

Allianz Enrollment Process

Once your client is ready to move forward with Kai-Zen, Complete the formal application (Long App) and submit to Allianz for offer/approval



STEP 1 Submit Formal Application to Allianz for Offer/Approval

OPTION 1 (Long Form App)

Please visit www.KaizenPlan.com for the Following **REQUIRED** Forms:

1. Allianz Long Form Application (Four Parts – Part 1-APP01; Part 2A-APP-01-NONMED; Part 2B-APP-01-MED; AND PART 3-APP-01-SIGS) Nevada - Agent must be licensed in NV prior to taking app
2. Kai-Zen Premium Finance Disclosure
3. Allianz Kai-Zen Cover Sheet - Must be submitted with Allianz forms so the case can be identified as a Kai-Zen Case

Please visit www.AllianzLife.com for the Following **REQUIRED** Forms:

1. **Producer's Report** - Make sure NIW/Grace Barnard is listed for 30% split – agent code is 673000101
2. **Supplement to the Life Insurance Application** - Personal Financial Statement (NB2012P)
3. **Allianz Premium Financing Standards Addendum aka Agent Addendum** - Needed if agent has not done a financed case with Allianz in the past



STEP 1 Exam and Other Important Information to Know Before Submitting to Allianz

OPTION 1 (Long Form App)

- **Using the Long Form Application and Allianz ordered paramed will ELIMINATE THE PHONE INTERVIEW.** (please make sure on the Producer report - Item #6 is checked "home office" ordered. If you mark Producer/Field ordered – Allianz will NOT order exam and client will need to complete phone interview)
- Once all forms are completed and signed/dated you will submit **DIRECTLY to Allianz and COPY Kai-Zen.**
- Submit the application and forms to:

Allianz lifeinsurance@send.allianzlife.com

Kai-Zen info@kaizenplan.com

EXAM: As long as you are submitting the Long Form Application – Allianz will **ORDER** the paramed exam, as long as you do NOT mark on the producers report that producer will order. Please make sure there is a good contact number on the application for the exam company to reach your client.

If you had applied for insurance with another carrier and have an exam from another carrier – the client will need to answer **ALL medical questions on the Long Form Application and a Phone Interview will be required.**



Application – Part 1

How to Complete Fields Specific to Kai-Zen

Section 1: Insured Information

- Complete ALL information on pages 1-11



Long Form Application

ALLIANZ LIFE INSURANCE COMPANY
OF NORTH AMERICA
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372

Allianz 

Policy Number: _____
(Home Office Use Only)

Application for Individual and Joint Life Insurance - Part 1

1. Insured Information

a. Proposed Primary/First Insured

First Name _____ MI _____ Last Name _____

☐ Male ☐ Female Date of Birth _____ Age _____ Social Security Number/TIN _____

Street Address _____ City _____ State _____ ZIP Code _____

Telephone Number _____ Alternate Telephone Number (optional) _____ Email Address _____

Driver's License Number _____ State of Issue _____

Place of Birth ☐ United States (state) _____ ☐ Other (country) _____

Are you currently employed? Check one

☐ Yes, full-time (more than 30 hours per week) ☐ Yes, part-time (30 hours per week or less)

☐ Self-Employed, please check one ☐ Full-time ☐ Part-time

☐ No, homemaker, student, or retired ☐ Not currently employed

If employed, please provide your current:

a. Employer's name: _____

b. Job title and type/line of business: _____

c. Length of employment: _____

d. Is this a U.S. based company? ☐ Yes ☐ No

Please provide the financial information below:

\$ _____ \$ _____
Annual Earned Income Annual Unearned Income Please indicate source of unearned income

\$ _____
Spouse's/Domestic Partner's/Civil Union Partner's Annual Income

\$ _____ \$ _____ \$ _____
Household Net Worth Household Liquid Assets Household Annual Expenses

Return to Home Office

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Application – Part 1

How to Complete Fields Specific to Kai-Zen

Section 2: Owner Information

- Check the Trust box
- In the First Name/Trust or Corporation Name field input “Kaizen Trust TBD”
- Trustee Name is Provident Trust Group, LLC
- In the Date & SSN/TIN field input “TBD”
- Relationship to Proposed Insured is “Trust”
- The address is 8880 W. Sunset Rd Ste 250, Las Vegas, NV 89148

a. Proposed Primary/First Insured (continued)

Have you ever filed for bankruptcy?

☐ No

☐ Yes, provide dates and details for each bankruptcy filing: _____

2. Owner Information

a. Proposed Policy Owner¹

Is proposed owner the same as proposed primary/first insured on the base policy? ☐ Yes ☐ No, complete the below

Type of Owner: ☐ Individual ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☒ Trust ☐ Joint

Kaizen Trust TBD

First Name/Trust or Corporation Name MI Last Name

Provident Trust Group, LLC

If Trust, provide Trustee Name(s)

☐ Male ☐ Female **TBD** **Trust** **TBD**
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

8880 W. Sunset Road, Ste 250 **Las Vegas** **NV** **89148**
Street Address City State ZIP Code

(702) 434-0023
Home Phone Number Alternate Phone Number (optional) Email Address

\$
Amount of Insurance In Force on Proposed Policy Owner

\$ Household Annual Income \$ Household Net Worth \$ Household Liquid Assets \$ Household Annual Expenses

b. Proposed Joint Policy Owner

Is proposed joint owner the same as proposed joint insured on the base policy? ☐ Yes ☐ No, complete the below

Type of Owner: ☐ Individual ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Trust ☐ Joint

First Name/Trust or Corporation Name MI Last Name

If Trust, provide Trustee Name(s)

☐ Male ☐ Female
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

¹ If a Foreign National, please complete the **Application for Individual and Joint Life Insurance - Foreign National Questionnaire**.

Application – Part 1

How to Complete Fields Specific to Kai-Zen

Section 3: Premium/Billing Information

- Check the Annual box
- Input the **TOTAL PREMIUM** (not the client's contribution) on the Kai-Zen sample proposal used to sell to the client.
- Check Proposed Owner as the Payor

b. Proposed Joint Policy Owner (continued)

Street Address _____ City _____ State _____ ZIP Code _____

Home Phone Number _____ Alternate Phone Number (optional) _____ Email Address _____

\$ _____
Amount of Insurance In Force on Proposed Policy Owner

\$ _____ \$ _____ \$ _____ \$ _____
Household Annual Income Household Net Worth Household Liquid Assets Household Annual Expenses

c. Proposed Contingent Policy Owner

If not completed, the proposed contingent policy owner will be the estate of the Proposed Policy Owner.

Type of Owner: ☐ Individual ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Trust ☐ Joint

First Name/Trust or Corporation Name _____ MI _____ Last Name _____

If Trust, provide Trustee Name(s) _____

☐ Male ☐ Female _____
Date of Birth/Trust Relationship to Proposed Insured Social Security Number/TIN

Street Address _____ City _____ State _____ ZIP Code _____

Home Phone Number _____ Alternate Phone Number (optional) _____ Email Address _____

3. Premium/Billing Information

Frequency: ☐ Single Premium ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly - complete EFT Authorization

\$ **110,190** \$ _____ \$ _____
Billed/Planned Premium Amount Total Amount Submitted with the Application First Year Lump Sum Amount

\$ _____
1035 Exchange Amount

Is lump sum coming from a 1035 Exchange of a life insurance policy? ☐ Yes ☐ No

If this is a replacement of a life insurance policy, was that policy a Modified Endowment Contract (MEC)? ☐ Yes ☐ No

The Payor is: (Billing statements will **ONLY** be sent to the address of the Payor)

☐ Proposed primary insured ☒ Proposed owner ☐ Other - below

Payor First Name _____ MI _____ Last Name _____

☐ Male ☐ Female _____
Date of Birth Relationship to Proposed Insured Social Security Number/TIN

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Application – Part 1

How to Complete Fields Specific to Kai-Zen

Section 4: Source of Funds

Select Premium Financing and answer as follows:

- a. NIW Companies, Inc.
- b. TBD
- c. Recourse
- d. Yes

3. Premium/Billing Information (continued)

Street Address _____ City _____ State _____ ZIP Code _____

Home Phone Number _____ Alternate Phone Number (optional) _____ Email Address _____

\$ _____
Amount of Insurance In Force on Payor

\$ _____ \$ _____ \$ _____ \$ _____
Household Annual Income Household Net Worth Household Liquid Assets Household Annual Expenses

Reason this person is the Payor _____

4. Source of Funds - Payments made with foreign currency or payments drawn on or originating from a foreign bank or other foreign source are prohibited. Funding through a Mortgage/Reverse Mortgage or Home Equity Loan is prohibited.

☒ Earned Income ☐ Mutual Fund/Brokerage Account ☐ Money Market Fund ☐ Savings ☐ Loans
☐ Annuity Contract ☐ Other Life Insurance Policy

☐ Qualified Funds - i.e. IRA, Beneficial IRA, 401(k), SEP, 403(b) (provide details): _____

☐ Inheritance (provide details): _____

☐ Other (provide details): _____

☒ Premium Financing - If financing will be used, please answer the following questions:

a. Name of the company who is administering the premium finance: **NIW Companies, Inc.**

b. Name of lender providing the funds: **TBD**

c. What type of loan? ☒ Recourse ☐ Non-recourse

d. Is the client obligated to repay the loan? ☒ Yes ☐ No

Application – Part 1

How to Complete Fields Specific to Kai-Zen

Section 7: Product Information

- Check Allianz Life Pro+ AdvantageSM Fixed Index Universal Life Insurance Policy
- Specified Face Amount = Death benefit applying for (i.e. \$1.5M or \$2M)
- Death Benefit Option = Check “B- Specific Amount plus Accumulation Value”
- Definition of Life Insurance Test = Guideline Premium Test (GPT)
- Select Indexed Allocations = Blended Index 50%, Bloomberg US Dynamic Balance II ER Index 50%

7. Product Information (Products may not be available in all states)

- ☒ Allianz Life Pro+ AdvantageSM Fixed Index Universal Life Insurance Policy
☐ Allianz Life Pro+ SurvivorSM Fixed Index Universal Life Insurance Policy¹

Specified Face Amount **1,500,000**

Risk Class _____

Death Benefit Option (choose one) - If no option is selected, Option A will be issued.

- ☐ A - Specified Amount ☒ B - Specified Amount plus Accumulation Value ☐ C - Specified Amount plus Total Premium Paid

Definition of Life Insurance Test (choose one) - If no option is selected, GPT will be issued.

- ☐ Cash Value Accumulation Test (CVAT) ☒ Guideline Premium Test (GPT)

Allocations - Some allocations may not be available on all products or in all states.

Select the following allocations in increments of “1”. The minimum allocation is 1% and the total must equal 100%.

Standard Indexed Allocations

Blended index

annual point-to-point with a cap _____%

annual point-to-point with a cap and annual floor² _____%

monthly average with a participation rate² _____%

Bloomberg US Dynamic Balance Index II

annual point-to-point with a participation rate^{2,4} _____%

annual point-to-point with a participation rate
and annual floor^{2,5} _____%

Nasdaq-100[®] Index

monthly sum with a monthly cap³ _____%

S&P 500[®] Index

annual point-to-point with a cap _____%

monthly sum with a monthly cap² _____%

trigger method² _____%

Fixed Allocation

_____%

Bonus Indexed Allocations (Allianz Life Pro+ AdvantageSM only)

Blended index

annual point-to-point with a cap _____%

Bloomberg US Dynamic Balance II ER Index

annual point-to-point with a participation rate _____%

Nasdaq-100 Index

monthly sum with a monthly cap _____%

PIMCO Tactical Balanced ER Index

annual point-to-point with a participation rate _____%

S&P 500[®] Index

annual point-to-point with a cap _____%

monthly sum with a monthly cap _____%

trigger method _____%

Select Indexed Allocations (Allianz Life Pro+ AdvantageSM only)

Blended index

annual point-to-point with a cap **50** %

Bloomberg US Dynamic Balance II ER Index

annual point-to-point with a participation rate **50** %

PIMCO Tactical Balanced ER Index

annual point-to-point with a participation rate _____%

S&P 500[®] Index

annual point-to-point with a cap _____%

Total of **100** % (must equal 100%)

¹ Known as Life Pro+ SurvivorSM Fixed Index Universal Life Insurance Policy (Joint Last Survivor Flexible Premium Adjustable Life Insurance Policy) in LA

² Available on Allianz Life Pro+ SurvivorSM only

³ Available on Allianz Life Pro+ AdvantageSM only

⁴ Not available in IN, OR, or PA.

⁵ Available in IN and PA only.

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Application – Part 1

How to Complete Fields Specific to Kai-Zen

Section 8: Optional Riders

- Check Enhanced Liquidity Rider. Check 100%

8. Optional Riders *(Riders may not be available on all products or in all states)*

☐ Child Term Rider¹ _____ units Complete **Child Term Rider Section**
(\$1,000 per minimum 5 units/maximum 10 units)

☒ Enhanced Liquidity Rider (choose one) ☐ 50% ☒ 100%

☐ Estate Protection Rider^{2,3}

☐ First to Die Rider² Amount \$ _____ Complete **Beneficiary Designation Section**

☐ Premium Deposit Fund Rider⁴ Amount \$ _____ Premium Deposit Fund Period (specify 3-10 years): _____

☐ Supplemental Term Rider¹ Amount \$ _____
(Minimum greater than \$25,000/maximum 5 times or 10 times the Base Specified Amount based on age and risk class)

☐ Waiver of Specified Premium Rider¹ Amount \$ _____

☐ Waiver of Specified Premium Rider for proposed first insured² Amount \$ _____

☐ Waiver of Specified Premium Rider for proposed joint insured² Amount \$ _____

¹ Available on Allianz Life Pro+ AdvantageSM only

² Available on Allianz Life Pro+ SurvivorSM only

³ Known as Estate Protection Term Life Insurance Rider in MD

⁴ Not available in KS and PA

Application – Part 1

How to Complete Fields Specific to Kai-Zen

Section 10: Beneficiary Designation

- Check the Trust box
- Type is Primary at 100%
- In the First Name/Trust or Corporation Name field input “Kaizen Trust TBD”
- In the Date & SSN/TIN field input “TBD”
- Relationship to Proposed Insured is “Trust”
- The address is 8880 W. Sunset Road, Ste 250, Las Vegas, NV 89148
- Trustee Name is Provident Trust Group, LLC

10. Beneficiary Designation

- Percentages must total 100%; if you do not indicate the percentage, the surviving beneficiary(s) will share equally.
- If the Beneficiary For is not indicated, the beneficiary(s) listed will be assigned to the Base Policy.
- For the Allianz Life Pro+ SurvivorSM product, it is suggested that the proposed insureds do not name themselves as beneficiary(s) and instead consider naming another individual, trust, or entity.
- If beneficiary(s) are a Trust, include Trustee Name(s) and Trust Date.

a.

Beneficiary For: ☐ Base Policy ☐ First to Die Rider
Beneficiary Designation: ☐ Individual ☒ Trust ☐ Corporation Type: ☒ Primary ☐ Contingent **100%**
Percentage

Kaizen Trust TBD

First Name/Trust or Corporation Name MI Last Name

TBD

TBD

Trust

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

8880 W. Sunset Road, Ste 250 **Las Vegas** **NV** **89148**

Street Address City State ZIP Code

Country (if outside the U.S.) **(702) 434-0023** **Provident Trust Group, LLC**

Phone Number

Trustee Name(s)

b.

Beneficiary For: ☐ Base Policy ☐ First to Die Rider
Beneficiary Designation: ☐ Individual ☐ Trust ☐ Corporation Type: ☐ Primary ☐ Contingent
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

c.

Beneficiary For: ☐ Base Policy ☐ First to Die Rider
Beneficiary Designation: ☐ Individual ☐ Trust ☐ Corporation Type: ☐ Primary ☐ Contingent
Percentage

First Name/Trust or Corporation Name MI Last Name

Date of Birth/Trust Social Security Number/TIN/Foreign ID or SSN Relationship to proposed insured

Street Address City State ZIP Code

Country (if outside the U.S.) Phone Number Trustee Name(s)

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Application – Part 2A

How to Complete Fields Specific to Kai-Zen

Non-Medical Questionnaire

- This entire form must be completed.

ALLIANZ LIFE INSURANCE COMPANY
OF NORTH AMERICA
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372



Application for Individual and Joint Life Insurance - Part 2A

1. Non-Medical Questionnaire

Proposed Insured First Name _____ MI _____ Last Name _____

Attestation of Truth: The responses that I will provide to the Questions below will be complete, accurate, and truthful to the best of my knowledge and belief. I acknowledge that any inaccurate or misleading statements could result in the denial of benefits or rescission of the policy.

☐ I AGREE

1. In which country are you considered a legal citizen?

☐ United States ☐ Other Country, please list and complete questions below:¹ _____

a. How long have you been in the United States? _____

b. Which of the following best describes your immigration status?

- ☐ Hold a greencard or permanent residency card: # _____
- ☐ Applying for a greencard or permanent residency card
- ☐ Have a VISA, plan to permanently reside in the U.S., just need to start the application process Type of VISA held: _____
- ☐ Visiting the U.S. with a VISA Type of VISA held: _____
- ☐ Other, please explain: _____

c. Do you maintain a residence or business in your home country?

- ☐ No
- ☐ Yes, please explain: _____

2. When was the last time you used the following tobacco and nicotine delivery products?

Cigar

- ☐ This week ☐ In the last 12 months - Specify amount: _____ ☐ 1-2 years ago ☐ 2-3 years ago
- ☐ More than 3 years ago - Date last used: _____ ☐ Never used

Cigarette, e-cigarette, electronic cigarette

- ☐ This week ☐ In the last 12 months - Specify amount: _____ ☐ 1-2 years ago ☐ 2-3 years ago
- ☐ More than 3 years ago - Date last used: _____ ☐ Never used

Pipe

- ☐ This week ☐ In the last 12 months - Specify amount: _____ ☐ 1-2 years ago ☐ 2-3 years ago
- ☐ More than 3 years ago - Date last used: _____ ☐ Never used

Vapor product, vaping device, hookah, shisha, bong, juuling, water pipe, e-pipe, electronic pipe

- ☐ This week ☐ In the last 12 months - Specify amount: _____ ☐ 1-2 years ago ☐ 2-3 years ago
- ☐ More than 3 years ago - Date last used: _____ ☐ Never used

¹ If a Foreign National, please complete the **Application for Individual and Joint Life Insurance - Foreign National Questionnaire**.

Application – Part 2B

How to Complete Fields Specific to Kai-Zen

Medical History Questionnaire

- If Allianz orders the paramed – your client **DOES NOT** need to complete the medical questionnaire
- If your GA orders the paramed or you submit another carriers exam with the application – the client **DOES** need to complete ALL medical questions.



ALLIANZ LIFE INSURANCE COMPANY
OF NORTH AMERICA
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372



Application for Individual and Joint Life Insurance - Part 2B

1. Medical History Questionnaire

Proposed Insured First Name _____ MI _____ Last Name _____

Attestation of Truth: The responses that I will provide to the Questions below will be complete, accurate, and truthful to the best of my knowledge and belief. I acknowledge that any inaccurate or misleading statements could result in the denial of benefits or rescission of the policy.

☐ I AGREE

1. Do you have a regular physician, doctor, or healthcare provider? ☐ No ☐ Yes

If YES, please complete the following for your regular physician, doctor, or healthcare provider:

First Name _____ MI _____ Last Name _____

City _____ State _____ Phone Number _____

Date of Last Visit _____ Reason for Last Visit _____

2. Have you ever received medical advice or has treatment been recommended or received by a licensed member of the medical profession for any cancer, tumor, cyst, or other abnormal growth or lump?

☐ No

☐ Yes, please complete the **MEDICAL DETAILS PAGE**

3. Have you ever tested positive for exposure to the HIV infection, HIV antibodies in a test taken for the purpose of obtaining insurance, or been diagnosed by a licensed member of the medical profession as having AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection or other sickness or condition derived from such infection?

☐ No

☐ Yes, please complete the **MEDICAL DETAILS PAGE**

4. Over the last 10 years, please indicate for which of the following you have received advice, treatment, or a diagnosis from a licensed member of the medical profession (check ALL that apply)

a. BRAIN/NERVOUS SYSTEM

☐ Amyotrophic Lateral Sclerosis (ALS)/Lou Gehrig's Disease

☐ Aneurysm

☐ Anxiety including PTSD, ADD, ADHD, and OCD

☐ Cerebral Hemorrhage

☐ Depression

☐ Dizziness, Numbness, or Weakness

☐ Eating Disorder

☐ Huntington's Disease

☐ Mental Disorder

☐ Multiple Sclerosis (MS)

☐ Muscular Dystrophy

☐ Nervous Disorder

☐ Neuromuscular Degeneration

☐ Paralysis

☐ Parkinson's Disease

☐ Psychiatric Disorder

☐ Seizure/Epilepsy

☐ Stroke or Transient Ischemic Attack (TIA)/Mini-Stroke

☐ Other disease or disorder of the brain/nervous system

☐ NONE OF THESE

Complete the MEDICAL DETAILS PAGE for all Checked Boxes above, excluding "None of These"

Return to Home Office

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Application – Part 3

How to Complete Fields Specific to Kai-Zen

Illustration Certification

- Always check both boxes in this section. Do not submit sample illustration from website with the app.

ALLIANZ LIFE INSURANCE COMPANY
OF NORTH AMERICA
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372



Application for Individual and Joint Life Insurance - Part 3

1. Acknowledgments and Signatures

Proposed Insured First Name _____ MI _____ Last Name _____

a. Certification of Taxpayer Identification Number

If you are applying for this product and/or requesting payments as a U.S. Person, the IRS requires you to agree to the following statements. If you are not a U.S. Person, prior approval is required before submitting this application. If approved, the appropriate IRS Form W-8BEN is required to be completed.

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number shown on this form is correct or I am waiting for a number to be issued to me.
 2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or
 - c. The IRS has notified me that I am no longer subject to backup withholding.
 3. I am a U.S. person, and
 4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- ☐ Check here **ONLY** if the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return.

b. Illustration Certification

A signed illustration conforming to the policy described on this application must be submitted with the completed application. If a conforming illustration has not been submitted, this section must be completed (both boxes must be checked).

By signing this application:

Applicant Acknowledgment:

- ☐ I did not receive an illustration conforming to the policy I applied for. I understand that an illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered.

Financial Professional Certification:

- ☐ I did not use an illustration or I provided an illustration that differs from the policy described on this application.

c. Transaction Authorization

☐ Yes ELECTRONIC TRANSACTION AUTHORIZATION: By selecting "yes", I am authorizing and directing Allianz Life Insurance Company of North America (Allianz) to act on electronic instructions from my financial professional and anyone authorized by him/her to initiate such instructions. Electronic instructions include, but are not limited to, requests received by telephone, fax, email, or the Allianz website. I understand I must make the decision or approve the transactions recommended by my financial professional and that my financial professional does not have discretion over my life insurance policy. If the box is not checked, electronic instructions will only be accepted from me, the Owner. Allianz will use reasonable procedures to confirm these electronic instructions are valid. As long as these procedures are followed, the company and its officers, employees, representatives and financial professionals will be held harmless for any claim, liability, loss, or cost arising from unauthorized or fraudulent instructions. Allianz reserves the right to deny any electronic instruction and to discontinue or modify our electronic instruction privileges at any time and for any reason.

