

Standard Agent Application Information Sheet

This page is an instructional page that will assist you in completing the Application for an Agent Agreement with Allianz Life.

Requirements

The contracting and appointment process does not begin until the following requirements are received. Incomplete information will delay the contracting and appointment process.

- Complete, sign and date the Agent Application and Background Authorization form.
- Attach a current copy of your insurance license(s), resident and non resident, in states where you will solicit business.
- Provide verification of completed AML training. (If using LIMRA this will be an automatic feed to Allianz Life Insurance Company. <https://AML.LIMRA.Com>.)
- Provide a copy of your E & O coverage certificate with a minimum \$1 million in coverage
- Provide continuing education certificates in states that require this training.
- Complete Allianz Product training prior to solicitation.
- Read and Agree to the Allianz Life Code of Best Practices.
- Provide the completed forms to your FMO for submission to Allianz.

Note: PA and MT require appointment prior to solicitation

Once we receive the Agent Application and proper authorization forms, we will commence a background check. To be eligible for an Agent Agreement with Allianz Life you must meet the Allianz requirements, state and federal laws and regulations. Allianz may request that you clear outstanding items with a credit reporting agency or state regulatory body prior to consideration.

Allianz Life considers various factors in determining whether or not to accept this application and enter an agent agreement with you. Some of the factors considered are listed below. Any single factor may be a disqualifying factor:

Financial Debt and Public Records

- No credit report available
- Bankruptcy within the past three years (by enter date)
- Any of the following individually, or any of the following that combine to exceed \$15,000:
 - Collections or charged off debt in excess of \$10,000
 - Liens/judgments in excess of \$10,000
 - Foreclosures/civil suits in excess of \$10,000
 - Vector(s) in excess of \$10,000

Criminal convictions / civil actions

- Misdemeanors; reviewed case by case
- Felonies, automatic decline
- Litigation or arbitration in the last three years in which you and Allianz Life have/had any opposing claims: automatic decline

Insurance license/appointment actions

- State license revocation/suspension within past five years
- State license restriction/fines within past five years

FINRA or other state or federal agency

- Customer disputes, disciplinary and regulatory events
- FINRA bar is an automatic decline

Background questions and reports

- If, after our review, we accept this application, you will receive a Standard Agent Agreement. Your individual state appointment(s) with Allianz Life will be effective immediately in the states that require an appointment upon contracting and if you are licensed in states that have regulations that allow us to appoint you upon receipt of business, we will appoint you in that state as business is received.

Code of Best Practices

We understand that, as an Allianz Life appointed financial professional, you share our desire to build long-standing relationships of trust with the clients who purchase Allianz Life products. Together we help clients feel confident that they are buying a product they understand and believe is right for their situation.

When marketing Allianz Life products, we are committed to the following best practices:

Suitability

The recommendation of a financial solution must be based on the client's individual needs and financial objectives:

- Record and file the information you gather from the client, as well as your recommendations.
- Thoroughly understand the product you are describing and how it serves your client's unique financial situation and objectives, which includes, but is not limited to:
 - An analysis of their income and expenses
 - Understanding their financial goals
 - Assessing their tolerance for risk

More information: Please refer to the Allianz Life Agent Guide to Annuity Suitability, the Compliance Guide to Successful Business, and the Suitability eLearning module.

Replacement

The recommended replacement of an existing product must be based on the replacement product's ability to better suit the client's current financial situation and goals.

- Fully explain the benefits and costs of replacing the client's existing policy.
- Provide an impartial assessment of the comparative benefits and restrictions of both policies.

- Maintain accurate records that reflect the key issues you discussed with your client regarding the comparison of both products. This includes, but is not limited to: surrender charges, expenses, guarantees, and historical renewal rates.

More information: Please refer to the Compliance Guide to Successful Business and the Replacement eLearning module.

Disclosure

Your clients need a full, unbiased explanation of their options to make informed decisions.

- Provide your clients with full and accurate disclosure about any Allianz life products you recommend. Although these disclosures are included with the marketing and sales materials, disclosure is not just about providing brochures and other documents that you hope your clients read. You need to be actively involved, leading a discussion and checking for client understanding.
- Ensure that your client reviews and signs the appropriate disclosure documents at the time they purchase an Allianz life product.

More information: Please refer to the Compliance Guide to Successful Business and the Disclosure eLearning module.

Other Allianz Life Policies

Allianz Life expects that you understand and comply with all Allianz Life business requirements as outlined in the Agent Guide to Annuity Suitability, the Compliance Guide to Successful Business, the eLearning modules, and all other Allianz Life communications.

By agreeing to follow these practices, we can earn and keep the trust we build with our clients.

By signing the agent application, you agree to adhere to the Allianz Life Code of Best Practices.



Application for Standard Agent Agreement Recruited by Field Marketing Organization

Product Line Information

I would like to sell the following products:

- Fixed life or annuities
- Variable insurance products (BD must have active selling agreement)

The Field Marketing Organization (FMO) that I will be conducting future **Fixed Annuity** business with is _____
 FMO#_____. I understand that I will be assigned to the above-referenced FMO hierarchy for **Fixed Annuity** business only.

