

SERFF Tracking Number: ALLC-125561187 State: Arkansas
 Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 38458
 Company Tracking Number: F40429-01 ET AL
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: May 2008 Initiatives
 Project Name/Number: May 2008 Initiatives/May 2008 Initiatives

Filing at a Glance

Company: Allianz Life Insurance Company of North America

Product Name: May 2008 Initiatives	SERFF Tr Num: ALLC-125561187	State: ArkansasLH
TOI: A03I Individual Annuities - Deferred Variable	SERFF Status: Closed	State Tr Num: 38458
Sub-TOI: A03I.002 Flexible Premium	Co Tr Num: F40429-01 ET AL	State Status: Filed-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Mary Peterson, Patricia Evans	Disposition Date: 04/01/2008
	Date Submitted: 03/20/2008	Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: May 2008 Initiatives	Status of Filing in Domicile: Pending
Project Number: May 2008 Initiatives	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/01/2008	
State Status Changed: 04/01/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Re: INDIVIDUAL VARIABLE ANNUITY - NAIC #761-90611	

The purpose of this informational filing is to advise of a minor addition to the applications listed below, previously approved on 3/11/08 under SERFF - ALLC-125527737. We have added "Commissions options A, B and C" to the last

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line of section "11. Registered representative", on the last page of the applications. This change in no way affects any client or product information on the applications.

F40429-01 Application (High Five)
F40435-01 Application (Hive Five Bonus)
F40456-01 Application (High Five L)

Please contact me directly if you have any questions, at 1-800-328-5601, ext. 47135 or send a note electronically at patricia.evans@allianzlife.com.

Sincerely,

Patricia Evans
Compliance Analyst

Company and Contact

Filing Contact Information

Patricia Evans, Compliance Analyst
5701 Golden Hills Drive
Minneapolis, MN 55416

Patricia.Evans@Allianzlife.com
(763) 765-7135 [Phone]
(763) 765-6306[FAX]

Filing Company Information

Allianz Life Insurance Company of North America

5701 Golden Hills Drive
Minneapolis, MN 55416-1297
(800) 328-5601 ext. [Phone]

CoCode: 90611

Group Code: 761

Group Name:

FEIN Number: 41-1366075

State of Domicile: Minnesota

Company Type: 03

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$75.00

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Retaliatory? Yes
Fee Explanation: Retaliatory fee is \$75.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	\$75.00	03/20/2008	18824644

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	04/01/2008	04/01/2008

SERFF Tracking Number: ALLC-125561187 *State:* Arkansas
Filing Company: Allianz Life Insurance Company of North America *State Tracking Number:* 38458
Company Tracking Number: F40429-01 ET AL
TOI: A03I Individual Annuities - Deferred Variable *Sub-TOI:* A03I.002 Flexible Premium
Product Name: May 2008 Initiatives
Project Name/Number: May 2008 Initiatives/May 2008 Initiatives

Disposition

Disposition Date: 04/01/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALLC-125561187 State: Arkansas
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 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: May 2008 Initiatives
 Project Name/Number: May 2008 Initiatives/May 2008 Initiatives

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes
Form	Application		Yes
Form	Application		Yes

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Form Schedule

Lead Form Number: F40429-01

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	F40429-01	Application/ Enrollment Form	Application Enrollment Form	Initial		50	F40429-01_0508_3-19-08 filing.pdf
	F40435-01	Application/ Enrollment Form	Application Enrollment Form	Initial		50	F40435-01_0508_3-19-08 filing.pdf
	F40456-01	Application/ Enrollment Form	Application Enrollment Form	Initial		50	F40456-01_0508_3-19-08 filing.pdf

[Allianz High Five™] Application

Individual flexible purchase payment variable deferred annuity application. Issued by Allianz Life Insurance Company of North America (Allianz), Minneapolis, MN. Countrywide except NY.

[DA _____]

1. Account registration

Owner is individual (Must be age 80 or younger)

Individual owner first name	MI	Last name	Jr., Sr., III
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Owner is Trust Qualified plan Custodian (If Trust, please include the date of Trust in the name)

Non-individual owner name (If trust is owner, please refer to Trustee representation form)

Tax ID number	Social Security number
---------------	------------------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Joint owner (Optional – must be the spouse of the owner except in the states of CA and OR; must be age 80 or younger)

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--------------------------	--

Relationship to owner	Social Security number
-----------------------	------------------------

Annuitant (Must complete if different than owner; must be age 80 or younger)

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------	--------------------------	--

2. Purchase payment (This section must be completed; please make check payable to Allianz)

[\$10,000] minimum purchase payment required.

Purchase payment amount \$ _____

Purchase payment enclosed with application.

This contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption.
(If checked, please include the appropriate forms.)

3. Plan specifics (This section must be completed to indicate how this contract should be issued)

Nonqualified: <input type="checkbox"/>	Qualified IRA: <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth conversion (Contribution for tax year _____)
Qualified plans: <input type="checkbox"/> 401 <input type="checkbox"/> 401 one person defined benefit	

4. Beneficiary designation

For jointly owned contracts, the surviving joint owner is the sole primary beneficiary. Spousal joint owners may also name contingent beneficiaries. Non-spousal joint owners cannot name contingent beneficiaries.

If the beneficiary is a trust, qualified plan, or custodian, please check the box and include the name below Trust 401 qualified plan Custodian

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

Non-individual beneficiary information

(If trust, please include date of trust in name)(If owner is a 401 qualified plan, the plan must be the beneficiary)

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

(If more than four beneficiaries, attach a list signed by owner.)

5. Replacement (This section must be completed)

Do you have existing life insurance or annuity contracts? Yes No

Will the annuity contract applied for replace or change existing contracts or policies? Yes No

If there is existing coverage, states that have adopted the NAIC Model Replacement Regulation or a variation of the Model, require that the replacement form be completed even if a replacement is not indicated. For a replacement in any state, attach the appropriate replacement form for the state in which the application is taken. The registered representative must also complete Section 11 regarding replacement.

6. Living Guarantees benefits (Please select only one)

If you want to waive this benefit, please check "No Living Guarantees Benefits". Upon making your selection, it cannot be changed.

Living Guarantees Benefits (No additional cost)

No Living Guarantees Benefits (No additional cost)

7. Death benefit options (Please select only one)

You must choose only ONE of the following Death Benefit Options. Upon making your selection, it cannot be changed.

Traditional Guaranteed Minimum Death Benefit (No additional cost)

Enhanced Guaranteed Minimum Death Benefit (Optional) (Available to owners age 79 or younger on the Issue Date at additional cost)

8. Purchase payment allocation

COMPLETE THIS SECTION FOR ALLOCATIONS AND DOLLAR COST AVERAGING (DCA) SOURCE INVESTMENT CHOICE.

You may select up to 15 Investment Choices and/or the Fixed Account. Must use whole percentages (33.3% or dollars are not permitted). Total of percentages in this section must total 100%.

PLEASE NOTE: If DCA is being requested, DCA form must be attached to indicate which Investment Choices you wish to dollar cost average into. If this form is NOT attached and you request DCA, we cannot invest your Purchase Payment. The Fixed Account is not available as a source or destination Investment Choice for Dollar Cost Averaging.

Model Portfolios

Fusion Portfolios

- ___ % AZLSM Fusion Balanced FundSM
- ___ % AZLSM Fusion Growth FundSM
- ___ % AZLSM Fusion Moderate FundSM

TargetPLUS

- ___ % AZLSM TargetPLUS Balanced Fund
- ___ % AZLSM TargetPLUS Equity Fund
- ___ % AZLSM TargetPLUS Growth Fund
- ___ % AZLSM TargetPLUS Moderate Fund

Small Cap

- ___ % AZLSM Dreyfus Premier Small Cap Value Fund
- ___ % AZLSM Franklin Small Cap Value Fund
- ___ % AZLSM Turner Quantitative Small Cap Growth Fund
- ___ % AZLSM OCC Opportunity Fund
- ___ % AZLSM Small Cap Stock Index Fund

Mid Cap

- ___ % AZLSM Neuberger Berman Regency Fund
- ___ % AZLSM Van Kampen Mid Cap Growth Fund
- ___ % OpCap Mid Cap Portfolio

Large Growth

- ___ % AZLSM Dreyfus Founders Equity Growth Fund
- ___ % AZLSM Jennison Growth Fund
- ___ % AZLSM Legg Mason Growth Fund
- ___ % AZLSM LMP Large Cap Growth Fund

International Equity

- ___ % AZLSM AIM International Equity Fund
- ___ % AZLSM NACM International Fund
- ___ % AZLSM Oppenheimer Global Fund
- ___ % AZLSM Oppenheimer International Growth Fund
- ___ % AZLSM Schroder International Small Cap Fund
- ___ % AZLSM Van Kampen Global Franchise Fund
- ___ % Mutual Discovery Securities Fund
- ___ % Templeton Growth Securities Fund

Large Blend

- ___ % AZLSM First Trust Target Double Play Fund
- ___ % AZLSM Jennison 20/20 Focus Fund
- ___ % AZLSM Legg Mason Value Fund
- ___ % AZLSM Oppenheimer Main Street Fund
- ___ % AZLSM PIMCO Fundamental IndexPLUS Total Return Fund
- ___ % AZLSM S&P 500[®] Index Fund

Large Value

- ___ % AZLSM Davis NY Venture Fund
- ___ % AZLSM OCC Value Fund
- ___ % AZLSM Van Kampen Comstock Fund
- ___ % AZLSM Van Kampen Growth and Income Fund
- ___ % Mutual Shares Securities Fund

High Yield Bonds

- ___ % Franklin High Income Fund
- ___ % PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

- ___ % Franklin Zero Coupon Fund 2010
- ___ % PIMCO VIT Emerging Markets Bond Portfolio
- ___ % PIMCO VIT Global Bond Portfolio (Unhedged)
- ___ % PIMCO VIT Real Return Portfolio
- ___ % PIMCO VIT Total Return Portfolio
- ___ % Templeton Global Income Securities Fund

Short-Term Bonds

- ___ % Franklin U.S. Government Fund

Cash Equivalent

- ___ % AZLSM Money Market Fund

Specialty

- ___ % AZLSM Columbia Technology Fund
- ___ % AZLSM Schroder Emerging Markets Equity Fund
- ___ % AZLSM Van Kampen Equity and Income Fund
- ___ % AZLSM Van Kampen Global Real Estate Fund
- ___ % Davis VA Financial Portfolio
- ___ % Franklin Global Communications Securities Fund
- ___ % Franklin Income Securities Fund
- ___ % Franklin Templeton VIP Founding Funds Allocation Fund
- ___ % PIMCO VIT All Asset Portfolio
- ___ % PIMCO VIT Commodity RealReturn Strategy Portfolio
- ___ % BlackRock Global Allocation V.I. Fund

- ___ % Allianz Life Fixed Account (Not available for selection in the states of AL, OR, and UT or for the DCA program.)