Application – Part 3

How to Complete Fields Specific to Kai-Zen

Acknowledgement and Signatures

- Signed at city and state is Las Vegas, NV
- The insured needs to sign and date as Proposed Primary/First Insured **ONLY**

d. Acknowledgment and Signatures

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

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

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

For all states, each of the undersigned declares, understands and agrees that:

- The statements and answers contained in this Application, which includes any parts, amendments and supplements to this Application, are complete and true to the best of each proposed insured's and policy owner's knowledge and belief.
- The statements and answers contained in this Application shall be considered representations and not warranties and shall form the basis of any life insurance policy that may be issued (reinstated or changed).
- A copy of this Application shall be considered a part of the policy.
- The policy owner, if not a proposed insured, adopts and ratifies said statements and answers contained in this Application.
- Coverage under any policy approved or issued by Allianz as a result of this Application shall be considered effective and in force only when, during the insured's lifetime and continued insurability:
 - a. a policy is issued, delivered, received and accepted by the policy owner;
 - b. the first full premium has been received by Allianz; and
 - c. all answers material to the risk are still true and complete to the best of the owner's and insured's knowledge.
- Only an officer of the Company can make, modify, alter or discharge policies or waive any of the Company's rights or requirements.
- The MIB, Inc. Disclosure and Investigative Consumer Report Notice has been received by me.

CAUTION: If the answers on the application are incorrect or untrue, Allianz may have the right to deny benefits or rescind the policy.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Las Vegas, NV

Signed At (City and State)

Proposed Primary/First Insured Signature

Date

Proposed Joint/Other Insured Signature

Date

Proposed Policy Owner's Signature (if other than proposed primary/first insured)

Date

Proposed Joint Policy Owner's Signature (if other than proposed joint/other insured)

Date

Alternate signatures, if applicable

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

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

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

STEP 2 Obtain Final Illustrations from NIW Once Medical Offer and Approval is Received

For Final Illustrations (Carrier Illustration and Kai-Zen Proposal) an email must be sent to Info@Kaizenplan.com with the following information:

Name of Insured

Date of Birth

Death Benefit Amount

State

Agent Name

Medical Offer Received (provide copy from carrier)



STEP 3 Kai-Zen Trust Forms, Remaining Carrier Forms, Contribution Check, and More

Download the Kai-Zen forms listed below from www.KaizenPlan.com

*Note: The Insurance Trust & Acknowledgement and Disclosure are specific to each tranche. Please remember to **download new copies for each tranche**.*

1. **Kai-Zen Insurance Trust** – See example on website for instructions
2. **Kai-Zen Acknowledgement and Disclosure**
3. **Kai-Zen Enrollment Checklist**

STEP 3 Kai-Zen Trust Forms, Remaining Carrier Forms, Contribution Check, and More

Miscellaneous Items Needed to Complete the Case:

1. **Copy of Insured Driver's License** – Address on ID must match the address on the Insurance Trust Agreement or the Trustee will need a copy of a utility bill (**gas, water, electric ONLY**) to confirm address.
2. **Signed Kai-Zen Proposal** – By Insured
3. **Signed Carrier Illustration** – By Agent Only
4. **Contribution Check** – See enrollment checklist for check requirements and how to make check payable

CASE WILL NOT BE PROCESSED WITHOUT CHECK AND COPY OF DRIVER'S LICENSE

All Step 3 Documents Must be Sent to Info@KaizenPlan.com by the Deadline (Listed on www.KaizenPlan.com)

Check should be overnighted to address on the enrollment checklist to ensure we receive it by the deadline

EACH TRANCHE HAS SPECIFIC TRUST DOCUMENTS – PLEASE MAKE SURE YOU DOWNLOAD THE MOST RECENT TRUST DOCUMENTS

