

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 _____ / _____
 Agent General agent (1st year/renewals)

(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: _____

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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: Annuity rates _____ / _____
(1st year/renewals)

Agent General agent

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

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: _____



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):	(FMO Assigned) Annuity Agent #: Life Agent #:
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:

FINRA Information

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

Broker Dealer Name: _____ CRD# _____

Licensing Information

National Producer Number (NPN): _____ I would like to sell in the following states: _____

If you hold a Florida license:

*Are you already appointed in Florida with another carrier? No Yes

*If you are requesting a non-resident Florida appointment, please list the counties you intend to sell in.

Please note: You need an active appointment in the county prior to solicitation.

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 such as copies of documented payment arrangements for outstanding debt or court records for litigation and criminal charges. (“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/s and counties of residence and counties of work for the last ten years: Address (street, city, state, zip)

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 Life companies listed in this application 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 _____ Date: _____

Certification of taxpayer identification number

If you are requesting payments as a U.S. Person, the IRS requires you to agree to the following statements. If you are not a U.S. Person, please complete Form W8-BEN.

Under penalties of perjury, I certify that:

1. The taxpayer identification number shown on this form is correct or I am waiting for a number to be issued to me.

If the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return, you must cross out item 2 below.

2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or
 - c. The IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person, and
4. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA is correct.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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 or General Agent Agreement, as applicable, 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 or General Agent Agreement, as applicable, constitute the entire agreement of the parties, except as provided for a license-only Agent Agreement or General Agent Agreement, as applicable.**
- This application, if accepted by Allianz Life, will become part of the Standard Agent Agreement or General Agent Agreement, as applicable, 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.

X

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.)

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

<p>Requirements for contracting a corporation are:</p> <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 advising 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. 	<p>Tax ID/TIN:</p>	<p>Check appropriate box for federal tax classification:</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> C Corporation <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership)</p> <p>_____</p>
<p>Agency name:</p>	<p>Officer name:</p>	<p>Officer title:</p>
<p>DBA name:</p>	<p>Officer name:</p>	<p>Officer title:</p>

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

<p>PERSONAL GUARANTEE</p>		
<p>The individual signing below personally and unconditionally guarantees that the company applying above to be an agent will perform all the promises above and made by an agent in the Agent Agreement or General Agent Agreement, as applicable.</p>		
<p>By: _____</p> <p style="text-align: center;">Signature</p>	<p>_____</p> <p style="text-align: center;">Soc. Sec. #</p>	<p>_____</p> <p style="text-align: center;">Date</p>
<p>_____</p> <p style="text-align: center;">Print name</p>	<p>_____</p> <p style="text-align: center;">Residential address</p>	
<p>_____</p> <p style="text-align: center;">Tax ID number</p>		

Authorization agreement for Direct deposits

I hereby authorize Allianz Life Insurance Company of North America or their payment agent(s) (hereinafter "Allianz") and the financial institution specified below, to initiate credit entries to my account and to reverse any entries made in error. If funds to which I am not entitled are deposited into my account, I authorized Allianz to direct my bank to return said funds. I understand that the company will provide prior notice of any such reversal. I understand that deposits may not be credited to my account until 5 PM on the date indicated. I understand it is my responsibility to ensure that Allianz payments are being deposited correctly into my account. I understand my commission statements are available on the Allianz website, and I will not receive paper commission statements unless I notify Allianz.

I agree that this authority remains in effect until a reasonable time after Allianz has received written notice from me of termination of the same.

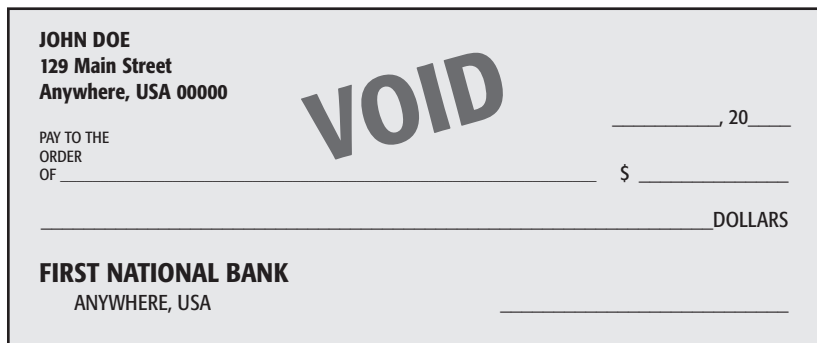
New Change

Agent number _____ Agent name _____

Bank Individual Checking
 Credit Union Joint Savings
 Savings & Loan

Attach a voided check for a checking account, or a deposit slip for a savings account or complete the information below:

Note: Check or deposit slip must have pre-printed information and cannot be a starter check.



Please upload on the Allianz Life website, or Email to: producerservices@send.allianzlife.com or mail to:

Allianz Life Insurance Company
of North America
Attn: Enterprise Producer Services
PO Box 59060
Minneapolis, MN 55459-0060
Fax: 763-582-6198

Account name(s) _____
Please print

Name of financial institution (Bank) _____
Please print

Bank account # _____ Bank Routing # _____

Wire Transfer Routing # _____

Bank City _____ Bank State _____

Financial institution (Bank) telephone (_____) _____

Agent's signature _____ Date _____



Consent to Background Investigation

I have carefully read and understand the foregoing disclosures and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to this investigation and authorize Allianz Life to procure consumer reports and/or investigative consumer reports on my background as stated above from a consumer reporting agency. I hereby direct BIG to provide Allianz Life with a copy of consumer reports about me. I understand that except with respect to individuals living or working in California, Allianz Life may obtain a consumer report and/or investigative consumer report at any time during my employment/affiliation with Allianz Life.

<input type="checkbox"/> Check the box if you wish to receive a copy of the consumer report and/or investigative report obtained by Allianz Life. The report will be mailed directly to you by the consumer reporting agency.

The following information below is needed to obtain the consumer report or investigative consumer report and will not be used for any other purpose.

Name:		
Other Names Used:		
Social Security #:	Date of Birth (mm/dd/yyyy): ¹	
Current Home Address:		
City:	State:	Zip:
(If at current address less than seven years): Other Addresses		
Driver's License #:	State Issued:	
Signature:	Date:	

¹ The federal Age Discrimination Employment Act of 1967 and comparable state laws prohibit discrimination on the basis of age with respect to individuals who are at least 40.