Total of _____ % (must equal 100%)

Flexible Rebalancing Quarterly:

You may select Flexible Rebalancing on a **quarterly** basis by checking this box if you have NOT selected the Allianz Life Fixed Account, or the Dollar Cost Averaging Program. Your Flexible Rebalancing will be based on the same allocations as indicated above.

If you are requesting any other mode than quarterly for Flexible Rebalancing or if you are selecting a Dollar Cost Averaging Program, please complete the Flexible Rebalancing form and/or the Dollar Cost Averaging form.

9. Telephone authorization

Yes By checking "yes," I am authorizing and directing Allianz Life to act on telephone or electronic instructions from the registered representative and/or anyone authorized by him/her to transfer contract values among the Investment Choices. **If the box is not checked, this authorization will be permitted for the owner only.** Allianz Life will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of the company.

10. Statement of applicant

The following states require applicants to read and acknowledge the statement for your state below.

Arizona: This contract may be returned within 10 days **or within 30 days if you are age 65 or older on the date of the application, if you are dissatisfied for any reason.** It can be mailed or delivered to either us or the representative who sold it. Return of this contract by mail is effective on being postmarked, properly addressed and postage prepaid. We will refund an amount equal to the sum of the difference between the premiums paid; including any contract fees or other charges, and the amounts allocated to any separate accounts under the contract on the date the returned contract is received by us. We have the right to allocate Purchase Payments to the Money Market Investment Option until the expiration of the Right to Examine period. If we so allocate Purchase Payments, we will refund the greater of the Purchase Payments less any withdrawals, or the Contract Value. On written request, we are required to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of this annuity contract.

Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, Tennessee and West Virginia: Any person who knowingly, and with intent to defraud any insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits a fraudulent insurance act, which is a crime, may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia and Virginia: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act in DC and subjects such person to criminal and civil penalties. In VA, it is considered a fraudulent act and subjects such person to criminal and civil penalties. Additional penalties may include imprisonment and/or fines, or denial of insurance benefits.

Vermont: I understand that this variable annuity is not a bank deposit; is not federally insured; is not endorsed by any bank or government agency; is not guaranteed and may be subject to loss of principal.

By signing below, the Contract Owner(s) acknowledges the statements mentioned above and understands that or agrees to the following: I received a Prospectus and have determined that the variable annuity applied for is not unsuitable for my investment objectives, financial situation, and financial needs. It is a long-term commitment to meet financial needs and goals. **I understand that the Contract Value and variable Annuity Payments may increase or decrease depending on the investment results of the variable Investment Choices, and that no minimum Contract Value or variable Annuity Payment is guaranteed.** To the best of my knowledge and belief, all statements and answers in this application are complete and true. It is further agreed that these statements and answers will become a part of any contract to be issued. No representative is authorized to modify this agreement or waive any of Allianz Life's rights or requirements. **(Applicable to Texas only: AMOUNTS PAYABLE UNDER THE CONTRACT ARE SUBJECT TO A MARKET VALUE ADJUSTMENT PRIOR TO A DATE SPECIFIED IN THE CONTRACT.)**

Owner's signature (or Trustee, if applicable)	Joint owner's signature (or Trustee, if applicable)
Signed at (city and state)	Date signed <input type="checkbox"/> Please send me a statement of additional information also available on the SEC Web site (http://www.sec.gov).

11. Registered representative

By signing below, the registered representative/agent certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the Contract Owner(s) with the most current Prospectus. To the best of my knowledge, the applicant: **DOES** **DOES NOT** have existing life insurance policies or annuity contracts. To the best of my knowledge and belief, this application **DOES** **DOES NOT** involve replacement of existing life insurance or annuities. If a replacement, include a copy of each disclosure statement and a list of companies involved.

Registered representative's signature	B/D Rep. ID	
Registered representative's first and last name (please print)		Percent split
Registered representative's signature (split case)	B/D Rep. ID	
Registered representative's first and last name (please print) (split case)		Percent split
Registered representative's signature (split case)	B/D Rep. ID	
Registered representative's first and last name (please print) (split case)		Percent split
Registered representative's address	Registered representative's telephone number	
Broker/dealer name (please print)		

Authorized signature broker/dealer (if required)

Commission options (please check one)

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
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12. Home Office use only

If Allianz Life Insurance Company of North America makes a change in this space in order to correct any apparent errors or omissions, it will be approved by acceptance of this contract by the Contract Owner(s); however, any material change must be accepted in writing by the Contract Owner(s). Changes to this application that affect product, benefits, amount of insurance or age require acceptance by the Contract Owner(s).

