteed Income for Life in providing advice to my client.
- I will comply with any direction provided to me by the Company in relation to the distribution of the PDS and the provision of information to the Company about the investment and its distribution including as set out in the TMD.

Signature

Date (DD/MM/YY)

 /  / 

### Name of authorised representative

Title

First name

Middle name

Surname

Phone

Email

AFSL name

AFSL number

Adviser number (AR number)

## ✓ Application Checklist

To ensure that we are able to process your application promptly, please check that you have chosen the correct form to complete (depending on whether you are investing as an individual or entity) and also that you have:

- Entered the investor details in **section 1** (including contact information)
- Provided tax residency information in **section 2**
- Provided your investment details in **section 3** (including your investment amount, allocation selection and payment details)
- Provided your bank account details in **section 4**
- Provided details to confirm having met the relevant criteria for election of the Age Pension+ Option (if applicable) in **section 5**
- Attached (if required) certified copies of the required identity verification documents listed in **section 7**
- Provided details of any adviser service fees, if applicable, in **section 8**
- Read the declaration, signed and dated the application form in **section 10A**
- Had your financial adviser provide their details and sign the form, if applicable, in **section 10B**

### Where to send

Please send your completed forms and applicable documentation via one of the following ways:



#### Post

Allianz Australia Life Insurance Limited  
Reply Paid 89484, Sydney, NSW 2001



#### Scan and email

[applications@allianzretireplus.com.au](mailto:applications@allianzretireplus.com.au)

# Allianz Guaranteed Income For Life Application Form

## SMSF / Company / Trust

Issued: 24 November 2023

Before completing this application form, please ensure that you have read the Product Disclosure Statement 24 November 2023 (PDS) and Target Market Determination that provides information about investing in Allianz Guaranteed Income for Life, and is issued by Allianz Australia Life Insurance Limited, ABN 27 076 033 782, AFSL 296559.

### Direct Clients Only (No Financial Adviser)

The following questions are designed to determine whether you are in the target market for Allianz Guaranteed Income for Life (AGILE). The questions are designed to be answered by direct clients who do not have a financial adviser comprising both investors investing superannuation monies such as superannuation trustees (including Self-Managed Superannuation Funds) and platforms as well as investors investing non-superannuation monies such as individuals, companies and trusts. In the case of investors investing superannuation monies and other non-individual investors, these questions are directed at the Lives Insured in relation to whom the relevant investment is made. The questions or their answers do not constitute personal advice or a recommendation to acquire AGILE. This means we have not considered your objectives, financial situation and needs in determining whether you are in the target market for AGILE.

If you answer 'no' to any of the questions below, you may be outside the target market for AGILE and we recommend that you consider seeking independent financial advice to understand if this product is appropriate for you.

Refer to the AGILE Product Disclosure Statement (PDS) for the definition of all capitalised terms.

Please answer checkboxes like this  or

- |   |  |
|---|--|
| <b>1. The Life Insured is aged 50 to 80 years.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2. I am seeking to convert a lump sum investment into a guaranteed lifetime income stream which I can commence any time after a minimum period of 3 years.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3. AGILE is designed to be held for life. I am comfortable that withdrawals made may be subject to certain charges and limits and will impact my guaranteed lifetime income as outlined in the Product Disclosure Statement.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4. AGILE is not designed to be a whole of portfolio solution. I have access to additional capital and other sources of income outside of AGILE.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5. I am willing to invest in one or a combination of the following Protected Investment Options:</b>   |  |
| a) Total Protection ( <i>Available in Growth and Lifetime Income Phase</i> )<br>- Your Annual Return will never be below zero but there is a Maximum Return.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Partial Protection: Initial 10% ( <i>Only available in Growth Phase</i> )<br>- the first 10% of any market losses will be protected, but losses beyond 10% will be reflected in the Annual Return. There is also a Maximum Return. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Annual Returns are calculated before deduction of the annual Product Fee, Lifetime Income Premiums and any applicable taxes.*

If you answered 'no' to any of the above, then you acknowledge that by proceeding with this application you understand that you may not fall within the target market for the product, you have had the opportunity to seek independent financial advice and you wish to proceed with this application for Allianz Guaranteed Income for Life.

If you answered yes to all of the above, then you acknowledge that you fall within the target market for the product.

Please complete the sections relevant to your investor type:

Self managed super fund (company trustee)	> 1A, 1C, 2, 3A, 5-12
Self managed super fund (individual trustee)	> 1C, 2, 3C, 5-12
Company	> 1A, 2, 3A, 3B, 3E, 4-6, 8-12
Unregulated trust (company trustee)	> 1A, 1B, 2, 3A, 3B, 3D, 3E, 4-6, 8-12
Unregulated trust (individual trustee)	> 1B, 2, 3C, 3D, 3E, 4-6, 8-12

## 1 Entity Details

### 1A. Company or company acting as a trustee

Full name of company as registered with ASIC

ACN

Company type

Public

Private / Proprietary

State entity was established

Date entity was formed (DD/MM/YY)

Principal place of business (cannot be a PO Box)

State

Postcode

Country

Registered office (if different from above; cannot be a PO Box)

State

Postcode

Country

If your entity is a charity, aid, foundation or other not-for-profit organisation, please provide details below:

State nature of activities

AGILE is issued by Allianz Australia Life Insurance Limited (AALIL), ABN 27 076 033 782, AFSL 296559 | [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au) | 1300 371 136. Neither PIMCO Australia Pty Ltd, ABN 54 084 280 508, AFSL 246862 (PIMCO Australia), nor any other member of the PIMCO group of companies (PIMCO Group), is the issuer or promoter of Allianz Guaranteed Income for Life or is liable to any investor in, or any other beneficiary of an investment issued under the PDS. No member of the PIMCO Group, including PIMCO Australia, guarantees the performance of Allianz Guaranteed Income for Life, or any withdrawal or other payment, including the repayment of capital invested and the return of income, from it. PIMCO Australia provides investment management and other support services to AALIL and may receive fees or other benefits from AALIL for the services it provides.

## 1A. Company or company acting as a trustee (continued)

Is your entity an Australian listed public company; majority owned subsidiary of an Australian listed public company; or Australian Regulated Company?

Yes  No

If receiving any financial support from overseas, please specify countries

## 1B. Unregulated trust

Full name of trust

Full business name of Trustee in respect of the trust

ABN

Country of establishment

State entity was established

Date entity was formed (DD/MM/YY)

 /  / 

If receiving any financial support from overseas, please specify countries

Trust type

Family  Charity  Testamentary  Other \_\_\_\_\_

If your entity is a charity, aid, foundation or other not-for-profit organisation, please provide details below:

State nature of activities

Settlor's details

Title

First name

Middle name

Surname

## 1C. Self managed super fund

Full name of superannuation fund

ABN

Country of establishment

Please select the appropriate superannuation investment type

Accumulation  Transition to retirement  Pension

## 2 Investment Contact

Please provide details of the individual who will be receiving all correspondence related to this investment.

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		
Email	Preferred phone		Alternate phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address			
<input type="text"/>			
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## 3 Specified Individuals

Please provide details of the individuals authorising this investment.

### 3A. Directors (company or company acting as trustee)

Only to be completed for a proprietary company and is NOT required when the company is listed, a majority-owned subsidiary of a listed company or regulated.

#### Sole or primary director

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

#### Second director or secretary

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

#### Additional directors

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

If any additional information, please provide details in section 10.



### 3B. Shareholder beneficial owner (company or company acting as trustee)

To be completed for all companies that are not Australian Publicly Listed Companies, majority owned by an Australian Publicly Listed Company or Regulated Companies.

Please provide the names of individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings). Ultimate ownership of a company's issued capital includes an individual's aggregated holdings through a chain of company ownership.

Please ensure you provide the required identity verification documents listed in section 8 for each of the individuals below.

#### Shareholder beneficial owner 1

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

#### Shareholder beneficial owner 2

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

#### Shareholder beneficial owner 3

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

#### Shareholder beneficial owner 4

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

### 3C. Individual trustees (not required for company acting as trustee)

Please provide details of the individual trustee(s) authorising this investment. Please ensure you provide the required identity verification documents listed in section 8 for the Primary Trustee only.

#### Sole / Primary trustee

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Date of Birth (DD/MM/YY)

 /  / 

Residential address (cannot be a PO Box)

State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Second trustee

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Date of Birth (DD/MM/YY)

 /  / 

Residential address (cannot be a PO Box)

State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Third trustee

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Date of Birth (DD/MM/YY)

 /  / 

Residential address (cannot be a PO Box)

State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Fourth trustee

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

Date of Birth (DD/MM/YY)

 /  / 

Residential address (cannot be a PO Box)

State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

**3D. Trust beneficiaries (unregulated trust only)**

Provide details of the person or persons who are entitled to the benefit of this trust arrangement.

**Trust beneficiary 1**

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

**Trust beneficiary 2**

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

**Trust beneficiary 3**

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

**Trust beneficiary 4**

Title	First name	Middle name	Surname
<input type="text"/>	<input type="text"/>		

**Beneficiary classes (if applicable)**

Please provide details of the person or persons who are entitled to the benefit of this trust arrangement.

### 3E. Other controlling owners (company or unregulated trust, not required for SMSF)

Complete this section only if there are any other individuals exercising control over your entity other than those listed earlier. Control includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding & practices; voting rights of 25% or more; or power of veto. If no such person can be identified then the most senior managing official/s of the company (such as the managing director or directors who are authorised to sign on the company's behalf). If your entity is a trust with a company trustee, consider both the trust and the company trustee when answering this question. Please ensure you provide the required identity verification documents listed in section 8, for each of the individuals below.

#### Individual 1

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

#### Individual 2

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

#### Individual 3

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

#### Individual 4

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

#### Individual 5

Title  First name  Middle name  Surname

Date of Birth (DD/MM/YY)

/  /

## 4 Foreign Tax Information

We need to collect information about the company's foreign tax status so we can comply with international tax regulations.

### 4A. Tax status (not required for SMSF)

Please nominate (if applicable) what type of entity is investing and provide any requested information.

Australian public listed company; majority owned subsidiary of an Australian public listed company; or Australian registered charity

Financial institution

Intermediary i.e. Global Intermediary Identification Number (GIIN), if applicable

If no GIIN, please provide its FATCA status (we may call you to obtain further details if required)

Active Non-financial Entity

Other company or trust (passive non-financial entities)

Are any of the company's beneficial owners tax residents of countries other than Australia?

No  Yes (we may call you to obtain further details if required)

### 4B. Country of tax residency for entity

If your entity is a tax resident of a country other than Australia, provide details below. If not, proceed to section 5.

Country 1

TIN  -  -

If no TIN, specify reason A / B / C \*

Country 3

TIN  -  -

If no TIN, specify reason A / B / C \*

Country 2

TIN  -  -

If no TIN, specify reason A / B / C \*

Country 4

TIN  -  -

If no TIN, specify reason A / B / C \*

#### \*Reasons for no TIN

A – Country of tax residency does not issue TINs to tax residents

B – I have not been issued a TIN

C – Country of tax residency does not require the TIN to be disclosed

## 5 Investment Details

### 5A. Allocation selection

Investment amount (minimum \$20,000)

\$

Please specify your allocation mix (whole numbers only).

Protected Investment Options	Allocation %
Australian Equity Index – Total Protection	<input type="text"/> %
Australian Equity Index – Partial Protection: Initial 10%	<input type="text"/> %
Global Equity Index – Total Protection	<input type="text"/> %
Global Equity Index – Partial Protection: Initial 10%	<input type="text"/> %
<b>Total</b>	<b>100 %</b>

The current Maximum Returns for each Protected Investment Option can be found at our website [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au)

### 5B. Payment details

Please select your payment method

- Direct Debit:** Please complete and sign the *Direct Debit Request* (available on our Website [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au)) and we will debit your funds from your nominated bank account.
- Deposit:** Please deposit to the following account and quote the date of birth and name e.g. 30031954Smith of the Life Insured. Account name: Allianz Australia Life Insurance Limited, BSB: 032 003, Account number: 544069.

If you are depositing your funds directly into our account, please provide details of the source (e.g. name of bank account) you will be sending your funds from.

Source 1  ▶ Amount \$

Source 2  ▶ Amount \$

Source 3  ▶ Amount \$

## 5C. Source of funds

Please select the source of your funds being invested (for anti-money laundering purposes)

- Income from regular employment – regular and/or bonus
- Investment income (e.g. rent, dividends, pension)
- Business income (e.g. income from operating a business)
- One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)
- Sale of assets (e.g. shares, property)
- Windfall (e.g. gift, lottery winnings)
- Borrowed funds
- Charitable donations

Other sources (if any)

## 6 Withdrawals

### 6A. Bank account details

Please provide details of the account you want any withdrawals or other payments made to from your AGILE investment. The account must be in the name of the investor.

Investor

Account name

BSB

   -   

Account number

## 7 Age Pension+ (Optional)

### 7A. Age Pension+ Option Election

You may elect the Age Pension+ Option upon the earliest of commencing the Lifetime Income from AGILE or for superannuation investments meeting a Relevant Condition of Release (including reaching age 65) or for non-superannuation investments reaching Pension Age.

If the Life Insured has already met one of these conditions at the time of completing this application, and you wish to elect the Age Pension+ Option, you must confirm your choice in this application. You will not be able to do so at a later stage. You will also not be able to elect the Age Pension+ Option after your Lifetime Income has commenced.

If you know the date that the Life Insured will meet a Relevant Condition of Release (for superannuation investments), you may advise us below, and we will ensure the Age Pension+ Option will take effect on that date.

For more information on the Relevant Conditions of Release or the Age Pension+ Option, please refer to the PDS available on our website. Whether Age Pension+ is suitable for you will depend on your personal circumstances. We recommend you speak to an authorised financial adviser before making this election.

**Please note:** The Age Pension+ Option is available to self managed super fund investors, but is not available to company or unregulated trust investors.

## 7A. Age Pension+ Option Election *(continued)*

I would like to elect the Age Pension+ Option

### When is the earliest that the Life Insured will meet a Relevant Condition of Release?

The Life Insured has already met a Relevant Condition of Release

The Life Insured will meet a Relevant Condition of Release on:  /  /

### Please confirm the Relevant Condition of Release that the Life Insured has/will meet:

The Life Insured has reached preservation age and has retired

The Life Insured has attained age 65

The Life Insured has been diagnosed with a terminal medical condition

The Life Insured is permanently incapacitated

Please note that we may contact you for further information to support these conditions being met.

## 8 Life Insured

Please provide details of the individual upon whose death a benefit becomes payable.

### Life insured

Title  First name  Middle name  Surname

Date of birth (DD/MM/YY)  /  /  Gender  Male  Female  Other

Postal address (cannot be a PO Box)

State  Postcode  Country

## 9 Adviser Service Fees

If you have agreed with your adviser to pay to them an upfront and/or ongoing adviser service fees, then please provide details.

Upfront fee \$  or  % (of initial investment)

Ongoing fee \$  p.a or  % p.a\*

\*Percentage in the first year is based on your Investment Value at commencement, and then in subsequent years on your Investment Value at each Anniversary Date.

**Please note:** In the Growth Phase, the ongoing adviser service fees reduce your Free Withdrawal Amount available and will attract the MVA if the Free Withdrawal Amount is exceeded if within the first 10 years of the investment. The maximum ongoing adviser service fee you can ask us to pay to your financial adviser is 2.2% (incl. GST) of your Investment Value at each Anniversary Date.

In the Lifetime Income Phase, withdrawals to pay ongoing adviser service fees will be facilitated out of regular Lifetime Income payments. The maximum ongoing adviser service fee you can ask us to pay your financial adviser is 30% of the Lifetime Income Payment calculated at each Anniversary Date.

For Investors who elect the Age Pension+ Option, adviser service fees can no longer be paid from your investment.



## 10 Identity Verification

If you authorise AALIL on page 16 to verify your identity information with the issuer or the official record holder of the identity information or via a third party electronic identification service provider, you may not need to provide us with certified copies of your identification documents.

If you have not provided AALIL with the required authorisation and you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents. If you are not lodging this application through a financial adviser, you must include the following certified identification documents. The certifier must confirm that the photocopy is a true and correct copy of the original ID, followed by their signature, name, qualification and date. If you send us a scanned copy of a certified copy of an identification document, you must have the certifier send the scan, and certify in the email that the scanned attachment is a true and correct copy of the original ID, and their name and qualification. Otherwise, you must post us the original certified copy.

### 10A. Specified individuals

**This section must be completed by the following individuals (where applicable):**

- Each shareholder beneficial owner listed in **3B**
- One individual trustee listed in **3C**
- Each other controlling owner listed in **3E**

**Primary documents**

*Please provide a valid copy of one of the following documents:*

---

Australian driver's licence containing your photograph

---

Australian Passport containing your photograph and signature

---

Card issued under a State or Territory law containing your photo and date of birth

**Acceptable secondary documents**

*If one of the above cannot be provided, please provide one document from Group 1 and one document from Group 2 below:*

**Group 1**

---

Birth certificate or Australian birth extract

---

Australian citizenship certificate

---

Pension or Health care card issued by Centrelink or the Department of Veterans' Affairs

**Group 2**

---

A notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you (e.g. Council rates notice, Electricity bill, Gas bill, Water rates notice, Telephone bill, Internet services bill)

---

A letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you (e.g. Pension Statement, Rent Assistance, Mobility Allowance, Utilities Allowance)

---

A letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you (e.g. Notice of assessment, Payment reminder)

**For non-resident investors only**

*Please provide a valid copy of one of the following documents:\**

---

Foreign passport, or similar travel document bearing your signature & photograph

---

National identity card issued by a foreign government

---

Foreign driver's licence that contains your photograph

\*Any foreign document must be accompanied by an English translation prepared by an accredited translator.

## 10B. Trust investors

Please provide an original or certified copy of the trust deed or if not reasonably available, an original or certified extract of the trust deed (extracts must include name of trust, trustees, beneficiaries, settlors and appointors (where applicable)). If you send us a scanned copy of a certified copy of an identification document, you must have the certifier send the scan, and certify in the email that the scanned attachment is a true and correct copy of the original ID, and their name and qualification. Otherwise, you must post us the original certified copy.

## 11 Any Additional Information

State any other matters you wish to add in relation to this application.

## 12 Declarations

### 12A. Investor

Application is made to Allianz Australia Life Insurance Limited (ABN 27 076 033 782) (AFSL 296559) ("the Company").  
I/we:

#### Information provided and to be provided

- Declare that all the information I /we have put in this form is true and correct.
- Declare that all the documents I /we have provided as part of the application are true and correct.
- Have received and read in Australia, the Target Market Determination and the Product Disclosure Statement for Allianz Guaranteed Income for Life. If I /we received these documents online or via email, then I /we agreed to receive the documents in that format, rather than a hard copy of those documents.
- Understand that if I /we don't provide all the information that is requested on the application form, then the Company may not be able to process my/our application.
- Agree that the Company can't be held liable for any loss that I /we may incur if it can't process my/our application because I /we haven't provided enough correct information.
- Agree that once I /we are notified by the Company that I /we can access a record of the transactions in relation to my / our investment via the Website [www.allianzretireplus.com.au](http://www.allianzretireplus.com.au), I /we agree to use that Website to obtain a confirmation of the transactions and to access other communications in relation to my /our investment.

#### Document

- Understand that the Company has set out how Allianz Guaranteed Income for Life will operate in the Product Disclosure Statement and Investor Certificate.
- Understand that the terms and conditions are as contained in the PDS, or as may have been disclosed via the website, or otherwise disclosed, as terms and conditions of the Investment.
- Understand that this application form does not form part of the Product Disclosure Statement.
- Declare that I /we have the legal power to invest in Allianz Guaranteed Income for Life and have complied with all relevant laws in completing this application. If I /we have signed this application under a power of attorney, I /we have attached a certified copy of the power of attorney under which I /we am acting and have not received notice of the revocation of that power of attorney.

#### Accuracy of Information

- Will compensate the Company if they suffer any loss or liabilities as a result of it acting on or relying on any incorrect, inaccurate or misleading information provided in relation to this Application.

#### Advisers

- Agree that the Company is able to provide to the financial adviser I/we have nominated (and their Licensee) information about my policy and to receive instructions from that financial adviser (and their Licensee) in relation to my/our policy.
- If section 9 of the application form has been completed, direct the Company to pay an Adviser Service Fee, upfront and/ or ongoing, and I/we acknowledge:
  - That the Company doesn't monitor the amount of the fee (other than any maximum limits imposed); nor the services provided in relation to that fee, and these are matters for me/us to discuss with my/our adviser.
  - The Company will act on my/our instructions at all times in relation to the payment of the fee and once an ongoing fee is set up continuing payment of any ongoing fee will only be made if I/we provide a new authority at the relevant Anniversary Date.
  - The Company pays the Australian Financial Services Licensee which licenses my/our adviser, and the Company has an agreement with the Licensee about how these amounts are paid.
  - Once a fee has been paid by the Company, it cannot be refunded and I/we will need to speak to my/our adviser in relation to any refunds.

## 12A. Investor

- If I am/we are within the Growth Phase, any ongoing adviser service fee will reduce my/our Free Withdrawal Amount available and, for each year during the first 10 years of the commencement of my/our investment, will attract an MVA charge if the Free Withdrawal Amount is exceeded. If I/we do not have enough money from my investment that is available to be used to pay my Adviser Service Fee, the Company will not process the payment and I/we will need to deal directly with my/our adviser to make alternative arrangements for payment.
- If I/we have commenced my/our Lifetime Income payments (Lifetime Income Phase), I/we can elect to have any ongoing adviser service fees deducted from my/our regular Lifetime Income payment amounts (i.e. split the payment amount between myself/ourselves and my adviser). This will reduce the amount of the Lifetime Income payment I/we receive, but it will not impact the value of my/our future guaranteed payments.
- If I/we have elected the Age Pension+ Option, it will not be possible to pay any ongoing adviser service fee from the effective date onwards.

### Tax

- Acknowledge that in some instances, the Company is able under the law to collect my/our tax file number. Where they do collect it, I/we consent to providing it, and acknowledge that it will be used to set up and administer my/our investment, calculate applicable taxes, levies and charges and report to the ATO.
- Acknowledge that information contained in this application form and information regarding my/our account may be provided to the ATO and, if I /we (or the entity or a controlling person) am/are a resident for tax purposes of another country, information can be provided to those countries as well.
- Agree that if there are any changes in my/our circumstances, which means that some of the information I /we have put in this application form in relation to my/our tax residency status (or the entity or a controlling person) is no longer accurate or complete, I /we will let the Company know as soon as possible, and in any event within 30 days.

### Privacy

- Acknowledge that the Company has outlined the Privacy Policy in the Product Disclosure Statement, I /we consent to the collection, use and disclosure of my/our personal information in accordance with that policy including the collection of information from and the disclosure of information to my/our adviser. I /we can contact the Company to withdraw my/our consent at any time.
- Agree that if I /we have provided, or provide in the future, the Company with personal information about another individual (e.g. a Life Insured or a Spouse), I /we have shown that individual the information in the Product Disclosure Statement headed Privacy and they have consented to this information being provided to the Company.

### Application

- Apply to:
  - be a beneficiary under the Group Policy held by the Company's wholly owned subsidiary, Allianz Australia Life Policy Services Pty Limited, as policy owner.
  - nominate as the life/lives insured, myself, (in the case of an individual applicant) and otherwise relevant nominees of the company, superannuation fund, or other entities, from time to time.
- Acknowledge that:
  - the Investment Amount and all other applicable premiums, fees and charges are payable to the Company.
  - all income streams (net of any PAYG withholding) payable to me/us will be consolidated into one income stream applied for my/our benefit.
  - I/we will receive an entitlement to the benefits as described in the PDS in the form of income in accordance with the Annuity Instrument under the Group Policy and including the investor protections.
  - evidence must be provided on reasonable request which confirms my/our ongoing entitlement to a benefit in respect of a Life Insured (or Surviving Spouse, if applicable) and acknowledge and agree that the Company may suspend payment of a benefit if such evidence is not provided.
  - any overpayment amount I/we receive which is notified to me/us must be refunded promptly on request.

## 12A. Investor

- Acknowledge that:
  - To commence my lifetime income, I will need to complete a Lifetime Income Election form any time after the first three years of my investment, and may elect at this time whether to choose the Spouse Insured Option and the Lifetime Income payment type, as set out in the PDS.
- Direct:
  - during the Growth Phase, the payment back into AGILE of all amounts attributable to my/our income stream investment during the course of each year of investment and the setting off of these amounts against the purchase price of each subsequent annual income stream; and
  - if and when I/we elect to commence the Lifetime Income Phase, for the balance of my Investment Value to be applied to lifetime income payments.

### Authorisations

- I /we direct the Company to pay the adviser service fees that are stated in my/our application form to the Australian Financial Services Licensee responsible for my/our financial adviser.
- My/our financial adviser is authorised to act on my/our behalf to modify my/our contact details and provide instructions in relation to my/our investment.
- My/our financial adviser is authorised to receive copies of all correspondence and disclosure.
- I/we wish to receive my/our Welcome Letter, Investor Certificate, Anniversary Election form, Annual Statement and Lifetime Income Election form and any other correspondence from the Company electronically including by any electronic address (e.g. email address) that I/we have provided to the Company and agree to notify the Company of any change to my/our electronic addresses that I /we have provided to the Company.
- I /we agree to have my/our identity information verified with the issuer or the official record holder of the identity information or via a third party electronic identification verification service provider.
- I/we wish to receive any marketing communications.

**Please note:** For individual trustees, all trustees must sign this section unless a certified copy of a minute or resolution approving this investment is provided. For Australian companies and company trustees, we require the signature(s) of either a sole director, or two directors, or one director and the company secretary.

#### Investor

Signature

Full name

Date (DD/MM/YY)

 /  / 

#### Second signatory (if applicable)

Signature

Full name

Date (DD/MM/YY)

 /  /

## 12B. Adviser to complete

### By completing and signing this section, I declare that:

- I have made available a copy of the PDS to the client/s.
- The information that I have provided in this adviser declaration section is true and correct.
- I will compensate the Company if it suffers any loss or liabilities as a result of it acting on or relying on any incorrect, inaccurate or misleading information provided.
- I have sighted original documents (where applicable), carried out an identity verification procedure and attached certified copies of each document required to satisfy the client identity verification requirements.
- I have considered the Target Market Determination (TMD) for Allianz Guaranteed Income for Life in providing advice to my client.
- I will comply with any direction provided to me by the Company in relation to the distribution of the PDS and the provision of information to the Company about the policy and its distribution including as set out in the TMD.

Signature

Date (DD/MM/YY)

### Name of authorised representative

Title

First name

Middle name

Surname

Phone

Email

AFSL name

AFSL number

Adviser number (AR number)

## ✓ Application Checklist

To ensure that we are able to process your application promptly, please check that you have chosen the correct form to complete (depending on whether you are investing as an individual or entity) and also that you have:

- Entered the entity details in **section 1** (including contact information)
- Provided details of who will be receiving all policy related correspondence in **section 2**
- Provided details of individuals authorising the investment in **section 3**
- Provided foreign tax status in **section 4**
- Provided your investment details in **section 5 and 6** (including your investment amount, allocation selection, and bank account details)
- Provided details to confirm having met the relevant criteria for election of the Age Pension+ Option (if applicable) **section 7**
- Attached (if required) certified copies of the required identity verification documents listed in **section 9**
- Provided details of any adviser service fees, if applicable, in **section 10**
- Read the declaration, signed and dated the application form in **section 12A**
- Had your financial adviser provide their details and sign the form, if applicable, in **section 12B**

### Where to send

Please send your completed forms and applicable documentation via one of the following ways:



#### Post

Allianz Australia Life Insurance Limited  
Reply Paid 89484, Sydney, NSW 2001



#### Scan and email

[applications@allianzretireplus.com.au](mailto:applications@allianzretireplus.com.au)

For more information, visit our website  
[allianzretireplus.com.au](https://allianzretireplus.com.au)  
or speak to your financial adviser

**Allianz Retire+**  
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