

Anti-Money Laundering (AML) Requirement
Customer Verification

The following customer verification is required for AML by Allianz Life.

Allianz' Policy Number (if known): _____

Client's Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____

Instructions for the examiner: Please select which document was used to verify identification and provide the number and expiration date from the document.

I (examiner) have verified the proposed insured(s) identify by reviewing the government issued photo ID selected below:

☐ Driver's license ☐ Passport ☐ State or military photo ID

State of Issue: _____ Expiration Date: _____

Number: _____

Signature of the Examiner/Collector: _____

Name of Examining Company: _____

Address: _____

City _____ State _____ Zip Code _____

Today's Date: _____