

SERFF Tracking Number: ALLC-127951362 State: Arkansas
 Filing Company: Allianz Life Insurance Company of North America State Tracking Number:
 Company Tracking Number: VISION.CONNECTIONS INCOME FOCUS RIDER MAY 2012 S40840
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Vision.Connections Income Focus Rider May 2012 S40840
 Project Name/Number: Vision.Connections Income Focus Rider May 2012 S40840/Vision.Connections Income Focus Rider May 2012 S40840

Filing at a Glance

Company: Allianz Life Insurance Company of North America

Product Name: Vision.Connections Income Focus Rider May 2012 S40840
 SERFF Tr Num: ALLC-127951362 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved-Closed
 State Tr Num:

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VISION.CONNECTIONS INCOME FOCUS RIDER MAY 2012 S40840
 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Erin Hadrits, Patricia Evans

Disposition Date: 01/10/2012

Date Submitted: 01/05/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Vision.Connections Income Focus Rider May 2012 S40840

Status of Filing in Domicile: Pending

Project Number: Vision.Connections Income Focus Rider May 2012 S40840

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/10/2012

State Status Changed: 01/10/2012

Deemer Date:

Created By: Patricia Evans

Submitted By: Patricia Evans

Corresponding Filing Tracking Number:

Filing Description:

Re: INDIVIDUAL VARIABLE ANNUITY – NAIC #761-90611

S40840 – Income Focus Rider

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S40843 – Investment Options Contract Schedule

Vision Contract Schedule

S40841 – Income Focus (01.12) Contract Schedule

Connections Contract Schedule

S40842 – Income Focus (01.12) Contract Schedule

Vision Application

F60001 – Application

Connections Application

F70037 – Application

The above referenced forms are new, do not supersede any previously filed forms, and may be used with other forms approved in the future. The contract forms (L40529 and L40530) affiliated with the forms referenced above will be sold through brokers in all markets and were approved by the Department on 2/12/2007. Form L40529 was approved under SERFF #ALLC-125089175 and state tracking #35008. Form L40530 was approved under SERFF #ALLC-125096502 and state tracking #35009. These forms are being filed concurrently in Minnesota, our state of domicile. The effective date will be determined by your approval.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to Allianz Life product printer configurations. Allianz Life takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved form.

Please note that the signatures of our officers historically shown on the applicable forms are no longer included in our filed forms. Signatures will be included on all contract forms when issued.

Income Focus Rider S40840 is an optional rider that may be issued with contract forms L40529 and L40530, and may be issued with contracts approved in the future. The Income Focus Rider provides a payment stream for life, called income focus payments. The owner may begin income focus payments at any time, so long as all covered persons meet the exercise age requirements shown on the Income Focus Contract Schedule. The initial annual maximum income focus payment is the sum of each income value multiplied by its associated income value percentage. Income values are made up of purchase payments, adjusted for withdrawals. Each income value has an associated income value percentage, which is established on the rider effective date and may increase both before and after income focus payments begin. The charge for this rider is shown on the Contract Schedule page.

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Income Focus (01.12) Contract Schedules S40841 and S40842, depending on the product, will be issued if the owner selects the Income Focus Rider. These contract schedules include the variables associated with the Income Focus Rider. Please refer to the attached Statement of Variability for details.

Investment Options Contract Schedule S40843 will be issued with the Income Focus Rider, and may be issued with other forms approved in the future. This contract schedule shows the Investment Options associated with the Income Focus Rider. Please refer to the attached Statement of Variability for details.

Applications F60001 and F70037, depending on the product, are intended to be implemented at the same time that the Income Focus Rider is implemented. These applications will be used with contract forms L40529 and L40530, and may be used with contracts approved in the future. Please refer to the attached Statement of Variability for details.

To the best of our knowledge and belief, the above forms conform to all state statutes, insurance regulations, and department requirements including Regulation 6.

Thank you for your consideration of this filing. If you have any questions, or if you need additional information to complete your review, please call me at 800.328.5601, extension 47135, send a fax to me at 763.765.6306, or send a note electronically to me at patricia.evans@allianzlife.com.

Company and Contact

Filing Contact Information

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

SERFF Tracking Number: ALLC-127951362 State: Arkansas
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Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No
Fee Explanation: Six forms @ \$50.00/form = \$300.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allianz Life Insurance Company of North America	\$300.00	01/05/2012	55063346

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/10/2012	01/10/2012

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Disposition

Disposition Date: 01/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Form	Income Focus Rider		Yes
Form	Income Focus Contract Schedule		Yes
Form	Income Focus Contract Schedule		Yes
Form	Investment Options Contract Schedule		Yes
Form	Vision Variable Annuity Application		Yes
Form	Connections Variable Annuity Application		Yes

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Form Schedule

Lead Form Number: S40840

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	S40840	Policy/Cont	Income Focus Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.700	S40840.pdf
	S40841	Schedule Pages	Income Focus Contract Schedule	Initial		50.600	S40841.pdf
	S40842	Schedule Pages	Income Focus Contract Schedule	Initial		50.200	S40842.pdf
	S40843	Schedule Pages	Investment Options Contract Schedule	Initial		56.500	S40843.pdf
	F60001	Application/ Enrollment Form	Vision Variable Annuity Application	Initial		50.000	F60001.pdf
	F70037	Application/ Enrollment Form	Connections Variable Annuity Application	Initial		50.000	F70037.pdf

Income Focus [(01.12)] Rider

This rider is designed to provide a payment stream for life.

This rider forms a part of the Base Contract to which it is attached and is effective on the Rider Effective Date shown on the Contract Schedule. In the case of a conflict with any provision in the Base Contract, the provisions of this rider control. Defined terms and contractual provisions are set forth in the Base Contract or are added in this rider. This rider terminates as indicated under the **Conditions for Termination of this Rider** section.

Definitions

Definitions specific to this rider that are not in the Base Contract follow.

Base Contract	The contract to which this rider is attached.
Benefit Anniversary	A 12-month anniversary of the Benefit Date.
Benefit Date	The date Income Focus Payments begin. It is also the date we first establish the initial annual maximum Income Focus Payment.
Benefit Year	Any period of 12 months commencing with the Benefit Date and each Benefit Anniversary thereafter.
Covered Person(s)	<p>The person(s) on whose lives we base Income Focus Payments. We determine the Covered Person(s) on the Rider Effective Date.</p> <p>For single Income Focus Payments.</p> <ul style="list-style-type: none">(a) If the Base Contract is solely owned, the Covered Person is the Owner.(b) If the Base Contract is owned by a non-individual, the Covered Person is the Annuitant.(c) If the Base Contract is jointly owned, you may be able to choose which Joint Owner is the Covered Person subject to the Age for Selecting Income Focus shown on the Contract Schedule. <p>For joint Income Focus Payments, you and your spouse are the Covered Persons.</p> <p>For joint Income Focus Payments under contracts that are not qualified under the tax code:</p> <ul style="list-style-type: none">(a) spouses must be Joint Owners; or(b) one spouse must be the sole Owner and Annuitant and the other spouse must be the sole primary Beneficiary. <p>For joint Income Focus Payments under contracts that are qualified under the tax code:</p> <ul style="list-style-type: none">(a) one spouse must be the sole Owner and Annuitant and the other spouse must be the sole primary Beneficiary; or(b) if the owner is a qualified plan or a custodian, then one spouse must be the Annuitant and the other spouse must be the sole contingent Beneficiary because we also require the qualified plan or the custodian to be the sole primary Beneficiary. <p>Spouses must qualify as such under federal law until this rider terminates. If at any time before this rider terminates you are no longer spouses you must send us notice.</p> <p>A person no longer qualifies as a Covered Person and is removed from the Base Contract if that person is no longer an Owner, Joint Owner, Annuitant, or Beneficiary as required above.</p> <p>After we issue this rider, you cannot add or replace a Covered Person. You can remove a Covered Person if you initially selected joint Income Focus Payments. You can only make this change once.</p>

Definitions *continued from the previous page*

Covered Person(s) (continued)	<p>Before the Benefit Date, you can remove a Covered Person on any Rider Anniversary by Authorized Request within 30 days before the Rider Anniversary. After the Benefit Date, you can remove a Covered Person on any Benefit Anniversary by Authorized Request within 30 days before the Benefit Anniversary. Your request is effective on the Rider Anniversary, or the Benefit Anniversary, if applicable. If the Rider Anniversary or Benefit Anniversary does not occur on a Business Day, your request is effective on the next Business Day.</p> <p>If you remove a Covered Person from the Base Contract and the Rider Charge is different between single and joint payments, we change the Rider Charge for joint Income Focus Payments to the Rider Charge for single Income Focus Payments that is in effect at the time your request is effective. We guarantee that if we increase the Rider Charge, it will not exceed the maximum Rider Charge for single Income Focus Payments shown on the Contract Schedule. Removing a Covered Person after the Benefit Date does not change the annual maximum Income Focus Payment.</p>
Excess Withdrawal	<p>If you take a withdrawal on or after the Benefit Date, an Excess Withdrawal is the amount of the withdrawal that, when added to other withdrawals taken during the Benefit Year and the annual actual Income Focus Payment, is greater than the annual maximum Income Focus Payment. We treat any portion of a withdrawal you take while you are receiving Income Focus Payments that is not an Excess Withdrawal as an Income Focus Payment. An Excess Withdrawal includes any applicable withdrawal charge and reduces the Contract Value and the Bonus Value, as applicable, each Income Value, annual maximum Income Focus Payment, and the Traditional Death Benefit value or the Quarterly Value Death Benefit value, as applicable.</p> <p>You cannot take a partial Excess Withdrawal if the Contract Value, at the end of the Business Day before your withdrawal request, is less than the Minimum Contract Value That Must Remain In The Contract After A Partial Withdrawal shown on the Contract Schedule. You also cannot take a partial Excess Withdrawal if the Contract Value, at the end of the Business Day that we process your withdrawal request, would be less than the Minimum Contract Value That Must Remain In The Contract After A Partial Withdrawal shown on the Contract Schedule. In this case, we send you the total Contract Value, Income Focus Payments stop, and this rider and the Base Contract terminate on the Business Day you took the withdrawal.</p>
Income Focus Payment	<p>The payment we make to you under this rider.</p>
Quarterly Anniversary	<p>The day that occurs three, six, and nine calendar months after the Rider Effective Date or any subsequent Rider Anniversary. Quarterly Anniversaries also include Rider Anniversaries. If the Quarterly Anniversary does not occur on a Business Day, we consider it to occur on the next Business Day.</p>
Rider Anniversary	<p>A 12-month anniversary of the Rider Effective Date.</p>
Rider Year	<p>Any period of 12 months commencing with the Rider Effective Date and each Rider Anniversary thereafter.</p>
Total Income Value	<p>The sum of all Income Values. The Total Income Value determines the Rider Charge.</p>

Income Focus

Exercising Income Focus Payments under this Rider

You can begin receiving Income Focus Payments by Authorized Request if, on the Benefit Date, all Covered Person(s) meet the Income Focus Exercise Age shown on the Contract Schedule. The Earliest Benefit Date you can select is shown on the Contract Schedule. Income Focus Payments begin on the Benefit Date.

If you have not begun receiving Income Focus Payments, and the Contract Value is reduced to zero for any reason other than a withdrawal, or Full or Partial Annuitization, while this rider is in effect, on the next available Benefit Date, we begin making annual payments to you of the annual maximum Income Focus Payment.

If you begin receiving Income Focus Payments, then beginning on the Benefit Date, the following applies.

- (a) Partial Annuitizations are not available while you are receiving Income Focus Payments.
- (b) You cannot make additional Purchase Payments to the Base Contract while you are receiving Income Focus Payments.
- (c) You can only change the ownership of the Base Contract if you selected joint Income Focus Payments, and:
 - 1) an Owner dies, and the spouse continues the Base Contract; or
 - 2) you remove a Covered Person from the Base Contract who is also an Owner. In this case the remaining Covered Person must become the new sole Owner.
- (d) If you have the Quarterly Value Death Benefit Rider, the additional M&E Charge for the Quarterly Value Death Benefit continues as long as the Quarterly Value Death Benefit is greater than zero.
- (e) Each Income Focus Payment and Excess Withdrawal reduces the Traditional Death Benefit value or the Quarterly Value Death Benefit value, as applicable, proportionately by the percentage of Contract Value withdrawn.
- (f) Each Income Focus Payment and Excess Withdrawal reduces the Contract Value and the Bonus Value, as applicable, on a dollar for dollar basis.

Income Focus Payments

On the Benefit Date and on each Benefit Anniversary, we calculate the annual maximum Income Focus Payment, which is equal to the sum of each Income Value multiplied by its associated Income Value Percentage.

You may choose to receive less than the annual maximum Income Focus Payment by Authorized Request within 30 days before the Benefit Date or any subsequent Benefit Anniversary. Your request is effective on the Benefit Date or on the Benefit Anniversary. If the Benefit Date or Benefit Anniversary does not occur on a Business Day, your request is effective on the next Business Day. Any amount of the annual maximum Income Focus Payment you do not withdraw in a Benefit Year does not increase the annual maximum Income Focus Payment calculated for the next Benefit Year.

The amount you request to receive is the annual actual Income Focus Payment. On the Benefit Date and on each subsequent Benefit Anniversary, each actual Income Focus Payment for the Benefit Year is equal to the annual actual Income Focus Payment divided by the number of payments you selected to receive each year. If the Income Focus Payment date does not fall on a Business Day, we make the payment to you on the next Business Day. Income Focus Payments are not subject to a withdrawal charge.

Income Focus Payments (continued)

The annual maximum Income Focus Payment must meet the Minimum Income Focus Payment shown on the Contract Schedule or any Income Focus Payments we are making stop, and this rider terminates. Each actual Income Focus Payment must either be zero or meet the Minimum Income Focus Payment shown on the Contract Schedule. If we are unable to structure the initial actual Income Focus Payment to meet these restrictions, Income Focus Payments are not available to you.

While the Contract Value is positive, you can change the frequency and/or amount of Income Focus Payments on each Benefit Anniversary for the following Benefit Year. You must provide notice of any requested change to the frequency and/or amount of actual Income Focus Payments to our Service Center at least 30 days before the Benefit Anniversary. We change the payment frequency and/or amount on the Benefit Anniversary and the change remains in effect until the Benefit Anniversary you request another change to the actual Income Focus Payments. You cannot change the frequency or amount of Income Focus Payments on or after the Business Day the Contract Value is reduced to zero.

An Excess Withdrawal reduces each Income Value on the Business Day we process the withdrawal, but does not reduce next year's annual maximum Income Focus Payment until the Benefit Anniversary that occurs after the Excess Withdrawal. On the Benefit Anniversary that occurs after the Excess Withdrawal, if the annual maximum Income Focus Payment is less than the Minimum Income Focus Payment shown on the Contract Schedule, we send you the total Contract Value, Income Focus Payments stop, and this rider and the Base Contract terminate.

We deduct each actual Income Focus Payment and any Excess Withdrawal proportionately from the Investment Options. On each Quarterly Anniversary while the Contract Value is positive, we reallocate the Contract Value among the Investment Options according to your instructions if they comply with any asset allocation restrictions associated with this rider. You can continue to make transfers between the Investment Options while the Contract Value is positive subject to the provisions set out in the Transfers section of the Base Contract and any asset allocation restrictions associated with this rider.

When an Income Focus Payment is due, if the Contract Value is positive, but less than the actual Income Focus Payment, we credit the Contract Value with $(a) - (b)$, where:

- (a) is the actual Income Focus Payment; and
- (b) is the Contract Value immediately before we make the actual Income Focus Payment.

We then make the actual Income Focus Payment and reduce the Contract Value to zero.

While you are receiving Income Focus Payments, if the Contract Value is reduced to zero for any reason other than an Excess Withdrawal or Full Annuitization while this rider is in effect:

- (a) you can no longer request to receive less than the maximum Income Focus Payment;
- (b) you can no longer change the frequency of the Income Focus Payments; and
- (c) you continue to receive the maximum Income Focus Payment at the frequency you previously selected until the deaths of all Covered Persons.

Income Values

Income Values

Income Values help determine the annual maximum Income Focus Payment.

Income Values are made up of Purchase Payments received, excluding any associated bonus, which are reduced proportionately by the percentage of Contract Value applied to a Partial Annuitization or by the percentage of Contract Value withdrawn. Withdrawals include any applicable withdrawal charges, but not Income Focus Payments. We reduce each Income Value at the end of the Business Day you take a Partial Annuitization or withdrawal.

For the first Rider Year:

- If the Rider Effective Date is the Issue Date, the first Income Value is equal to all Purchase Payments, reduced by withdrawals, received before the first contract quarterly anniversary. The next Income Value is equal to all Purchase Payments, reduced by withdrawals, received on and after the first contract quarterly anniversary and before the first Rider Anniversary.
- If the Rider Effective Date occurs after the Issue Date, the first Income Value is equal to the Contract Value at the end of the prior Business Day. The next Income Value is equal to all Purchase Payments, reduced by withdrawals, received on and after the Rider Effective Date and before the first Rider Anniversary.

For subsequent Rider Years, the Income Value is equal to all Purchase Payments, reduced by withdrawals, received during that Rider Year.

For each period, we establish each Income Value on the Business Day we receive the first Purchase Payment in that period. We add any additional Purchase Payments received during that period to the existing Income Value.

Before the Benefit Date, each Income Value is eligible for a Performance Increase on the second Rider Anniversary that occurs after we establish it. On the first Rider Anniversary, only the first Income Value is eligible for a Performance Increase.

Income Value Percentages and Performance Increases

Income Value Percentages help determine the annual maximum Income Focus Payment.

Each Income Value has an associated Income Value Percentage. Your initial Income Value Percentage for each Income Value is shown on the Contract Schedule.

On each Rider Anniversary before the Benefit Date, and on each Benefit Anniversary after the Benefit Date if you took the entire annual maximum Income Focus Payment during the prior year, you receive a Performance Increase to each Income Value Percentage associated with an eligible Income Value if the Contract Value increases as described below. The Performance Increase is shown on the Contract Schedule. Performance Increases are available only before the older Covered Person's Maximum Birthday shown on the Contract Schedule and if the Contract Value is greater than zero.

On each Rider Anniversary, you receive a Performance Increase if the Contract Value at the end of the prior Business Day is greater than the Contract Value at the end of the last Business Day before the prior Rider Anniversary (or before the Rider Effective Date if this is the first Rider Anniversary). Before we make this comparison, if we received any Purchase Payments during the last Rider Year, we subtract these payments from the Contract Value we determined at the end of the prior Business Day. If we increase the Contract Value to equal the death benefit due to a spousal continuation of the contract during the last Rider Year (or Benefit Year after Income Focus Payments have begun), we also subtract the amount of this increase from the Contract Value we determined at the end of the prior Business Day.

However, if the Rider Effective Date is the Issue Date and this is the first Rider Anniversary, you receive a Performance Increase if the Contract Value at the end of the prior Business Day, less any Purchase Payments received on or after the first contract quarterly anniversary, is greater than the total Purchase Payments received before the first contract quarterly anniversary.

Income Values *continued from the previous page*

Income Value Percentages and Performance Increases (continued)

If you have a Bonus Option contract, we compare Bonus Values instead of Contract Values, and include with each Purchase Payment its associated bonus when determining Performance Increases.

On each Benefit Anniversary, you receive a Performance Increase if the Contract Value at the end of the prior Business Day is greater than the Contract Value at the end of the last Business Day before the prior Benefit Anniversary (or Benefit Date if this is the first Benefit Anniversary). If you have a Bonus Option contract, we compare Bonus Values instead of Contract Values.

General Provisions

Removing this Rider from the Base Contract

You can remove this rider from the Base Contract on any Quarterly Anniversary while the Contract Value is positive by Authorized Request within 30 days before a Quarterly Anniversary. Your request is effective on the Quarterly Anniversary, or on the next Business Day if the Quarterly Anniversary is not a Business Day.

The date this rider is removed is called the Rider Termination Date, and it is shown on the Contract Schedule Addendum. On the Rider Termination Date, any Income Focus Payments we were making stop, and we deduct any Rider Charge that was accrued but not yet deducted as the final Rider Charge.

If you remove this rider from the Base Contract, it is no longer available for future selection. Also, if you remove this rider from the Base Contract and you also selected the No Withdrawal Charge Option at the time of application, you must select an available Required Rider as shown on the Contract Schedule, or the Base Contract terminates.

Conditions for Termination of this Rider

Before the Benefit Date, this rider terminates upon the earliest of the following.

- (a) The Rider Termination Date if you remove this rider from the Base Contract.
- (b) For single Income Focus Payments where the Base Contract is jointly owned and the Joint Owners are not spouses, the date of death of any Joint Owner.
- (c) The date of death of all Covered Persons. If joint Covered Persons were not federally recognized spouses at the date of the first Covered Person's death, spousal continuation of the Base Contract is not available and this rider ends as of this date of death.
- (d) The older Covered Person's Maximum Birthday.
- (e) The Business Day before the Income Date that you take a Full Annuitization.
- (f) The Business Day we process your request for a full withdrawal.
- (g) The Business Day that the Base Contract terminates.

On or after the Benefit Date that you begin receiving Income Focus Payments, this rider terminates upon the earliest of the following.

- (a) The Rider Termination Date if you remove this rider from the Base Contract.
- (b) The Business Day you take an Excess Withdrawal of the total Contract Value.
- (c) The Business Day before the Income Date that you take a Full Annuitization.
- (d) The Benefit Date if the initial annual maximum Income Focus Payment fails to meet the Minimum Income Focus Payment shown on the Contract Schedule.
- (e) The Benefit Anniversary that the annual maximum Income Focus Payment fails to meet the Minimum Income Focus Payment shown on the Contract Schedule due to an Excess Withdrawal.
- (f) For single Income Focus Payments where the Base Contract is solely owned or owned by a non-individual, the date of death of the Covered Person.
- (g) For single Income Focus Payments where the Base Contract is jointly owned, if the Contract Value has been reduced to zero, the date of death of the Covered Person.

General Provisions *continued from the previous page*

Conditions for Termination of this Rider (continued)

- (h) For single Income Focus Payments where the Base Contract is jointly owned, if the Contract Value has not been reduced to zero and the Joint Owners are not spouses, the date of death of any Joint Owner.
- (i) For single Income Focus Payments where the Base Contract is jointly owned, if the Contract Value has not been reduced to zero and the Joint Owners are spouses, the date of death of any Joint Owner unless the surviving spouse is the Covered Person and continues the Base Contract. If the surviving spouse who is also the Covered Person continues the Base Contract, this rider terminates on the date of death of the Covered Person.
- (j) For joint Income Focus Payments, the date of death of both Covered Persons. If upon the death of one Covered Person, the surviving spouse, who is also a Covered Person, selects to receive payment of the death benefit, then Income Focus Payments stop and this rider terminates at the end of the Business Day we receive both an Authorized Request of the death benefit payment option and due proof of death.
- (k) The Business Day that the Base Contract terminates.

Rider Charge

The Rider Charge for this rider is shown on the Contract Schedule.

When we deduct the Rider Charge, we deduct it proportionately from the Investment Options. The deduction of the Rider Charge reduces the Contract Value and the Bonus Value, as applicable, on a dollar for dollar basis. The deduction of the Rider Charge does not reduce the amount we use to determine the Free Withdrawal Privilege, the Withdrawal Charge, the Total Income Value, and the Traditional Death Benefit value or the Quarterly Value Death Benefit value, as applicable.

We deduct the final Rider Charge on the Business Day this rider terminates. However, if on a Quarterly Anniversary the Contract Value is less than the Rider Charge, we deduct any remaining Contract Value to cover the final Rider Charge and reduce the Contract Value to zero.

If this rider terminates due to death, we deduct the final Rider Charge from the Contract Value before calculating the death benefit.

We reserve the right to change the Rider Charge for this rider on each Quarterly Anniversary that this rider is in effect, subject to the Maximum Rider Charge shown on the Contract Schedule. If we increase the Rider Charge, we will send you written notice.

Annuity Provisions

Annuitization

You are required to take a Full Annuitization on the latest Income Date unless the Contract Value has been reduced to zero. If on the latest Income Date specified in the Base Contract, or on such subsequent date as may be authorized by us at our discretion, you have begun receiving Income Focus Payments, the Contract Value is positive and you choose to take fixed Annuity Payments as a Full Annuitization of the Base Contract under either Annuity Option 1 or 3, we make the following guarantees. However, if on the latest Income Date you select any other Annuity Option, or if you choose variable Annuity Payments, the guarantees listed below for Annuity Options 1 and 3 do not apply.