Mailing information

Applications that **HAVE** a check attached

Regular mail

Allianz Service Center
PO Box 824240
Philadelphia, PA 19182-4240

Overnight, certified, or registered

Allianz Service Center 824240
c/o PNC bank lockbox
312 W Route 38 and East Gate Drive
Moorestown, NJ 08057-4240

Applications that **DO NOT HAVE** a check attached

Regular mail

Allianz Service Center
PO Box 1122
Southeastern, PA 19398-1122

Overnight, certified, or registered

Allianz Service Center
300 Berwyn Park
Berwyn, PA 19312-1179

For further questions, please call the [Allianz Service Center at 800.624.0197].

[Allianz High Five™] Bonus Application

Individual flexible purchase payment variable deferred annuity application. Issued by Allianz Life Insurance Company of North America (Allianz), Minneapolis, MN. Countrywide except NY.

[DA _____]

1. Account registration

Owner is individual (Must be age 80 or younger)

Individual owner first name	MI	Last name	Jr., Sr., III
-----------------------------	----	-----------	---------------

Owner is Trust Qualified plan Custodian (If Trust, please include the date of Trust in the name)

Non-individual owner name (If trust is owner, please refer to Trustee representation form)

Tax ID number	Social Security number
---------------	------------------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Joint owner (Optional – must be the spouse of the owner except in the states of CA and OR; must be age 80 or younger)

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--------------------------	--

Relationship to owner	Social Security number
-----------------------	------------------------

Annuitant (Must complete if different than owner; must be age 80 or younger)

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------	--------------------------	--

2. Purchase payment (This section must be completed; please make check payable to Allianz)

[\$10,000] minimum purchase payment required.

Purchase payment amount \$ _____

Purchase payment enclosed with application.

This contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption.
(If checked, please include the appropriate forms.)

3. Plan specifics (This section must be completed to indicate how this contract should be issued)

Nonqualified: <input type="checkbox"/>	Qualified IRA: <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth conversion	(Contribution for tax year _____)
Qualified plans: <input type="checkbox"/> 401 <input type="checkbox"/> 401 one person defined benefit		

4. Beneficiary designation

For jointly owned contracts, the surviving joint owner is the sole primary beneficiary. Spousal joint owners may also name contingent beneficiaries. Non-spousal joint owners cannot name contingent beneficiaries.

If the beneficiary is a trust, qualified plan, or custodian, please check the box and include the name below Trust 401 qualified plan Custodian

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

Non-individual beneficiary information

(If trust, please include date of trust in name)(If owner is a 401 qualified plan, the plan must be the beneficiary)

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

(If more than four beneficiaries, attach a list signed by owner.)

5. Replacement (This section must be completed)

Do you have existing life insurance or annuity contracts? Yes No

Will the annuity contract applied for replace or change existing contracts or policies? Yes No

If there is existing coverage, states that have adopted the NAIC Model Replacement Regulation or a variation of the Model, require that the replacement form be completed even if a replacement is not indicated. For a replacement in any state, attach the appropriate replacement form for the state in which the application is taken. The registered representative must also complete Section 11 regarding replacement.

6. Living Guarantees benefits (Please select only one)

If you want to waive this benefit, please check "No Living Guarantees Benefits". Upon making your selection, it cannot be changed.

- Living Guarantees Benefits** (No additional cost)
- No Living Guarantees Benefits** (No additional cost)

7. Guaranteed Minimum Death Benefit (GMDB) Options (Please select only one)

You must choose only ONE of the following Death Benefit Options. Upon making your selection, it cannot be changed.

- Traditional Guaranteed Minimum Death Benefit** (No additional cost)
- Enhanced Guaranteed Minimum Death Benefit** (Optional) (Available to owners age 79 or younger on the Issue Date at additional cost)

8. Purchase payment allocation

COMPLETE THIS SECTION FOR ALLOCATIONS AND DOLLAR COST AVERAGING (DCA) SOURCE INVESTMENT CHOICE.

You may select up to 15 Investment Choices and/or the Fixed Account. Must use whole percentages (33.3% or dollars are not permitted). Total of percentages in this section must total 100%.

PLEASE NOTE: If DCA is being requested, DCA form must be attached to indicate which Investment Choices you wish to dollar cost average into. If this form is NOT attached and you request DCA, we cannot invest your Purchase Payment. The Fixed Account is not available as a source or destination Investment Choice for Dollar Cost Averaging.

Model Portfolios

Fusion Portfolios

- ___ % AZLSM Fusion Balanced FundSM
- ___ % AZLSM Fusion Growth FundSM
- ___ % AZLSM Fusion Moderate FundSM

TargetPLUS

- ___ % AZLSM TargetPLUS Balanced Fund
- ___ % AZLSM TargetPLUS Equity Fund
- ___ % AZLSM TargetPLUS Growth Fund
- ___ % AZLSM TargetPLUS Moderate Fund

Small Cap

- ___ % AZLSM Dreyfus Premier Small Cap Value Fund
- ___ % AZLSM Franklin Small Cap Value Fund
- ___ % AZLSM Turner Quantitative Small Cap Growth Fund
- ___ % AZLSM OCC Opportunity Fund
- ___ % AZLSM Small Cap Stock Index Fund

Mid Cap

- ___ % AZLSM Neuberger Berman Regency Fund
- ___ % AZLSM Van Kampen Mid Cap Growth Fund
- ___ % OpCap Mid Cap Portfolio

