

## Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

**Part I Reporting Issuer**

|  |                                   |   |                             |
|--|-----------------------------------|---|-----------------------------|
| <b>1</b> Issuer's name   |                                   | <b>2</b> Issuer's employer identification number (EIN)              |                             |
| AllianzGI Convertible & Income Fund II   |                                   | 14-1888792  |                             |
| <b>3</b> Name of contact for additional information  | <b>4</b> Telephone No. of contact | <b>5</b> Email address of contact                                   |                             |
| Allianz Funds Investor Services  | 1-800-254-5197                    | www.allianzinvestors.com - Contact Us                               |                             |
| <b>6</b> Number and street (or P.O. box if mail is not delivered to street address) of contact |                                   | <b>7</b> City, town, or post office, state, and ZIP code of contact |                             |
| 1633 Broadway, 43rd Floor  |                                   | New York, New York 10019  |                             |
| <b>8</b> Date of action  |                                   | <b>9</b> Classification and description                             |                             |
| 02/01/2018; 03/01/2018   |                                   | Common Stock - Regulated Investment Company                         |                             |
| <b>10</b> CUSIP number   | <b>11</b> Serial number(s)        | <b>12</b> Ticker symbol   | <b>13</b> Account number(s) |
| 018825109  |                                   | NCZ   |                             |

**Part II Organizational Action** Attach additional statements if needed. See back of form for additional questions.

**14** Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ On February 01, 2018, the issuer paid a distribution to common shareholders of record on January 12, 2018.  
All or a portion of the distribution constitutes a non-taxable return of capital.

On March 1, 2018, the issuer paid a distribution to common shareholders of record on February 12, 2018. All or a portion of the distribution constitutes a non-taxable return of capital.

**15** Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ \_\_\_\_\_  
The quantitative effect of the distributions reported as a return of capital on a per share basis are set forth in the table below:

| Record Date       | Payment Date      | Total Dividend | Return of Capital |
|-------------------|-------------------|----------------|-------------------|
| January 12, 2018  | February 01, 2018 | 0.057500       | 0.057500          |
| February 12, 2018 | March 01, 2018    | 0.057500       | 0.021894          |

**16** Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ The issuer determines its annual earnings and profits under IRC Section 312 (as modified by IRC Section 852(c) for a Regulated Investment Company) and the regulations thereunder. Amounts in excess of earnings and profits reduce the shareholder's tax basis in its shares to the extent of basis.

**Part II** Organizational Action *(continued)*

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ \_\_\_\_\_  
Internal Revenue Code Sections 301, 316 & 852.

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**18** Can any resulting loss be recognized? ▶ No.

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**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ \_\_\_\_\_

This organizational action is reportable with respect to calendar year 2018.

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**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

Print your name ▶ A signed copy is maintained by the issuer Title ▶ \_\_\_\_\_

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ▶              | Firm's EIN ▶         |      |   |      |
|                               | Firm's address ▶           | Phone no.            |      |   |      |