If you selected single Income Focus Payments and you choose **Annuity Option 1 - Life Annuity** where the sole Annuitant is the sole Covered Person, then the fixed Annuity Payments are equal to the greater of:

- (a) the Option 1 annual payment based on the terms of the Base Contract; or
- (b) the current annual maximum Income Focus Payment available to you.

If you selected joint Income Focus Payments and you choose **Annuity Option 3 - Joint and Last Survivor Life Annuity** with payments to continue at a level of 100% to the surviving Joint Annuitant and both Joint Annuitants are the Joint Covered Persons, then the fixed Annuity Payments are equal to the greater of:

- (a) the Option 3 annual payment based on the terms of the Base Contract; or
- (b) the current annual maximum Income Focus Payment available to you.

The Annuity Payments must meet the Minimum Annuity Payment shown on the Contract Schedule.

In all other respects the provisions, conditions, exceptions and limitations contained in the Base Contract remain unchanged.

Signed for the Company at its home office.

**Allianz Life Insurance Company
of North America**

[

Maureen A. Phillips
Secretary

Gary Bhojwani
President

]

INCOME FOCUS [(01.12)] CONTRACT SCHEDULE

OWNER: [John Doe] **CONTRACT NUMBER:** [??687456]
JOINT OWNER: [Jane Doe] **RIDER EFFECTIVE DATE:** [04/15/12]
ANNUITANT: [John Doe]
COVERED PERSON(S): [John Doe]
[Jane Doe]

[INITIAL AMOUNT: [Total Purchase Payments received before the first contract quarterly anniversary.]]

[ANNUAL MAXIMUM ADDITIONAL PURCHASE PAYMENTS: [Cannot exceed the Initial Amount; higher amounts may be accepted with our approval]

If the Rider Effective Date is the same as the Issue Date on the Contract Schedule, the following will appear:

[During the first Rider Year, additional Purchase Payments are allowed on or after the first Quarterly Anniversary and before the first Rider Anniversary up to the Initial Amount.]]

AGE FOR SELECTING INCOME FOCUS: All Covered Persons must be at least age [45] and no Covered Person can be age [81] or older.

MAXIMUM BIRTHDAY: [91st] birthday

INCOME FOCUS EXERCISE AGE: On the Benefit Date, all Covered Persons must be at least age [60] and no Covered Person can be age [91] or older.

EARLIEST BENEFIT DATE: [15] calendar days after we receive your Authorized Request for Income Focus Payments. The Benefit Date must be the [1st or 15th] of a calendar month.

FREE WITHDRAWAL PRIVILEGE: The Free Withdrawal Privilege is no longer available to you beginning on the Benefit Date and until the Rider Termination Date.

MINIMUM INCOME FOCUS PAYMENT: \$[100]

INITIAL INCOME VALUE PERCENTAGE: [4]%

PERFORMANCE INCREASE: [1]%

RIDER CHARGE:

The Rider Charge is an annualized rate that we accrue each day after the Rider Effective Date as a percentage of the Total Income Value. If any day that we are to accrue this charge is not a Business Day, we use the Total Income Value at the end of the previous Business Day. We deduct the Rider Charge for each quarter on the earlier of the following: (a) at the end of the Business Day immediately before the Quarterly Anniversary; or (b) when we deduct the final Rider Charge. We deduct the Rider Charge from the Contract Value at the end of the Business Day before each Quarterly Anniversary before we use that Contract Value to compute any guaranteed values under this contract.

[A Rider Charge of [1.25]% is assessed for single Income Focus Payments.]

[A Rider Charge of [1.25]% is assessed for joint Income Focus Payments.]

MAXIMUM RIDER CHARGE FOR INCOME FOCUS:

For single Income Focus Payments or if you selected joint Income Focus Payments and you drop a Covered Person	[2.75]%
For joint Income Focus Payments	[2.95]%

INCOME FOCUS [(01.12)] CONTRACT SCHEDULE

OWNER: [John Doe] **CONTRACT NUMBER:** [??687456]
JOINT OWNER: [Jane Doe] **RIDER EFFECTIVE DATE:** [04/15/12]
ANNUITANT: [John Doe]
COVERED PERSON(S): [John Doe]
[Jane Doe]

[INITIAL AMOUNT: [Total Purchase Payments received before the first contract quarterly anniversary.]]

[ANNUAL MAXIMUM ADDITIONAL PURCHASE PAYMENTS: [Cannot exceed the Initial Amount; higher amounts may be accepted with our approval]

If the Rider Effective Date is the same as the Issue Date on the Contract Schedule, the following will appear:

[During the first Rider Year, additional Purchase Payments are allowed on or after the first Quarterly Anniversary and before the first Rider Anniversary up to the Initial Amount.]]

AGE FOR SELECTING INCOME FOCUS: All Covered Persons must be at least age [45] and no Covered Person can be age [81] or older.

MAXIMUM BIRTHDAY: [91st] birthday

INCOME FOCUS EXERCISE AGE: On the Benefit Date, all Covered Persons must be at least age [60] and no Covered Person can be age [91] or older.

EARLIEST BENEFIT DATE: [15] calendar days after we receive your Authorized Request for Income Focus Payments. The Benefit Date must be the [1st or 15th] of a calendar month.

FREE WITHDRAWAL PRIVILEGE: The Free Withdrawal Privilege is no longer available to you beginning on the Benefit Date and until the Rider Termination Date.

MINIMUM INCOME FOCUS PAYMENT: \$[100]

INITIAL INCOME VALUE PERCENTAGE: [4]%

PERFORMANCE INCREASE: [1]%

RIDER CHARGE:

The Rider Charge is an annualized rate that we accrue each day after the Rider Effective Date as a percentage of the Total Income Value. If any day that we are to accrue this charge is not a Business Day, we use the Total Income Value at the end of the previous Business Day. We deduct the Rider Charge for each quarter on the earlier of the following: (a) at the end of the Business Day immediately before the Quarterly Anniversary; or (b) when we deduct the final Rider Charge. We deduct the Rider Charge from the Contract Value at the end of the Business Day before each Quarterly Anniversary before we use that Contract Value to compute any guaranteed values under this contract.

[A Rider Charge of [1.25]% is assessed for single Income Focus Payments.]

[A Rider Charge of [1.25]% is assessed for joint Income Focus Payments.]

MAXIMUM RIDER CHARGE FOR INCOME FOCUS:

For single Income Focus Payments or if you selected joint Income Focus Payments and you drop a Covered Person	[2.75]%
For joint Income Focus Payments	[2.95]%

INVESTMENT OPTIONS CONTRACT SCHEDULE

OWNER: [John Doe]
JOINT OWNER: [Jane Doe]
ANNUITANT: [John Doe]

CONTRACT NUMBER: [??687456]
ISSUE DATE: [04/15/07]
INCOME DATE: [04/15/17]

ALLOCATION GUIDELINES:

- [Currently, you can select up to [15] of the Investment Options.]
- [Allocations must be made in whole percentages.]

INVESTMENT OPTIONS:

VARIABLE ACCOUNT: [Allianz Life Variable Account B]

Shown below are the Investment Options.

[AZL MVP Balanced Index Strategy Fund
AZL MVP Fusion Balanced Fund
AZL MVP Fusion Moderate Fund
AZL MVP Growth Index Strategy Fund
AZL MVP Invesco Equity and Income Fund
AZL MVP BlackRock Global Allocation V.I. Fund]

[Allianz VisionSM] Variable Annuity Application

[DA _____]

1. Account registration

Ownership is Individual Qualified plan Custodian Trust (Include the date of trust in the name.)
 Charitable Trust Other _____]

Owner

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

Non-individual owner name (Attach Non- Individual Ownership form or Qualified Plan Acknowledgement form if applicable.)

Social Security Number or Tax ID Number

Mailing address	Email address
-----------------	---------------

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Street address (required if a PO Box was used for mailing address)

City	State	ZIP code	
------	-------	----------	--

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

Joint Owner

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

Mailing address	Email address
-----------------	---------------

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

Relationship to Owner	Social Security Number
-----------------------	------------------------

Annuitant (Complete if different from Owner.)

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

Mailing address	Email address
-----------------	---------------

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Street address (required if a PO Box was used for mailing address)

City	State	ZIP code	
------	-------	----------	--

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	------------------------	----------------------------	---

2. Purchase Payment (This section must be completed.)

Make check payable to Allianz.

Source of purchase payment. Select only one.

- Nonqualified
- Qualified Account type(s) at prior carrier: _____ (e.g. 403B, IRA, 401K, etc)

Select and complete all that apply below.

- Purchase Payment enclosed with application. (Include replacement forms if required.)
Amount enclosed: \$ _____
- This Contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption facilitated by Allianz. (Include replacement/ transfer forms if required.)
Expected amount: \$ _____
- This Contract will be funded by funds not requested or facilitated by Allianz. (Include replacement forms if required.)
Expected amount: \$ _____

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. Telephone authorization

- Yes** By checking "yes," I am authorizing and directing Allianz 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 Options. **If the box is not checked, this authorization will be permitted for the Owner only.** Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz 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 terminated at the discretion of the company.

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 the Registered Representative section regarding replacement.

[6. Contract options - Must select only one]

- Base Contract** (No additional cost)
- Bonus Option**¹
- Short Withdrawal Charge Option**¹
- No Withdrawal Charge Option**¹

[7. Optional death benefit]

- Quarterly Value Death Benefit**¹

[¹ Carries an additional charge]

[8. Other benefits - May select only one]

- No Additional Benefit** (No additional cost)
- Investment Protector**¹
Number of years to the initial Target Value Date _____
- Income Protector**¹ (Complete Covered Person(s) information below.)
- Income Focus**¹ (Complete Covered Person(s) information below.)

Covered Person(s) - Select one.

Single Lifetime Plus Payments or Income Focus Payments:

Name _____

This person is: (check one) Owner Joint Owner Annuitant, if owned by a non-individual

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

OR

Joint Lifetime Plus Payments or Income Focus Payments:

First Covered Person's name _____

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

This person is: (check one) Owner
 Joint Owner
 Annuitant, if owned by a non-individual
 Sole primary Beneficiary (individually owned qualified and nonqualified)
 Sole contingent Beneficiary (401 qualified plan, custodial IRA)

Second Covered Person's name _____

Relationship to first Covered Person: _____

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

This person is: (check one) Owner
 Joint Owner
 Sole primary Beneficiary (individually owned qualified and nonqualified)
 Sole contingent Beneficiary (401 qualified plan, custodial IRA)

By selecting the [Investment Protector, Income Protector, or Income Focus], I acknowledge that my selections of Investment Options are restricted and that Allianz will reallocate my Contract Value in accordance with the asset allocation and transfer provisions in the Contract.

[¹ Carries an additional charge]

[9.] Dollar cost averaging (Optional) [– Not available with Income Focus]

- Select a 6 month or 12 month DCA program only if you wish to participate in dollar cost averaging.
- 100% of your initial Purchase Payment will be applied to the DCA Money Market Account.
- Your selections in the Investment Options section need to meet any restrictions for the benefit selected.
 - 6 month
 - 12 month

[10.] Investment Option allocations

You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

[Income Focus]

Investment Options – You may select up to [6] Investment Options.

Fund of Funds

- ____ % AZL® MVP Balanced Index Strategy Fund
- ____ % AZL MVP FusionSM Balanced Fund
- ____ % AZL MVP FusionSM Moderate Fund
- ____ % AZL® MVP Growth Index Strategy Fund

Specialty

- ____ % AZL® MVP Invesco Equity and Income Fund
- ____ % AZL® MVP BlackRock Global Allocation Fund

Total of _____% (must equal 100%)

[Income Protector]

Investment Options – You may select up to [15] Investment Options.

Fund of Funds

- ____ % AZL® MVP Balanced Index Strategy Fund
- ____ % AZL MVP FusionSM Balanced Fund
- ____ % AZL MVP FusionSM Moderate Fund
- ____ % AZL® MVP Growth Index Strategy Fund

High-Yield Bonds

- ____ % PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

- ____ % Franklin U.S. Government Fund
- ____ % PIMCO VIT Global Advantage Strategy Bond Portfolio
- ____ % PIMCO VIT Real Return Portfolio
- ____ % PIMCO VIT Total Return Portfolio
- ____ % Templeton Global Bond Securities Fund

Cash Equivalent

- ____ % AZL® Money Market Fund

Specialty

- ____ % AZL® MVP Invesco Equity and Income Fund
- ____ % AZL® MVP BlackRock Global Allocation Fund
- ____ % Franklin Income Securities Fund
- ____ % PIMCO VIT All Asset Portfolio
- ____ % PIMCO VIT Unconstrained Bond Portfolio

Total of _____% (must equal 100%)

[10.] Investment Option allocations (Continued)

You may select up to [15] Investment Options. You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

[Investment Protector or No Additional Benefit]

Group A Investment Options

Small Cap

- ___% AZL® Allianz AGIC Opportunity Fund
- ___% AZL® Columbia Small Cap Value Fund
- ___% AZL® Franklin Small Cap Value Fund
- ___% AZL® Small Cap Stock Index Fund
- ___% AZL® Turner Quantitative Small Cap Growth Fund

Specialty

- ___% AZL® Morgan Stanley Global Real Estate Fund
- ___% AZL® Schroder Emerging Markets Equity Fund
- ___% Franklin Templeton VIP Founding Funds Allocation Fund

Group B/X Investment Options

Fund of Funds

- ___% AZL Balanced Index StrategySM Fund
- ___% AZL FusionSM Balanced Fund
- ___% AZL FusionSM Conservative Fund
- ___% AZL FusionSM Moderate Fund
- ___% AZL Growth Index StrategySM Fund
- ___% Fidelity VIP FundsManager 50% Portfolio
- ___% Fidelity VIP FundsManager 60% Portfolio

Mid Cap

- ___% AZL® Columbia Mid Cap Value Fund
- ___% AZL® Mid Cap Index Fund
- ___% AZL® Morgan Stanley Mid Cap Growth Fund

Large Growth

- ___% AZL® BlackRock Capital Appreciation Fund
- ___% AZL® Dreyfus Equity Growth Fund

International Equity

- ___% AZL® International Index Fund
- ___% AZL® Invesco International Equity Fund
- ___% AZL® JPMorgan International Opportunities Fund
- ___% PIMCO EqS Pathfinder Portfolio
- ___% Templeton Growth Securities Fund

Group Y Investment Options

High-Yield Bonds

- ___% PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

- ___% Franklin U.S. Government Fund
- ___% PIMCO VIT Global Advantage Strategy Bond Portfolio
- ___% PIMCO VIT Real Return Portfolio
- ___% PIMCO VIT Total Return Portfolio
- ___% Templeton Global Bond Securities Fund

Specialty (continued)

- ___% PIMCO VIT CommodityRealReturn® Strategy Portfolio

Fund of Funds

- ___% AZL FusionSM Growth Fund

Large Blend

- ___% AZL® JPMorgan U.S. Equity Fund
- ___% AZL® MFS Investors Trust Fund
- ___% AZL® S&P 500 Index Fund

Large Value

- ___% AZL® Davis NY Venture Fund
- ___% AZL® Eaton Vance Large Cap Value Fund
- ___% AZL® Invesco Growth and Income Fund
- ___% Mutual Shares Securities Fund

Specialty

- ___% AZL® Franklin Templeton Founding Strategy Plus Fund
- ___% AZL® Gateway Fund
- ___% AZL® Invesco Equity and Income Fund
- ___% BlackRock Global Allocation V.I. Fund
- ___% Franklin Income Securities Fund
- ___% PIMCO VIT All Asset Portfolio
- ___% PIMCO VIT Global Multi-Asset Portfolio

Cash Equivalent

- ___% AZL® Money Market Fund

Specialty

- ___% PIMCO VIT Unconstrained Bond Portfolio

Total of _____% (must equal 100%)

[11.] Beneficiary designation (If you need additional space, attach a complete list signed by Owner(s).)

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

Non-individual Beneficiary information

If the Beneficiary is a qualified plan, custodian, trust, charitable trust or other non-individual please check the applicable box and include the name above.

Qualified plan Custodian Trust (Include the date of trust in the name.) Charitable Trust Other _____

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number
---	------------	---

[12.] Registered Representative

By signing below, the Registered Representative certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the Owner(s) with the most current prospectus.

The applicant's statement regarding existing policies or annuity contracts is true and accurate to the best of my knowledge and belief.

The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.

I have provided the applicant with all appropriate disclosure and replacement requirements prior to the completion of this application.

If this is 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 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

[13.] Statement of applicant

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

Arkansas, District of Columbia, Louisiana, Massachusetts and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Ohio, Tennessee, and West Virginia: Any person who knowingly intends to defraud an insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits the crime of fraud and may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits. In ME, State Premium Tax is 2%.

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.

Kentucky and New Mexico: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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, which is a crime. In NM, this activity subjects such a person to criminal and civil penalties..

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Virginia: Any person who with the intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

[13.] Statement of applicant (Continued)

By signing below, the Owner acknowledges the applicable statements mentioned on the previous page and 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 my 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 Options, and that under the Base Contract there is no guaranteed minimum Contract Value or variable Annuity Payment. If I selected any additional options, any guarantees provided for those options are outlined in my Contract and prospectus.** 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 Allianz rights or requirements.

For information on current benefit features, restrictions or charges please review with your Registered Representative.

Please send me a statement of additional information (Also available on [www.allianzlife.com])

Any required replacement forms must be signed and dated the date of the application or earlier.

Owner signature

Joint Owner signature

Signed at (City, State)

Signed date

Trust: _____ as trustee of the: _____
Trustee's signature Trust name (printed) Signed date

Power-of-Attorney: _____ by: _____
Contract owner's name Attorney-in-fact signature Signed date

[14.] 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 Owner(s); however, any material change must be accepted in writing by the Owner(s). Changes to this application that affect product, benefits, amount of insurance, or age require acceptance by Owner(s).

Please call Allianz with any questions at [800.624.0197].

Mailing information

Applications that **HAVE** a check attached

Regular mail

Allianz Life Insurance Company of North America
NW 5989
PO Box 1450
Minneapolis, MN 55485-5989

Overnight, certified, or registered

Allianz Life Insurance Company of North America
NW 5989
1350 Energy Lane, Ste. 200
St. Paul, MN 55108-5254

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

Regular mail

Allianz Life Insurance Company of North America
PO Box 561
Minneapolis, MN 55440-0561

Overnight, certified, or registered

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

[Allianz ConnectionsSM] Variable Annuity Application

[DA _____]

1. Account registration

Ownership is Individual Qualified plan Custodian Trust (Include the date of trust in the name.)
 Charitable Trust Other _____]

Owner

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

Non-individual owner name (Attach Non- Individual Ownership form or Qualified Plan Acknowledgement form if applicable.)

Social Security Number or Tax ID Number

Mailing address	Email address
-----------------	---------------

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Street address (required if a PO Box was used for mailing address)

City	State	ZIP code	
------	-------	----------	--

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

Joint Owner

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

Mailing address	Email address
-----------------	---------------

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	----------------------------	---

Relationship to Owner	Social Security Number
-----------------------	------------------------

Annuitant (Complete if different from Owner.)

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

Mailing address	Email address
-----------------	---------------

City	State	ZIP code	Telephone number
------	-------	----------	------------------

Street address (required if a PO Box was used for mailing address)

City	State	ZIP code	
------	-------	----------	--

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of birth (mm/dd/yyyy)	Are you a non-resident alien? <input type="checkbox"/> Yes (Attach W8 BEN) <input type="checkbox"/> No
---	------------------------	----------------------------	---

2. Purchase Payment (This section must be completed.)

Make check payable to Allianz.

Source of purchase payment. Select only one.

- Nonqualified**
- Qualified** Account type(s) at prior carrier: _____ (e.g. 403B, IRA, 401K, etc)

Select and complete all that apply below.

- Purchase Payment enclosed with application. (Include replacement forms if required.)
Amount enclosed: \$ _____
- This Contract will be funded by a 1035 exchange, tax qualified transfer/rollover, CD transfer, or mutual fund redemption facilitated by Allianz. (Include replacement/ transfer forms if required.)
Expected amount: \$ _____
- This Contract will be funded by funds not requested or facilitated by Allianz. (Include replacement forms if required.)
Expected amount: \$ _____

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. Telephone authorization

Yes By checking "yes," I am authorizing and directing Allianz 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 Options. **If the box is not checked, this authorization will be permitted for the Owner only.** Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz 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 terminated at the discretion of the company.

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 the Registered Representative section regarding replacement.

[6. Contract options - Must select only one]

<input type="checkbox"/> Base Contract (No additional cost)
<input type="checkbox"/> Short Withdrawal Charge Option ¹
<input type="checkbox"/> No Withdrawal Charge Option ¹

[7. Optional death benefit]

<input type="checkbox"/> Quarterly Value Death Benefit ¹
--

[¹ Carries an additional charge]

[8. Other benefits - May select only one]

- No Additional Benefit** (No additional cost)
- Investment Protector**¹
Number of years to the initial Target Value Date _____
- Income Protector**¹ (Complete Covered Person(s) information below.)
- Income Focus**¹ (Complete Covered Person(s) information below.)

Covered Person(s) - Select one.

Single Lifetime Plus Payments or Income Focus Payments:

Name _____

This person is: (check one) Owner Joint Owner Annuitant, if owned by a non-individual

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

OR

Joint Lifetime Plus Payments or Income Focus Payments:

First Covered Person's name _____

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

This person is: (check one) Owner
 Joint Owner
 Annuitant, if owned by a non-individual
 Sole primary Beneficiary (individually owned qualified and nonqualified)
 Sole contingent Beneficiary (401 qualified plan, custodial IRA)

Second Covered Person's name _____

Relationship to first Covered Person: _____

Date of birth ____/____/____ Gender: Male Female

Proof of age is required for all Covered Person(s). Identification must be a legible copy of a government recognized identification that includes the Covered Person(s) date of birth. Select the form of identification that is being submitted.

Driver's license Certificate of birth Passport Other _____

This person is: (check one) Owner
 Joint Owner
 Sole primary Beneficiary (individually owned qualified and nonqualified)
 Sole contingent Beneficiary (401 qualified plan, custodial IRA)

By selecting the [Investment Protector, Income Protector, or Income Focus], I acknowledge that my selections of Investment Options are restricted and that Allianz will reallocate my Contract Value in accordance with the asset allocation and transfer provisions in the Contract.

[¹ Carries an additional charge]

[9.] Dollar cost averaging (Optional) [- Not available with Income Focus]

- Select a 6 month or 12 month DCA program only if you wish to participate in dollar cost averaging.
- 100% of your initial Purchase Payment will be applied to the DCA Money Market Account.
- Your selections in the Investment Options section need to meet any restrictions for the benefit selected.
 - 6 month
 - 12 month

[10.] Investment Option allocations

You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

[Income Focus]

Investment Options – You may select up to [6] Investment Options.

Fund of Funds

- ____ % AZL® MVP Balanced Index Strategy Fund
- ____ % AZL MVP FusionSM Balanced Fund
- ____ % AZL MVP FusionSM Moderate Fund
- ____ % AZL® MVP Growth Index Strategy Fund

Specialty

- ____ % AZL® MVP Invesco Equity and Income Fund
- ____ % AZL® MVP BlackRock Global Allocation Fund

Total of _____% (must equal 100%)

[Income Protector]

Investment Options – You may select up to [15] Investment Options.

Fund of Funds

- ____ % AZL® MVP Balanced Index Strategy Fund
- ____ % AZL MVP FusionSM Balanced Fund
- ____ % AZL MVP FusionSM Moderate Fund
- ____ % AZL® MVP Growth Index Strategy Fund

High-Yield Bonds

- ____ % PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

- ____ % Franklin U.S. Government Fund
- ____ % PIMCO VIT Global Advantage Strategy Bond Portfolio
- ____ % PIMCO VIT Real Return Portfolio
- ____ % PIMCO VIT Total Return Portfolio
- ____ % Templeton Global Bond Securities Fund

Cash Equivalent

- ____ % AZL® Money Market Fund

Specialty

- ____ % AZL® MVP Invesco Equity and Income Fund
- ____ % AZL® MVP BlackRock Global Allocation Fund
- ____ % Franklin Income Securities Fund
- ____ % PIMCO VIT All Asset Portfolio
- ____ % PIMCO VIT Unconstrained Bond Portfolio

Total of _____% (must equal 100%)

[10.] Investment Option allocations (Continued)

You may select up to [15] Investment Options. You must make allocations in whole percentages (e.g. 33.3% or dollars are **not** permitted). Please see the current prospectus for Investment Option requirements.

[Investment Protector or No Additional Benefit]

Group A Investment Options

Small Cap

- ___% AZL® Allianz AGIC Opportunity Fund
- ___% AZL® Columbia Small Cap Value Fund
- ___% AZL® Franklin Small Cap Value Fund
- ___% AZL® Small Cap Stock Index Fund
- ___% AZL® Turner Quantitative Small Cap Growth Fund

Specialty

- ___% AZL® Morgan Stanley Global Real Estate Fund
- ___% AZL® Schroder Emerging Markets Equity Fund
- ___% Franklin Templeton VIP Founding Funds Allocation Fund

Group B/X Investment Options

Fund of Funds

- ___% AZL Balanced Index StrategySM Fund
- ___% AZL FusionSM Balanced Fund
- ___% AZL FusionSM Conservative Fund
- ___% AZL FusionSM Moderate Fund
- ___% AZL Growth Index StrategySM Fund
- ___% Fidelity VIP FundsManager 50% Portfolio
- ___% Fidelity VIP FundsManager 60% Portfolio

Mid Cap

- ___% AZL® Columbia Mid Cap Value Fund
- ___% AZL® Mid Cap Index Fund
- ___% AZL® Morgan Stanley Mid Cap Growth Fund

Large Growth

- ___% AZL® BlackRock Capital Appreciation Fund
- ___% AZL® Dreyfus Equity Growth Fund

International Equity

- ___% AZL® International Index Fund
- ___% AZL® Invesco International Equity Fund
- ___% AZL® JPMorgan International Opportunities Fund
- ___% PIMCO EqS Pathfinder Portfolio
- ___% Templeton Growth Securities Fund

Group Y Investment Options

High-Yield Bonds

- ___% PIMCO VIT High Yield Portfolio

Intermediate-Term Bonds

- ___% Franklin U.S. Government Fund
- ___% PIMCO VIT Global Advantage Strategy Bond Portfolio
- ___% PIMCO VIT Real Return Portfolio
- ___% PIMCO VIT Total Return Portfolio
- ___% Templeton Global Bond Securities Fund

Specialty (continued)

- ___% PIMCO VIT CommodityRealReturn® Strategy Portfolio

Fund of Funds

- ___% AZL FusionSM Growth Fund

Large Blend

- ___% AZL® JPMorgan U.S. Equity Fund
- ___% AZL® MFS Investors Trust Fund
- ___% AZL® S&P 500 Index Fund

Large Value

- ___% AZL® Davis NY Venture Fund
- ___% AZL® Eaton Vance Large Cap Value Fund
- ___% AZL® Invesco Growth and Income Fund
- ___% Mutual Shares Securities Fund

Specialty

- ___% AZL® Franklin Templeton Founding Strategy Plus Fund
- ___% AZL® Gateway Fund
- ___% AZL® Invesco Equity and Income Fund
- ___% BlackRock Global Allocation V.I. Fund
- ___% Franklin Income Securities Fund
- ___% PIMCO VIT All Asset Portfolio
- ___% PIMCO VIT Global Multi-Asset Portfolio

Cash Equivalent

- ___% AZL® Money Market Fund

Specialty

- ___% PIMCO VIT Unconstrained Bond Portfolio

Total of _____% (must equal 100%)

[11.] Beneficiary designation (If you need additional space, attach a complete list signed by Owner(s).)

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
First name		MI	Last name

Relationship

Non-individual Beneficiary information

If the Beneficiary is a qualified plan, custodian, trust, charitable trust or other non-individual please check the applicable box and include the name above.

Qualified plan Custodian Trust (Include the date of trust in the name.) Charitable Trust Other _____

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percentage	Social Security Number or Tax ID Number	
---	------------	---	--

[12.] Registered Representative

By signing below, the Registered Representative certifies to the following:

I am FINRA registered and state licensed for variable annuity contracts in all required jurisdictions; and I provided the Owner(s) with the most current prospectus.

The applicant's statement regarding existing policies or annuity contracts is true and accurate to the best of my knowledge and belief.

The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.

I have provided the applicant with all appropriate disclosure and replacement requirements prior to the completion of this application.

If this is 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 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 <input type="checkbox"/> D
--

[13.] Statement of applicant

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

Arkansas, District of Columbia, Louisiana, Massachusetts and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Ohio, Tennessee, and West Virginia: Any person who knowingly intends to defraud an insurance company, submits an application or files a statement of claim containing any false, incomplete, or misleading information, commits the crime of fraud and may be subject to criminal prosecution and civil penalties. In ME and TN, additional penalties may include imprisonment, fines, or denial of insurance benefits. In ME, State Premium Tax is 2%.

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.

Kentucky and New Mexico: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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, which is a crime. In NM, this activity subjects such a person to criminal and civil penalties..

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Virginia: Any person who with the intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

SERFF Tracking Number: ALLC-127951362 State: Arkansas
 Filing Company: Allianz Life Insurance Company of North America State Tracking Number:
 Company Tracking Number: VISION.CONNECTIONS INCOME FOCUS RIDER MAY 2012 S40840
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Vision.Connections Income Focus Rider May 2012 S40840
 Project Name/Number: Vision.Connections Income Focus Rider May 2012 S40840/Vision.Connections Income Focus Rider May 2012 S40840

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Certificate of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: The applications are attached in the Forms tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachment: Income Focus Act Memo Generic 01-05-2012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance		
Comments:		
Attachment: AR Cerification for Regulation 19 10B.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		

CERTIFICATE OF READABILITY

Contract Form	Flesch Score
S40840	50.7
S40841	50.6
S40842	50.2
S40843	56.5
F60001	50 when read with contract
F70037	50 when read with contract

It is hereby certified that each policy form listed above meets the minimum reading ease score required in your state.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.



Date: January 4, 2012

Martin G. Kline, Senior Director Actuary

**CERTIFICATION OF
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA**

Allianz Life Insurance Company of North America (Allianz) hereby certifies that the filing submission of form meets the provisions of Ark. Regulation 19§10B as well as all applicable requirements of the Arkansas Insurance Department.



1/05/2012

Martin G. Kline
Senior Director Actuary

Statement of Variability
Allianz Life Insurance Company of North America
Application Forms F60001 and F70037

January 4, 2012

Each item is listed in order of appearance on the applicable form. Variable material is denoted as bracketed [] in the form referenced. Paragraphs bracketed [] in their entirety represents sections that will be suppressed if not applicable to options/benefits chosen. Blank boxes for the Minimum, Maximum and Current columns do not require further explanation.

Application Forms F60001 (Vision) and F70037 (Connections)

Page #	Variable	Minimum	Maximum	Current	Comments
1	Product Name	N/A	N/A	N/A	Variable to indicate product name intended at the time of rollout (may be waiting on trademark approval).
1	DA Number	N/A	N/A	N/A	Internal number we assign to the owner's contract at issue.
1	Section 1 – Account registration – Ownership	N/A	N/A	N/A	Based on those available at the time of application. Any added or deleted types will be made on a going forward basis to new contracts.
1	Total # of Pages	N/A	N/A	N/A	Based on the total # of pages in the application.
2	Section 3 – Plan Specifics	N/A	N/A	N/A	Based on those that are available at the time of application. Any added or deleted options will be made on a going forward basis to new contracts.
2 – 8	Bracketed Section Numbers 6 - 14	N/A	N/A	N/A	Based on the optional benefits available at the time of application, certain sections are included or omitted in the application. Bracketed section numbers allow the application to print in correct sequence and without blank areas.
2	Section 6 – Contract options	N/A	N/A	N/A	Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2	Section 7 – Optional death benefit	N/A	N/A	N/A	Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.
2, 3	Carries an additional charge	N/A	N/A	N/A	This footnote is included or omitted based on the optional benefits available at the time of issue that carry an additional charge.
2 - 8	Page Numbers 2 -8	N/A	N/A	N/A	Based on the plan/benefits available. Bracketed page numbers allow the application to print with correct pagination and without blank areas.
3	Section 8 – Other benefits	N/A	N/A	N/A	Based on the optional benefits available at the time of issue, these provisions are included or omitted in the application and may include new benefits filed and approved by the Department in the future. Any changes will be made to new contracts going forward.

3	Sections 8 –Investment Protector, Income Protector,or Income Focus	N/A	N/A	N/A	Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval).
4	Section 10 – Number of investment options	2	6	6	Set at the time of application and will not vary, any change will be made to new contracts going forward.
4, 5	Section 10 – Number of investment options	5	15	15	Set at the time of application and will not vary, any change will be made to new contracts going forward.
4	Section 10 – Income Focus or Income Protector	N/A	N/A	N/A	Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval), to include other benefit names that may be restricted to these investment options, or to allow for the removal of a benefit name.
5	Section 10 – Investment Protector or No Additional Benefit	N/A	N/A	N/A	Variable to indicate benefit name intended at the time of rollout (may be waiting on trademark approval), to include other benefit names that may be restricted to these investment options, or to allow for the removal of a benefit name.
4, 5	Section 10 – Investment Options	N/A	N/A	N/A	Based on the Investment Options and Groups that are available at the time of application, and may change in the future.
6	Section 12 – Registered Representative information	N/A	N/A	N/A	Variable for our Broker Dealers who want to identify more than three commissioned agents and representatives.
6	Section 12 – Commission Options	N/A	N/A	N/A	Variable to allow for the addition or reduction of commission options to choose from.
7, 8	Section 13 – Statement of the Applicant	N/A	N/A	N/A	These disclosures will need to be updated as states adopt or change their fraud language.
8	http://www.allianzlife.com	N/A	N/A	N/A	The Allianz Life website may change.
8	Allianz phone number	N/A	N/A	N/A	The Allianz phone number may change.
8	Mailing information	N/A	N/A	N/A	The address may change if there is a re-location.



Allianz Life Insurance Company of North America
Statement of Variability
Contract Schedule Forms S40840, S40841, S40842, S40843
1/4/2012

Rider Form S40840 (Income Focus Rider)

Variable	Minimum	Maximum	Current	Effective	Comments
(01.12)	N/A	N/A	(01.12)	Contract duration	If we change any of the following: Age for Selecting Income Focus, Maximum Birthday, Income Focus Exercise Age, Initial Income Value Percentage, Performance Increase, Rider Charge; a corresponding identifier will be inserted that indicates a change for a newly issued rider.
Names and Signatures of Company Officers	N/A	N/A	N/A	N/A	If officers change, we will prepare and submit all required filings at the time of any change.

Contract Schedule Forms S40841 and S40842 (Income Focus Contract Schedule – Vision and Connections)

Variable	Minimum	Maximum	Current	Effective	Comments
(01.12)	N/A	N/A	(01.12)	Contract duration	If we change any of the following: Age for Selecting Income Focus, Maximum Birthday, Income Focus Exercise Age, Initial Income Value Percentage, Performance Increase, Rider Charge; a corresponding identifier will be inserted that indicates a change for a newly issued rider.
Owner, Joint Owner, Annuitant, Covered Person(s), Contract Number, Rider Effective Date	N/A	N/A	N/A	Contract duration	Contract specific
Initial Amount	N/A	N/A	N/A	Contract Duration	Set at the time of issue and will not vary; any change will be made to new contracts going forward. If the Total Purchase Payments would be defined by a different time frame (currently before the first contract quarterly anniversary), the text would be updated accordingly. If there are no Annual Maximum Additional Purchase Payment restrictions, this line will be suppressed.
Annual Maximum Additional Purchase Payments	N/A	N/A	N/A	Contract Duration	Set at the time of issue and will not vary; any change will be made to new contracts going forward. If there are no purchase payment restrictions at the time of issue, this text will be suppressed.
Age for Selecting Income Focus - Minimum	0	70	45	Contract Duration	Varies with product positioning and marketing considerations. <u>Current: All Covered Persons must be at least age [45] and no Covered Person can be age [81] or older</u>

Variable	Minimum	Maximum	Current	Effective	Comments
Age for Selecting Income Focus - Maximum	70	90	80	Contract Duration	Varies with product positioning and marketing considerations. Current: All Covered Persons must be at least age [45] and <u>no Covered Person can be age [81] or older</u>
Maximum Birthday	61 st	91 st	91 st	Contract duration	Based on the structure of the benefit and target market for that benefit.
Income Focus Exercise Age - Minimum	50	90	60	Contract duration	Varies with product positioning and marketing considerations. Current: On the Benefit Date, <u>all Covered Persons must be at least age [60] and no Covered Person can be age [91] or older.</u>
Income Focus Exercise Age - Maximum	70	95	90	Contract duration	Varies with product positioning and marketing considerations. Current: On the Benefit Date, all Covered Persons must be at least age [60] and <u>no Covered Person can be age [91] or older.</u>
Earliest Benefit Date – Number of Calendar Days	1	28	15	Contract duration	Varies with product positioning and marketing considerations. <u>Current: [15] calendar days</u> after we receive your Authorized Request for Income Focus Payments.
Earliest Benefit Date – Day of Month	1 st	28 th	1 st or 15 th	Contract duration	Varies with product positioning and marketing considerations. <u>Current: The Benefit Date must be the [1st or 15th] of a calendar month.</u> Currently, only the 1 st and 15 th of a calendar month are available. This could be expanded to include any calendar date(s).
Minimum Income Focus Payment	\$50	\$200	\$100	Contract duration	Based on the structure of the benefit and target market for that benefit.

Variable	Minimum	Maximum	Current	Effective	Comments
Initial Income Value Percentage	Minimum Initial Income Value Percentage: 2% Minimum Age for age bands: Minimum Age for Selecting Income Focus	Maximum Initial Income Value Percentage: 8% Maximum Age for age bands: Maximum Age for Selecting Income Focus	Contract specific, as determined below: Single Covered Person (based on age of Covered Person on Rider Effective Date) Age 45-64: 4.0% Age 65-79: 4.5% Age 80+: 5.5% Joint Covered Persons (based on age of younger Covered Person on Rider Effective Date) Age 45-64: 3.5% Age 65-79: 4.0% Age 80+: 5.0%	Contract duration	Based on the structure of the benefit and target market for that benefit. We may change both the age bands and the percentage for each age band, subject to the minimum and maximum shown here. Initial Income Value Percentage is contract specific and is determined on the Rider Effective Date and does not vary after the Rider Effective Date. Thus, the schedule page for each contract will show that contract's Initial Income Value Percentage only. The entire table will not be displayed on the contract schedule as it provides no useful information after the Rider Effective Date.
Performance Increase	0.25%	1.50%	1%	Contract duration	Based on the structure of the benefit and target market for that benefit.
Rider Charge for single Income Focus Payments	0.25%	Maximum Rider Charge for single Income Focus Payments	1.25%	1 Rider Quarter	The Rider Charge may change on each Quarterly Anniversary subject to the maximum. Rider Charge for single Income Focus Payments will not print on the schedule page if joint Income Focus Payments are selected.

Variable	Minimum	Maximum	Current	Effective	Comments
Rider Charge for joint Income Focus Payments	0.25%	Maximum Rider Charge for joint Income Focus Payments	1.25%	1 Rider Quarter	The Rider Charge may change on each Quarterly Anniversary subject to the maximum. Rider Charge for joint Income Focus Payments will not print on the schedule page if single Income Focus Payments are selected.
Maximum Rider Charge for single Income Focus Payments or if you selected joint Income Focus Payments and you drop a Covered Person	0.50%	2.95%	2.75%	Contract duration	Based on the structure of the benefit and target market for that benefit.
Maximum Rider Charge for joint Income Focus Payments	0.50%	3.15%	2.95%	Contract duration	Based on the structure of the benefit and target market for that benefit.

Contract Schedule Form S40843 (Investment Options Contract Schedule)

Variable	Minimum	Maximum	Current	Effective	Comments
Owner, Joint Owner, Annuitant, Contract Number, Issue Date, Income Date	N/A	N/A	N/A	Contract duration	Contract specific
Allocation Guidelines: Number of Investment Options	5	25	15	N/A	Based on systems/operational limitations and available investment options on the issue date. This field will be suppressed until more than 15 investment options are available.
Allocation Guidelines: Allocations must be made in whole percentages	N/A	N/A	N/A	N/A	Based on systems/operational limitations and available investment options on the issue date.
Investment Options/Variable Account	N/A	N/A	As shown on filed form	N/A	Only available investment options and investment groups for the specified variable account will be displayed.