Large Growth

- ___ % AZLSM Dreyfus Founders Equity Growth Fund
- ___ % AZLSM Jennison Growth Fund
- ___ % AZLSM Legg Mason Growth Fund
- ___ % AZLSM LMP Large Cap Growth Fund

International Equity

- ___ % AZLSM AIM International Equity Fund
- ___ % AZLSM NACM International Fund
- ___ % AZLSM Oppenheimer Global Fund
- ___ % AZLSM Oppenheimer International Growth Fund
- ___ % AZLSM Schroder International Small Cap Fund
- ___ % AZLSM Van Kampen Global Franchise Fund
- ___ % Mutual Discovery Securities Fund
- ___ % Templeton Growth Securities Fund

Large Blend

- ___ % AZLSM First Trust Target Double Play Fund
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- ___ % AZLSM S&P 500[®] Index Fund

Large Value

- ___ % AZLSM Davis NY Venture Fund
- ___ % AZLSM OCC Value Fund
- ___ % AZLSM Van Kampen Comstock Fund
- ___ % AZLSM Van Kampen Growth and Income Fund
- ___ % Mutual Shares Securities Fund

High Yield Bonds

- ___ % Franklin High Income Fund
- ___ % PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

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- ___ % PIMCO VIT Emerging Markets Bond Portfolio
- ___ % PIMCO VIT Global Bond Portfolio (Unhedged)
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- ___ % Templeton Global Income Securities Fund

Short-Term Bonds

- ___ % Franklin U.S. Government Fund

Cash Equivalent

- ___ % AZLSM Money Market Fund

Specialty

- ___ % AZLSM Columbia Technology Fund
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- ___ % AZLSM Van Kampen Global Real Estate Fund
- ___ % Davis VA Financial Portfolio
- ___ % Franklin Global Communications Securities Fund
- ___ % Franklin Income Securities Fund
- ___ % Franklin Templeton VIP Founding Funds Allocation Fund
- ___ % PIMCO VIT All Asset Portfolio
- ___ % PIMCO VIT Commodity RealReturn Strategy Portfolio
- ___ % BlackRock Global Allocation V.I. Fund

- ___ % Allianz Life Fixed Account (Not available for selection in the states of AL, OR, and UT or for the DCA program.)

Total of _____ % (must equal 100%)

Flexible Rebalancing Quarterly:

You may select Flexible Rebalancing on a **quarterly** basis by checking this box if you have NOT selected the Dollar Cost Averaging Program. Your Flexible Rebalancing will be based on the same allocations as indicated above.

If you are requesting any other mode than quarterly for Flexible Rebalancing or if you are selecting a Dollar Cost Averaging Program, please complete the Flexible Rebalancing form and/or the Dollar Cost Averaging form.

9. Telephone authorization

Yes By checking "yes," I am authorizing and directing Allianz Life to act on telephone or electronic instructions from the registered representative and/or anyone authorized by him/her to transfer contract values among the Investment Choices. **If the box is not checked, this authorization will be permitted for the owner only.** Allianz Life will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of the company.

10. Statement of applicant

The following states require applicants to read and acknowledge the statement for your state below.

Arizona: This contract may be returned within 10 days **or within 30 days if you are age 65 or older on the date of the application, if you are dissatisfied for any reason.** It can be mailed or delivered to either us or the representative who sold it. Return of this contract by mail is effective on being postmarked, properly addressed and postage prepaid. We will refund an amount equal to the sum of the difference between the premiums paid; including any contract fees or other charges, and the amounts allocated to any separate accounts under the contract on the date the returned contract is received by us. We have the right to allocate Purchase Payments to the Money Market Investment Option until the expiration of the Right to Examine period. If we so allocate Purchase Payments, we will refund the greater of the Purchase Payments less any withdrawals, or the Contract Value. On written request, we are required to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of this annuity contract.

Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, Tennessee and West Virginia: Any person who knowingly, and with intent to defraud any insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits a fraudulent insurance act, which is a crime, may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia and Virginia: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act in DC and subjects such person to criminal and civil penalties. In VA, it is considered a fraudulent act and subjects such person to criminal and civil penalties. Additional penalties may include imprisonment and/or fines, or denial of insurance benefits.

Vermont: I understand that this variable annuity is not a bank deposit; is not federally insured; is not endorsed by any bank or government agency; is not guaranteed and may be subject to loss of principal.

By signing below, the Contract Owner(s) acknowledges the statements mentioned above and understands that or agrees to the following: I received a Prospectus and have determined that the variable annuity applied for is not unsuitable for my investment objectives, financial situation, and financial needs. It is a long-term commitment to meet financial needs and goals. **I understand that the Contract Value and variable Annuity Payments may increase or decrease depending on the investment results of the variable Investment Choices, and that no minimum Contract Value or variable Annuity Payment is guaranteed.** To the best of my knowledge and belief, all statements and answers in this application are complete and true. It is further agreed that these statements and answers will become a part of any contract to be issued. No representative is authorized to modify this agreement or waive any of Allianz Life's rights or requirements. **(Texas only: AMOUNTS PAYABLE UNDER THE CONTRACT ARE SUBJECT TO A MARKET VALUE ADJUSTMENT PRIOR TO A DATE SPECIFIED IN THE CONTRACT.)**

Owner's signature (or Trustee, if applicable)

Joint owner's signature (or Trustee, if applicable)

Signed at (city and state)

Date signed

Please send me a statement of additional information also available on the SEC Web site (<http://www.sec.gov>).

