Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

Allianz

Agent #_____

Application for Agent Agreement

First name	Middle name	Last name		
Res. address (required)		City	State	Zip
Bus. address		City	State	Zip
Home phone	Work phone	E-mail address		
Fax number	Social Security number ___ – __ – ____		Birth date	
Are you currently NASD registered? ☐ No ☐ Yes	Name of broker/dealer		Broker/Dealer number	

Background

- Have you ever: Been convicted[1] of a crime, including felony, misdemeanor or military offense? ☐ No ☐ Yes
  Been the subject of a penalty, inquiry or action by a regulatory agency? ☐ No ☐ Yes
  Filed bankruptcy? ☐ No ☐ Yes
  Had a license refused/suspended/revoked or currently restricted or under investigation? ☐ No ☐ Yes
- Do you have any outstanding judgments or liens? ☐ No ☐ Yes
- Are you indebted to any insurance company/agency/manager (including debit balance)? ☐ No ☐ Yes
- Are any immediate family members currently contracted with Allianz Life®? ☐ No ☐ Yes
  If "yes," please provide: Name _____ Relationship _____
  Please explain any "yes" answers on a separate sheet. Include dates.

[1] Convicted includes a guilty verdict, withdrawn plea, probation, any dismissed charges, suspended sentences or fines. You may exclude traffic citations and juvenile offenses.

Representations and agreements

- I will solicit business only in states where I am licensed and appointed with the Company.
- I will not solicit business in states that prohibit solicitation prior to my appointment. (As a general rule, it is not acceptable to make a solicitation anywhere other than the resident state of the applicant.)
- Premium checks will be payable to and sent directly to the Company and not credited to a personal or business account.
- All policies will be represented according to their applicable provisions, including any illustration of values and benefits. Full disclosure will be made regarding all policy features and conditions relevant to the receipt of benefits.
- All advertisements that are not produced by the Company will receive the written approval of the Company prior to use.
- I hereby continually authorize the Company to independently verify the information set forth in this agent application and to contact people regarding my character, general reputation and background, including credit reports and 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 will abide by all written rules and regulations of the Company, which may be subject to change at any time.
- **I understand that by providing my fax number, e-mail address, mail address, and telephone number on the first page of this application, I am giving express permission to the receipt of advertisements and other communications by fax, e-mail, mail, and telephone from or on behalf of the Company 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 the Company 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 immediately below for a license only Agent Agreement.**
- **If this is an application for a license only Agent Agreement, I understand that the Company is not responsible for payment to me of any commissions or other compensation for policies issued from applications procured by me. I understand that such amounts will be paid by the Company to designated persons in the hierarchy, and I will look solely to the hierarchy for my compensation. Accordingly, references in this application and the Agent Agreement to a Schedule of Commissions, Commission Guidelines, and arrangements and understandings with respect to commissions are understood to be inapplicable to my license only Agent Agreement.**

Please initial here if you intend this application to be for a license only Agent Agreement
(see last paragraph in representations and agreements above):_____

Signature of applicant (If an entity is the applicant, also complete page 2.)

✕ _____ _____ _____
Signature of applicant Date Print name

Application for Agent Agreement

Entity information (If an entity is the applicant)

Entity name_____ Tax I.D. number ___|__|__|__|__|__|__|__|__|

Address_____ City _____ State ____ Zip _____

☐ Corporation ☐ Partnership ☐ Sole proprietorship ☐ LLC

Financial guaranty and certification

The undersigned, jointly and severally, unconditionally guaranty the full and faithful performance of each and every obligation of the applicant under the Agent Agreement, including any applicable addenda. In the case of an applicant contracted individually and subsequently becoming a principal in an entity, the guaranty of all guarantors runs to the entity; in the case of an entity which ceases to exist for any reason, the undersigned principals of an agent entity agree that the obligations of the entity will become those of the principals. The undersigned waive notice of acceptance, presentation and protest and any other notice with respect to the obligations guaranteed hereby. Furthermore, each of the undersigned certifies 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 the Company.

✕_____ _____

Signature(s) of principal equity holders of entity, as individuals. **Omit corporate title.** Please print name(s)

✕_____ _____

Signature(s) of officer/partner/chief manager Field Marketing Organization

Signature(s) of individual **general agent** or principal equity holders of General Agent. **Omit corporate title.**

Authorization for automatic deposits

Please complete all information. Commissions are sent daily through automatic deposit.

I hereby authorize the Company to pay my commissions even faster by depositing my commissions through electronic funds transfer.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination, allowing the Company enough time to act on it.

Account name _____ Account number _____

(Please print)

Financial institution's telephone (_____)_____ Must attach: ☐ Voided check for checking account ☐ Deposit slip for savings account

Applicant's signature ✕ _____

(Include title, if entity account)

Allianz

Want your commissions at the speed of light? Sign up for Allianz Life instant commissions!

Now you can receive your commissions on a daily basis, just like thousands of other agents who write business with Allianz Life®. Why wait days (or even weeks) to get paid? Sign up today and start getting your commissions instantly. Note: Commissions on life policies with premium of $10,000 or more and annuity policies with premium in excess of $250,000, not exceeding $500,000, will generate commissions upon policy delivery receipt. Commissions on annuities exceeding $500,000 will pay remaining commissions upon expiration of the 20-day free look.

Once you are signed up for instant commissions:

- You are automatically paid by direct deposit for every case.
- You can go online anytime (at www.accessallianz.com) to check the status of any commission or policy.
- You'll receive a weekly statement so you can verify receipt of your commissions.

Available 24 hours a day: policy info, commission, status updates, printable forms and more. Go to www.accessallianz.com

Want instant commissions? It's easy:

- Fill out the reverse side of this form.
- Attach a pre-printed voided check or deposit slip.
- Write business with Allianz Life.
- That's it! Commissions earned for life, annuity, or long term care sales will be transmitted to your bank within 24 hours.

Common instant commissions questions

Q. Can Allianz Life take money out of my account?
A. No! Allianz Life can only retract its own transmission if a deposit is made in error.

Q. How long does it take to get set up on Electronic Funds Transfer (EFT)?
A. One business day. Example: We receive your authorization form Monday, your EFT is effective Tuesday.

Q. When will my bank receive my deposit?
A. Here's how it works. If your policy is approved for issue on Monday, the transmission of earned commissions to your account will occur on Tuesday, and will most likely be in your account on Wednesday. Commissions for premiums on in force policies will be transmitted the day after the premium is applied.

Q. How often are transmissions completed?
A. Transmission of earned commissions are completed daily Monday through Friday and effective the next banking day.

Q. How can I find out what my deposit was before I receive my commission statement?
A. You can access your commission amounts 24 hours a day at www.accessallianz.com.

Q. How do I change my account information?
A. Notify us by mail/fax along with a new voided check or deposit slip.

Instant, easy, convenient!

Think about it...

No more waiting for the company to cut your check.

No more waiting for the mail to arrive.

No more going to the bank.

No more standing in line to make your deposit.

Try instant commissions today! Questions? Call 800/950-7372.

All you need to do is complete the information below and mail to Allianz Life® in care of Field Compensation with a pre-printed voided check for checking accounts or a pre-printed deposit slip for savings accounts.

Authorization agreement for automatic deposits

I hereby authorize Allianz Life, hereinafter called "the Company", to deposit my commissions by Electronic Funds Transfer.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination, allowing the Company enough time to act on it.

☐ New ☐ Change

Agent number_____ Agent name _____
Please print

☐ Bank ☐ Individual ☐ Checking
☐ Credit Union ☐ Joint ☐ Savings
☐ Savings & Loan

Account name(s) _____
Please print

Name of financial institution_____
Please print

Address or branch _____

City_____ State_____ Zip code _____

Financial institution's telephone (_____)_____

Applicant's signature_____ Date_____

Please attach a voided check for a checking account, or a deposit slip for a savings account.

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

JOHN DOE
129 Main Street
Anywhere, USA 00000

VOID

_____, 20____

PAY TO THE
ORDER
OF _____ $ _____

_____DOLLARS

FIRST NATIONAL BANK
ANYWHERE, USA

_____

Please fax to:
763/582-6005
or mail to:

Allianz Life Insurance Company
of North America
Attn: Field Compensation
PO Box 59060
Minneapolis, MN 55459-0060