The Field Marketing Organization (FMO) that I will be conducting future **Fixed Life** business with is _____
 FMO#_____. I understand that I will be assigned to the above-referenced FMO hierarchy for **Fixed Life** business only.

Demographic information (please print). If the agent is a company (partnership or corporation, e.g.) and is applying as such, a company owner, officer or principal must complete this form.

Name (as it appears on your resident state license):	Agent number: (FMO Assigned) NPN number: CRD number:
Resident address (street, city, state, zip) (No PO Boxes):	Business address:
Date of birth:	Social Security number:
Resident county:	Work phone number:
Home phone number:	Cell phone number:
Email address:	Fax number:

If the agent is a corporation, complete this section only if commissions are to be paid to the corporation

Requirements for contracting a corporation are: <ul style="list-style-type: none"> • Active corporate insurance license in the states that require it. • A copy of the corporation's articles of incorporation, meeting minutes, or corporate resolution. These documents tell us who the officers of the corporation are and who has signing authority on behalf of the corporation. Meeting minutes must be on corporate letter head. Please remember that if the agents name is not listed on the document as an officer of the corporation, we will not accept it. 	Tax ID/TIN:	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> Trust/estate <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____
Agency name:	Officer name:	Officer title:
DBA name:	Officer name:	Officer title:

Are you currently or have you ever been FINRA registered? No Yes

Are you currently an Investment Advisory Representative? No Yes

Broker Dealer Name: _____

RIA IAR

I would like to sell in the following: State _____ If in Florida, what county?

(Please attach license copies) State _____

State _____

Do you currently have new business pending? Client Name _____ State _____ Date of app _____

Policy number (if known) _____ SSN (if known) _____

Background information

Please respond to all questions for you **personally and any organization** over which you have exercised control. If you answer "yes" to any questions, you **must attach** a signed and dated explanation with all relevant information, including dates and supporting documents. ("yes" answer response template available)

- 1. Have you or an officer of your company **ever** had:
 - a. your Insurance license or any professional license, or FINRA registration suspended or revoked? Yes No
 - b. a regulatory or consumer complaint filed against you with an insurance department, the SEC, a state securities department or FINRA? Yes No
 - c. any reportable events on your U-4 or U-5 Yes No
- 2. Have you or an officer of your company **ever** been **charged** with or convicted of a crime that was a
 - a. felony? Yes No
 - b. misdemeanor? Yes No
- 3. Have you or an officer of your company **ever** been involved in:
 - a. any litigation Yes No
 - b. bankruptcy Yes No
 - c. litigation or arbitration in which you and Allianz Life had any opposing claims? Yes No
- 4. Do you or an officer of your company **currently** have a state, federal or other taxing authority tax lien or judgement? Yes No
- 5. Do you have **any** debt collection matters pending against you? Yes No
- 6. Do you have **any** charged off debt items? Yes No
- 7. Have you had **any** foreclosures within the last three years Yes No
- 8. Do you or an officer of your company have any outstanding debt(s) with any insurance marketing organization, insurance company(ies), or broker/dealer? Yes No
- 9. If you are an individual, are you an employee of Allianz Life or one of Allianz Life's subsidiaries? Yes No
- 10. Are any immediate family members currently contracted with Allianz Life? Yes No
- 11. State and County of residence and county of work for the last ten years: _____ . Yes No

Explanation for "yes" answered questions (use additional sheet if necessary)

Background Question #	
Action:	
Date of Action:	
Reason:	
Explanation:	
Resolution:	
Signature:	Date:

Authorization Agreement for Automatic Deposit

I hereby authorize the Allianz companies listed above and the financial institution named below to initiate credit entries to my account and to reverse any entries made in error. I understand that the company will provide prior notice of any such reversal. This authorization will remain in full force and effect until the Allianz companies above have written notice from me of its termination in such time and in such manner as to afford the Allianz companies a reasonable opportunity to act on it. Note: Commissions are only paid by electronic funds transfer (EFT) unless agreed otherwise. The Bank requires that the depositor's name to be the same as the licensed agent. Provide your account info below. (void check not required, however recommended)

Depositor Name: _____ Acct. # _____

Account type: Checking Savings *ABA Routing/Transit #: _____

Name of Financial Institution: _____

Licensed Only Agent Section (complete this section only if you will be paid by someone other than Allianz Life)

By signing/initialing this section I agree that:

- Allianz Life is not responsible for payment to me of any commissions or other compensation for policies issued from applications procured by me.
- I will look solely to my marketing organization for my commissions or other compensation.
- References in this application and the Agent agreement to the Schedule of Commissions, Commission Guidelines and other arrangements with respect to the commissions will be inapplicable to my license-only Agent Agreement.

Please sign here acknowledging that you intend this application to be for a license-only Agent Agreement.

Signature _____

Signature Section

- I hereby certify that all the information given by me is true and correct without any omissions of any kind.
- I will solicit business only in states where I am licensed and appointed with Allianz Life.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- I will abide by all rules and regulation of Allianz Life, which may be subject to change at the discretion of Allianz Life.
- I will represent all policies according to their applicable provisions, including any illustration of values and benefits. Full disclosure will be made regarding all policy features and condition relevant to the receipt of benefits.
- I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws and consumer protection laws within the state(s) where I hold a resident and/or non-resident license.
- Premium checks will be payable to and sent directly to Allianz Life and not credited to a personal or business account.
- All advertisements that are not produced by Allianz Life will receive the written approval of Allianz Life prior to use.
- I hereby continually authorize Allianz Life to independently verify the information set forth in this agent application and to contact people regarding my character, general reputation and background, including criminal background checks.
- If I am contracted individually and subsequently become a principal in an entity, I hereby agree that I will be the guarantor of the obligations of the entity.
- **I understand that by providing my fax number, email address, mail address, and telephone number on this Application, I am giving express permission to the receipt of advertisements and other communications by fax, email, mail, and telephone from or on behalf of Allianz Life and its affiliates.**
- **I understand that this Application and the Agent Agreement, Schedule of Commissions, and Commission Guidelines and addenda accompanying this Application or provided by Allianz Life promptly following receipt of the Application, together with the Schedule of Commissions and Commission Guidelines and all addenda applicable to the Agent Agreement, constitute the entire agreement of the parties, except as provided for a license-only Agent Agreement.**
- This application, if accepted by Allianz Life, will become part of the Standard Agent Agreement, as applicable. By signing this Application below, and by signing that agreement, I request to be bound by that agreement.
- I claim no right to have Allianz Life consider or accept this application and I absolve Allianz Life of any obligation to consider or accept this application.
- If this application is being used to transfer to a new FMO organization, a new agent agreement is not being executed as a result of the transfer to the FMO organization named in this application. The existing agent agreement will continue as if your FMO organization was the original FMO.

Date: _____

AGENT SIGNATURE

(If the agent is a company, also indicate by the signature line the name and title of the person completing this application on behalf of the company.)

This section must be completed and signed by a corporate officer if the agent is a company, a company owner, officer or principal:

PERSONAL GUARANTEE

The individual signing below personally and unconditionally guarantees that the company applying above to be an agent will perform all the promises made by an agent in the Agent Agreement.

By: _____

Signature	Soc. Sec. #	Date

Print name	Residential address	

Tax ID number		

Allianz Life Insurance Company
Of North America
PO Box 59060
Minneapolis, Mn 55459-0060
800.950.7372
Fax: 763-582-6005
Web: www.allianzlife.com

Overnight address:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



Fixed Annuity Transmittal

Agent Name: _____

Agent Number: _____

Agent Social Security Number : _____

Fixed Annuity - Agent Use Only

The Field Marketing Organization (FMO) that I am assigned to for **Fixed Annuity** business is _____
FMO # _____.

I understand that I will be assigned to the above-referenced FMO hierarchy for **Fixed Annuity** business only.

Agent Signature: _____

Date: _____

Fixed Annuity Hierarchy Structure - FMO Use Only

This agent's recommended contract level:

Agent General Agent (GA)

Annuity rates : _____ / _____

(Select agent or General Agent for rates of 70 and 75)

(1st year / renewals)

Up-line information: (Please print)

Agent Name: _____ Agent Number _____

FMO Name: _____ FMO Number _____

I have reviewed this application, and to the best of my knowledge, the applicant has answered all questions accurately and I recommend this application for contracting. The FMO and if applicable, the hierarchy identified below hereby accepts the agent identified above, and unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker/dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity. This guaranty applies to the principals of the entity. Furthermore, each of the undersigned certify that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as and agent for Allianz Life.

GA Signature: _____

Date: _____

AFMO Signature: _____

Date: _____

AFMO Signature: _____

Date: _____

AFMO Signature: _____

Date: _____

FMO Signature: _____

Date: _____

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372
Fax: 763.765.6136
Web: www.allianzlife.com

Overnight address:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



Fixed Life Transmittal

Agent Name _____ Agent Number _____

Agent Social Security Number _____

Fixed Life – Agent Use Only

The Field Marketing Organization (FMO) that I will be selling my **Fixed Life** business with is _____
FMO# _____.

I understand that the above referenced FMO will be in my hierarchy for my **Fixed Life** business only, as stated in this transmittal.

Agent Signature _____ Date _____

Fixed Life Hierarchy Structure – FMO Use Only

This agent's recommended contract level: Life rates _____ / _____
(1st year/renewals)

Agent General agent

(Select agent or GA for rates of 70 and 75)

All product rates must be completed.

Up-line information:

Name: _____ Agent Number _____

Name: _____ Agent Number _____

Name: _____ Agent Number _____

FMO: _____ FMO Number _____

I have reviewed this application, and to the best of my knowledge, the applicant has answered all questions accurately and I recommend this applicant for contracting. The FMO and if applicable, the hierarchy identified below, hereby accepts the agent identified above, and unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker/dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity. This guaranty applies to the principals of the entity. Furthermore, each of the undersigned certify that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as an agent for Allianz Life.

GA signature: _____ Date: _____

AFMO signature: _____ Date: _____

FMO signature: _____ Date: _____