11. Registered representative

By signing below, the registered representative/agent certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the Contract Owner(s) with the most current prospectus. To the best of my knowledge, the applicant: **DOES** **DOES NOT** have existing life insurance policies or annuity contracts. To the best of my knowledge and belief, this application **DOES** **DOES NOT** involve replacement of existing life insurance or annuities. If a replacement, include a copy of each disclosure statement and a list of companies involved.

Registered representative's signature	B/D Rep. ID	
Registered representative's first and last name (please print)		Percent split
Registered representative's signature (split case)	B/D Rep. ID	
Registered representative's first and last name (please print) (split case)		Percent split
Registered representative's signature (split case)	B/D Rep. ID	
Registered representative's first and last name (please print) (split case)		Percent split
Registered representative's address	Registered representative's telephone number	
Broker/dealer name (please print)		

Authorized signature broker/dealer (if required)

Commission options (please check one)

A B C

12. Home Office use only

If Allianz Life Insurance Company of North America makes a change in this space in order to correct any apparent errors or omissions, it will be approved by acceptance of this contract by the Contract Owner(s); however, any material change must be accepted in writing by the Contract Owner(s). Changes to this application that affect product, benefits, amount of insurance, or age require acceptance by the Contract Owner(s).

Mailing information

Applications that **HAVE** a check attached

Regular mail

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PO Box 824240
Philadelphia, PA 19182-4240

Overnight, certified, or registered

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c/o PNC bank lockbox
312 W Route 38 and East Gate Drive
Moorestown, NJ 08057-4240

Applications that **DO NOT HAVE** a check attached

Regular mail

Allianz Service Center
PO Box 1122
Southeastern, PA 19398-1122

Overnight, certified, or registered

Allianz Service Center
300 Berwyn Park
Berwyn, PA 19312-1179

For further questions, please call the [Allianz Service Center at 800.624.0197].

[Allianz High Five™] L Application

Individual flexible purchase payment variable deferred annuity application. Issued by Allianz Life Insurance Company of North America (Allianz), Minneapolis, MN. Countrywide except NY.

[DA _____]

1. Account registration

Owner is individual (Must be age 80 or younger)

Individual owner first name	MI	Last name	Jr., Sr., III
-----------------------------	----	-----------	---------------

Owner is Trust Qualified plan Custodian (If Trust, please include the date of Trust in the name)

Non-individual owner name (If trust is owner, please refer to Trustee representation form)

Tax ID number	Social Security number
---------------	------------------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--------------------------	--

Joint owner (Optional – must be the spouse of the owner except in the states of CA and OR; must be age 80 or younger)

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--------------------------	--

Relationship to owner	Social Security number
-----------------------	------------------------

Annuitant (Must complete if different than owner; must be age 80 or younger)

First name	MI	Last name	Jr., Sr., III
------------	----	-----------	---------------

Street address

City	State	ZIP code	Daytime telephone number
------	-------	----------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security number	Date of birth (mm/dd/yy)	Are you a U.S. citizen? (If no, need W8-BEN) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------	--------------------------	--

2. Purchase payment (This section must be completed; please make check payable to Allianz)

[\$10,000] minimum purchase payment required.

Purchase payment amount \$ _____

Purchase payment enclosed with application.

This contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption.
(If checked, please include the appropriate forms.)

3. Plan specifics (This section must be completed to indicate how this contract should be issued)

Nonqualified: <input type="checkbox"/>	Qualified IRA: <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth conversion	(Contribution for tax year _____)
Qualified plans: <input type="checkbox"/> 401 <input type="checkbox"/> 401 one person defined benefit		

4. Beneficiary designation

For jointly owned contracts, the surviving joint owner is the sole primary beneficiary. Spousal joint owners may also name contingent beneficiaries. Non-spousal joint owners cannot name contingent beneficiaries.

If the beneficiary is a trust, qualified plan, or custodian, please check the box and include the name below Trust 401 qualified plan Custodian

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

Non-individual beneficiary information
(If trust, please include date of trust in name)(If owner is a 401 qualified plan, the plan must be the beneficiary)

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

<input type="checkbox"/> Primary	Percentage	Tax ID number	Social Security number
<input type="checkbox"/> Contingent			

First name	MI	Last name
------------	----	-----------

Relationship

(If more than four beneficiaries, attach a list signed by owner.)

5. Replacement (This section must be completed)

Do you have existing life insurance or annuity contracts? Yes No

Will the annuity contract applied for replace or change existing contracts or policies? Yes No

If there is existing coverage, states that have adopted the NAIC Model Replacement Regulation or a variation of the Model, require that the replacement form be completed even if a replacement is not indicated. For a replacement in any state, attach the appropriate replacement form for the state in which the application is taken. The registered representative must also complete Section 11 regarding replacement.

6. Living Guarantees benefits (LGB) options (Please select only one)

If you want to waive this benefit, please check "No Living Guarantees Benefits". Upon making your selection, it cannot be changed.

- Living Guarantees with the Guaranteed Principal Value Benefit (Optional) (No additional cost)
- Living Guarantees with the Guaranteed Account Value Benefit (Optional) (Available at additional cost)
- No Living Guarantees Benefits.

7. Guaranteed Minimum Death Benefit (GMDB) Options (Please select only one)

You must choose only ONE of the following Death Benefit Options. Upon making your selection, it cannot be changed.

- Traditional Guaranteed Minimum Death Benefit (No additional cost)
- Enhanced Guaranteed Minimum Death Benefit (Optional) (Available to owners age 79 or younger on the Issue Date at additional cost)

8. Purchase payment allocation

COMPLETE THIS SECTION FOR ALLOCATIONS AND DOLLAR COST AVERAGING (DCA) SOURCE INVESTMENT CHOICE.

You may select up to 15 Investment Choices and/or the Fixed Account. Must use whole percentages (33.3% or dollars are not permitted). Total of percentages in this section must total 100%.

PLEASE NOTE: If DCA is being requested, DCA form must be attached to indicate which Investment Choices you wish to dollar cost average into. If this form is NOT attached and you request DCA, we cannot invest your Purchase Payment. The Fixed Account is not available as a source or destination Investment Choice for Dollar Cost Averaging.

Model Portfolios

Fusion Portfolios

- ___ % AZLSM Fusion Balanced FundSM
- ___ % AZLSM Fusion Growth FundSM
- ___ % AZLSM Fusion Moderate FundSM

TargetPLUS

- ___ % AZLSM TargetPLUS Balanced Fund
- ___ % AZLSM TargetPLUS Equity Fund
- ___ % AZLSM TargetPLUS Growth Fund
- ___ % AZLSM TargetPLUS Moderate Fund

Small Cap

- ___ % AZLSM Dreyfus Premier Small Cap Value Fund
- ___ % AZLSM Franklin Small Cap Value Fund
- ___ % AZLSM Turner Quantitative Small Cap Growth Fund
- ___ % AZLSM OCC Opportunity Fund
- ___ % AZLSM Small Cap Stock Index Fund

Mid Cap

- ___ % AZLSM Neuberger Berman Regency Fund
- ___ % AZLSM Van Kampen Mid Cap Growth Fund
- ___ % OpCap Mid Cap Portfolio

Large Growth

- ___ % AZLSM Dreyfus Founders Equity Growth Fund
- ___ % AZLSM Jennison Growth Fund
- ___ % AZLSM Legg Mason Growth Fund
- ___ % AZLSM LMP Large Cap Growth Fund

International Equity

- ___ % AZLSM AIM International Equity Fund
- ___ % AZLSM NACM International Fund
- ___ % AZLSM Oppenheimer Global Fund
- ___ % AZLSM Oppenheimer International Growth Fund
- ___ % AZLSM Schroder International Small Cap Fund
- ___ % AZLSM Van Kampen Global Franchise Fund
- ___ % Mutual Discovery Securities Fund
- ___ % Templeton Growth Securities Fund

Large Blend

- ___ % AZLSM First Trust Target Double Play Fund
- ___ % AZLSM Jennison 20/20 Focus Fund
- ___ % AZLSM Legg Mason Value Fund
- ___ % AZLSM Oppenheimer Main Street Fund
- ___ % AZLSM PIMCO Fundamental IndexPLUS Total Return Fund
- ___ % AZLSM S&P 500[®] Index Fund

Large Value

- ___ % AZLSM Davis NY Venture Fund
- ___ % AZLSM OCC Value Fund
- ___ % AZLSM Van Kampen Comstock Fund
- ___ % AZLSM Van Kampen Growth and Income Fund
- ___ % Mutual Shares Securities Fund

High Yield Bonds

- ___ % Franklin High Income Fund
- ___ % PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

- ___ % Franklin Zero Coupon Fund 2010
- ___ % PIMCO VIT Emerging Markets Bond Portfolio
- ___ % PIMCO VIT Global Bond Portfolio (Unhedged)
- ___ % PIMCO VIT Real Return Portfolio
- ___ % PIMCO VIT Total Return Portfolio
- ___ % Templeton Global Income Securities Fund

Short-Term Bonds

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Cash Equivalent

- ___ % AZLSM Money Market Fund

Specialty

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- ___ % AZLSM Van Kampen Equity and Income Fund
- ___ % AZLSM Van Kampen Global Real Estate Fund
- ___ % Davis VA Financial Portfolio
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- ___ % Franklin Templeton VIP Founding Funds Allocation Fund
- ___ % PIMCO VIT All Asset Portfolio
- ___ % PIMCO VIT Commodity RealReturn Strategy Portfolio
- ___ % BlackRock Global Allocation V.I. Fund

- ___ % Allianz Life Fixed Account (Not available for selection in the states of AL, OR, and UT or for the DCA program.)

Total of _____ % (must equal 100%)

Flexible Rebalancing Quarterly:

You may select Flexible Rebalancing on a **quarterly** basis by checking this box if you have NOT selected the Dollar Cost Averaging Program. Your Flexible Rebalancing will be based on the same allocations as indicated above.

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9. Telephone authorization

Yes By checking "yes," I am authorizing and directing Allianz Life to act on telephone or electronic instructions from the registered representative and/or anyone authorized by him/her to transfer contract values among the Investment Choices. **If the box is not checked, this authorization will be permitted for the owner only.** Allianz Life will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz Life and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of the company.

10. Statement of applicant

The following states require applicants to read and acknowledge the statement for your state below.

