

Policy No.

AUTHORIZATION FOR PREMIUM DEDUCTION (APD)/WAIVER OF PARTICIPATION

Policyowner _____
 Insured _____
 Company _____
 Start of Deduction _____

TO THE PAYROLL OFFICER

I hereby request and authorize you to deduct regularly from my monthly salary the recurring premiums due on the life insurance policy that I have contracted with Allianz PNB Life Insurance, Inc.

I understand that this authorization shall be effective until the earliest of the following:

- a) Termination of premium payments as provided for in the policy;
- b) Termination of my employment with my employer; or
- c) Surrender of my policy upon my specific request.

I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life insured, and/or my policy/ies, to **1)** facilitate, monitor, and improve the quality of my policy/ies and such services availed of by me, through programs including but not limited to customer satisfaction surveys, offer of related products and services, and statistical, actuarial and risk analyses, and to **2)** comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, branches, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

Signature of Policyowner

Date Signed

Employee no.

Relationship to the Proposed Insured