Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372

Allianz

Contract number _____

Agency Compensation and Transmittal

Commission rates and hierarchy

		Life	LTC
Agent name _____ ☐ Agent ☐ General Agent select agent or GA for rates of 70 and 75	Agent # _____	Rates ___ / ___ (1st year/renewals)	Rates ___ / ___ / ___ (1st year/renewals)
Name _____	Agent # _____	Rates ___ / ___	Rates ___ / ___ / ___
Name _____	Agent # _____	Rates ___ / ___	Rates ___ / ___ / ___
Name _____	Agent # _____	Rates ___ / ___	Rates ___ / ___ / ___
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Name _____	Agent # _____	Rates ___ / ___	Rates ___ / ___ / ___
Name _____	Agent # _____	Rates ___ / ___	Rates ___ / ___ / ___
FMO _____	FMO # _____	Rates ___ / ___	Rates ___ / ___ / ___

Request for:

☐ New agent ☐ Promotion ☐ Demotion ☐ Hierarchy change ☐ Advancing ☐ BD/FMO Affiliation ☐ Agent transfer

FMO acceptance of agent - The Field Marketing Organization and (if applicable) the hierarchy identified below hereby accepts the agent identified above, 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 a 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; in the case of an entity that ceases to exist for any reason, this guaranty applies to the principals of the entity.

FMO name & signature _____ Date _____

Name & signature _____ Date _____

Name & signature _____ Date _____

Name & signature _____ Date _____

Name & signature _____ Date _____

Name & signature _____ Date _____

Name & signature _____ Date _____

Name & signature _____ Date _____

Name & signature _____ Date _____

Name & signature _____ Date _____

NOTE: Following completion and execution by the agent, this form should be sent to the FMO for execution and returned to Allianz Life Insurance Company of North America. If the agent named above has existing debt, we will notify the FMO prior to completing the transfer or placement into the FMO's hierarchy.

New business applications may not be submitted with new agents, reinstated agents, or from agents transferring.

Instructions for Licensing and Contracting

All licensing and contracting papers must go through the Field Marketing Organization's office, where the following steps need to be completed.

Licensing

- A copy of the agent's current license(s) should be included. Allianz pays for the initial resident appointment fee for each agent. The agent is responsible for any fees beyond that.
- FMOs should contact Contracting and Licensing at 800.950.7372 with questions or requests for state forms.

Contracting

- Review the Application for Agent Agreement page.
- Make sure everyone in the hierarchy, GA and above, sign the Financial Guaranty section.
- If contracting an entity, make sure the agent has completed and obtained proper signatures as required on page 2 of the Application for Agent Agreement.
- Make sure the agent has signed the Authorization for Automatic Deposit and enclosed a voided check/deposit slip.
- Make sure all the information is completed on the Application for Agent Agreement.
- The FMO should assign the agent number. Write this number on the first page of the Application for Agent Agreement.
- Complete the Agency Compensation and Transmittal form. **This is important.** It provides us with the agent number assigned and includes the agent's commissions, all overrides, and financing instructions.

Checklist:

_____ M1086 Application for Agent Agreement (remember voided check/deposit slip)
_____ M1008 Agency Compensation and Transmittal
_____ Copy of current license and first-time licensing application if required

Mailing address:

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Minneapolis, MN 55459-0060