Arizona: This contract may be returned within 10 days **or within 30 days if you are age 65 or older on the date of the application, if you are dissatisfied for any reason.** It can be mailed or delivered to either us or the representative who sold it. Return of this contract by mail is effective on being postmarked, properly addressed and postage prepaid. We will refund an amount equal to the sum of the difference between the premiums paid; including any contract fees or other charges, and the amounts allocated to any separate accounts under the contract on the date the returned contract is received by us. We have the right to allocate Purchase Payments to the Money Market Investment Option until the expiration of the Right to Examine period. If we so allocate Purchase Payments, we will refund the greater of the Purchase Payments less any withdrawals, or the Contract Value. On written request, we are required to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of this annuity contract.

Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, Tennessee and West Virginia: Any person who knowingly, and with intent to defraud any insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits a fraudulent insurance act, which is a crime, may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia and Virginia: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act in DC and subjects such person to criminal and civil penalties. In VA, it is considered a fraudulent act and subjects such person to criminal and civil penalties. Additional penalties may include imprisonment and/or fines, or denial of insurance benefits.

Vermont: I understand that this variable annuity is not a bank deposit; is not federally insured; is not endorsed by any bank or government agency; is not guaranteed and may be subject to loss of principal.

By signing below, the Contract Owner(s) acknowledges the statements mentioned above and understands that or agrees to the following:

I received a Prospectus and have determined that the variable annuity applied for is not unsuitable for my investment objectives, financial situation, and financial needs. It is a long-term commitment to meet financial needs and goals. **I understand that the Contract Value and variable Annuity Payments may increase or decrease depending on the investment results of the variable Investment Choices, and that no minimum Contract Value or variable Annuity Payment is guaranteed.** To the best of my knowledge and belief, all statements and answers in this application are complete and true. It is further agreed that these statements and answers will become a part of any contract to be issued. No representative is authorized to modify this agreement or waive any of Allianz Life's rights or requirements.

(Texas only: AMOUNTS PAYABLE UNDER THE CONTRACT ARE SUBJECT TO A MARKET VALUE ADJUSTMENT PRIOR TO A DATE SPECIFIED IN THE CONTRACT.)

Owner's signature (or Trustee, if applicable)	Joint owner's signature (or Trustee, if applicable)
Signed at (city and state)	Date signed <input type="checkbox"/> Please send me a statement of additional information also available on the SEC Web site (http://www.sec.gov).

11. Registered representative

By signing below, the registered representative/agent certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the Contract Owner(s) with the most current prospectus. To the best of my knowledge, the applicant: **DOES** **DOES NOT** have existing life insurance policies or annuity contracts. To the best of my knowledge and belief, this application **DOES** **DOES NOT** involve replacement of existing life insurance or annuities. If a replacement, include a copy of each disclosure statement and a list of companies involved.

Registered representative's signature	B/D Rep. ID	
Registered representative's first and last name (please print)		Percent split
Registered representative's signature (split case)	B/D Rep. ID	
Registered representative's first and last name (please print) (split case)		Percent split
Registered representative's signature (split case)	B/D Rep. ID	
Registered representative's first and last name (please print) (split case)		Percent split
Registered representative's address	Registered representative's telephone number	
Broker/dealer name (please print)		

Authorized signature broker/dealer (if required)

Commission options (please check one)

A B C

12. Home Office use only

If Allianz Life Insurance Company of North America makes a change in this space in order to correct any apparent errors or omissions, it will be approved by acceptance of this contract by the Contract Owner(s); however, any material change must be accepted in writing by the Contract Owner(s). Changes to this application that affect product, benefits, amount of insurance, or age require acceptance by the Contract Owner(s).

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Overnight, certified, or registered

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c/o PNC bank lockbox
312 W Route 38 and East Gate Drive
Moorestown, NJ 08057-4240

Applications that **DO NOT HAVE** a check attached

Regular mail

Allianz Service Center
PO Box 1122
Southeastern, PA 19398-1122

Overnight, certified, or registered

Allianz Service Center
300 Berwyn Park
Berwyn, PA 19312-1179

For further questions, please call the [Allianz Service Center at 800.624.0197].

SERFF Tracking Number: ALLC-125561187 *State:* Arkansas
Filing Company: Allianz Life Insurance Company of North America *State Tracking Number:* 38458
Company Tracking Number: F40429-01 ET AL
TOI: A03I Individual Annuities - Deferred Variable *Sub-TOI:* A03I.002 Flexible Premium
Product Name: May 2008 Initiatives
Project Name/Number: May 2008 Initiatives/May 2008 Initiatives

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ALLC-125561187 State: Arkansas
Filing Company: Allianz Life Insurance Company of North America State Tracking Number: 38458
Company Tracking Number: F40429-01 ET AL
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: May 2008 Initiatives
Project Name/Number: May 2008 Initiatives/May 2008 Initiatives

Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice 03/20/2008
Bypass Reason: Not applicable - this is an Informational Filing.
Comments:

Review Status:
Bypassed -Name: Application 03/20/2008
Bypass Reason: Not applicable - this is an Informational Filing.
Comments:

Review Status:
Bypassed -Name: Life & Annuity - Acturial Memo 03/20/2008
Bypass Reason: Not applicable - this is an Informational Filing.
Comments: