## SIGNIFICANT DEALING NOTIFICATION



Please submit notification by email to: <u>Technical.RiskandCompliance@allianz.com.au</u>

## I/We are providing this notification, and confirm:

This notification has been provided to Allianz pursuant to our obligation under s994f(6) of the Corporations Act to notify Allianz of a significant dealing. A significant dealing is a dealing that:

- I) is not consistent with the target market determination (the TMD) for a product, and
- II) been assessed by us as significant.

This notification is intended to assist us in identifying dealings that are not consistent with the TMD.

Following receipt of this Notification, Allianz will conduct a separate investigation and assessment of the notified dealing to determine whether it is a significant dealing as the Issuer of the product and therefore reportable to ASIC under s994G of the Corporations Act.

This notification has been provided to Allianz within 10 business days after we became aware of the significant dealing.

DISTRIBUTOR DETAILS					
Company:					
Address:					
CONTACT INFORMATION	DN (this person need	ds to be ava	ailable to discu	ıss this notificat	tion at short notice and
be familiar with the circu					tion at short house and
Name:			•		
Phone:		Email:			
Alternate Contact:					
Name:					
Phone:		Email:			
Description of the significant dealing: (please include a policy number for one impacted customer)					
Significant dealing identification date:					
Occurrence Date(s), or date range (if					
known) during which dealing(s) occurred that taken together are significant:					
How was the significant of	dealing identified?				
Salf-reported by sales	ctaff	1 ct line	D&C control to	octing	
Self-reported by sales staff Through the investigation process of			1st line R&C control testing 2nd line assurance		
remediating another incident		Internal Audit			
Identified in change pro			al reviews		
(i.e. projects)			Other - please provide details:		
Customer Complaints		- C 1.13.	Pred3c p. c r. s.		
QA performed by the business					
G/1, politorinios by 1.10.0	-donness				
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How was the dealing inconsistent with t	he TMD:				
Eligibility Criteria	Approved Distributors				
Ineligibility Persons Application Process	Other:				
Application Process					
Significance Assessment Date:					
Description of why the dealing was asse	essed as significant:				
Distribution Method:					
Contact centre	Online				
Distributor branch / centre (Brokerage, Underwriting agency,	Other: (please provide details)				
Financial Institution, Dealership)					
What steps, if any, have been, or will be, taken in relation to the significant dealing since it has been identified (if none please state N/A)					
identified (if notic please state N/A)					
Number of customers (if known) who acquired the product that were not in the target market (include					
information or evidence as to how this was determined)					
The actual or potential harm to custom	ers (if known), including the amount of any loss/damage (financial				
-	who were not in the target market acquiring the product:				
,, J					
Impacted Product(s)					
•	at the bottom right and/or left hand corner of the PDS				
(depending on the product). Full Name/Title					
Unique Reference Number*:					
Full Name/Title					
Unique Reference Number*:					
Full Name/Title					
Unique Reference Number*:					
Impacted TMD(s)					
*The reference numbers are located at t	the bottom left hand corner of the TMD.				
Full Name/Title					
Unique Reference Number*:					
Full Name/Title					
Unique Reference Number*:					
Full Name/Title					
Unique Reference Number*:					

Additional Information: