



LICENSING REQUIREMENTS

Please include the following requirements and Fax to **425-453-0909**
Or E-Mail to **Contracting@theannuitysourceinc.com**

Contracting Requirements

- Completed Contracting Packet
- Copies of all Resident and Non-Resident Licenses
- Current E&O Coverage Declaration Page
- Voided Check for EFT
- If you answered “yes” to any question re: special circumstances, please include an Explanation Document.

Training Requirements

- If you are submitting new business with contracting, please provide a copy of the client application. Also please ensure you have completed the Carrier Product Training PRIOR to dating any new business.
- If applicable, provide a copy of your NAIC state required suitability training completion certificate.
- Please complete your AML Training via the LIMRA site.

<https://aml.limra.com>

Username: First four letters of last name and last six of the social - all lowercase

Password: First time users will use the last name (lowercase)

Licensing Questions please call:

800-743-4930

www.theannuitysourceinc.com

Preferred Agent Application Information Sheet

This page is an instructional page that will assist you in completing the Application for Preferred Agent Agreement or General Agent Agreement, as applicable 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, the Consent to Background Investigation form and Preferred Agent Agreement or General Agent Agreement, as applicable.
- Provide verification of completed AML training. (If using LIMRA there will be an automatic feed to Allianz Life Insurance Company. <https://AML.LIMRA.com>)
- Provide a current copy of your E & O coverage certificate with a minimum of \$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; FMO's, please upload the forms on Allianzlife.com or email them to ProducerServices@send.allianzlife.com.

Once we receive the Preferred Agent Application and proper authorization forms, we will review your background. To be eligible for a Preferred Agent Agreement or General Agent Agreement, as applicable 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 discharged 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 will be an 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; reviewed case by case
- FINRA bar is an automatic decline

If, after our review, we accept this application, you will receive a Preferred Agent Agreement or Preferred General Agent Agreement, as applicable. 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.

Note: PA and MT require appointment prior to solicitation

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 Preferred Agent Agreement

Preferred Qualifications (at least one is required, check all that apply):

- \$500,000 of Allianz annuity production, \$50,000 in Allianz target life insurance, or any equivalent combination issued in one of the last 5 years or twice in the last 10 years.
- Minimum of \$50,000 in insurance industry commissions from the prior year (1099s in the agent's name, from the carrier, must be provided by the agent)
- Minimum \$500,000 of Fixed Indexed Annuities or Fixed Annuities premium from the prior year (Production statements in the agent's name, from the carrier and not from the producer's FMO)
- Active Registered Representative (Series 6 or 7 registration) listed on FINRA with a Broker Dealer
- Active Investment Advisory Representative for the last 3 consecutive years (Series 65 or 66 registration)
- Combination of active Investment Advisory Representative and active Registered Representative for the last 3 consecutive years
- Holds one of the following active professional licenses or designations: CFA, CFP, ChFC, CLU, CPA, LUTC or LUTCF (Provide a copy of the active license/designation documentation from the designating body.)

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):	Preferred Agent number: (PFMO Assigned)
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
- Are you currently an Investment Advisory Representative? No Yes

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.

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. # _____

ABA Routing/Transit #: _____

Name of Financial Institution: _____

Licensed Only Agent Section

By signing this section, I agree that:

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

Please sign here acknowledging that you intend this application to be for a licensed-only Preferred 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 (ALSO SIGN THE PREFERRED AGENT AGREEMENT OR GENERAL AGENT AGREEMENT, AS APPLICABLE)

- 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, according to state regulations.
- 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, according to state regulations.
- 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.**
- This application, if accepted by Allianz Life, will become part of the Preferred Agent Agreement or Preferred General 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 FMO organizations, 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 (HERE AND ON PREFERRED AGENT AGREEMENT OR ON THE PREFERRED GENERAL AGENT AGREEMENT, AS APPLICABLE)

(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 advising 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. 	<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 below 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 above and made by an agent in the Preferred Agent Agreement or General Agent Agreement, as applicable.

By: _____

Signature	Soc. Sec. #	Date

Print name	Residential address	

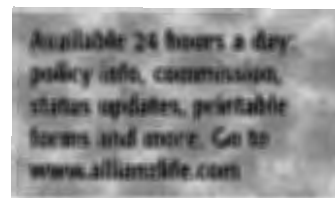
Tax ID number		

Want your commissions at the speed of light? Sign up for Allianz Direct Deposit commissions!

Now you can receive your commissions on a daily basis, just like thousands of other agents who write business with Allianz Life Insurance Company of North America. Why wait days (or even weeks) to get paid? Sign up today and start getting your commissions deposited directly into your account. Note: Commissions on annuity policies with premium in excess of \$500,000 will generate commissions upon receipt of Allianz receiving the premium delivery receipt. Any remaining commission will generate upon the expiration of the 20-day free look period.

Once you are signed up for Direct Deposit commissions:

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



Want Direct Deposit commissions? It's easy:

- Fill out the reverse side of this form.
- Write business with Allianz.
- That's it! Commissions earned for life or annuity sales will be transmitted to your bank within 24 hours.

Common Direct Deposit commissions questions

<p>Q. Can Allianz take money out of my account?</p> <p>A. Allianz can only retract its own commission if a deposit is made in error.</p>	<p>Q. How often are transmissions completed?</p> <p>A. Transmissions of earned commissions are completed daily Monday through Friday and effective the next banking day.</p>
<p>Q. How long does it take to get set up on Electronic Funds Transfer (EFT)?</p> <p>A. One business day. Example: We receive your authorization form Monday, your EFT is effective Tuesday.</p>	<p>Q. How can I find out what my deposit was before I receive my commission statement?</p> <p>A. You can access your commission accounts 24 hours a day at www.allianzlife.com.</p>
<p>Q. When will my bank receive my deposit?</p> <p>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.</p>	<p>Q. How do I change my account information?</p> <p>A. Notify us by mail, fax, email or phone with updated information.</p>

**Fast,
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.**

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.

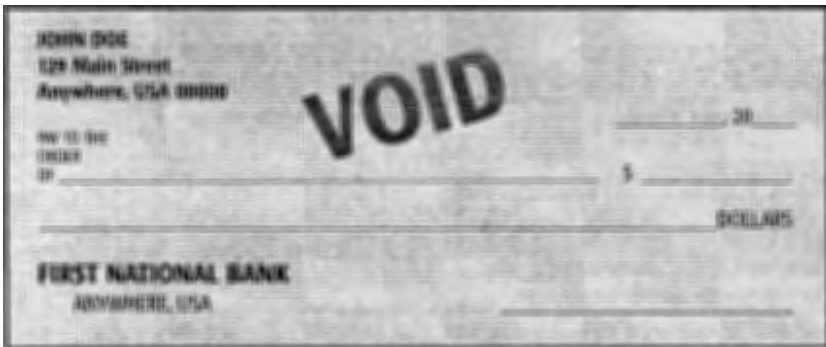
New Change

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 _____



**Instructions for reviewing and completing the Disclosures and Authorization for
Background Investigation**

Enclosed you will find the following four separate documents to be reviewed in regards to authorizing Allianz Life to procure consumer reports and/or investigative consumer reports on your background.

- A Summary of Rights Under the Fair Credit:*** This document is to be reviewed and left behind with the applicant completing the Consent to Background Authorization.
- Disclosure Regarding Background Investigation for Employment Purposes***
- Disclosure Regarding Background Investigation for Other Than Employment Purposes***
- Consent to Background Authorization:*** The last page of this form needs to be filled out completely and returned to Allianz.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



**WRITTEN DISCLOSURE AND CONSENT TO REQUEST CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER REPORT INFORMATION**

Disclosure Regarding Background Investigation for Employment Purposes

Allianz Life Insurance Company of North America, and other entities related to it by common ownership or affiliated by corporate control (collectively referred to as "Allianz Life") may request background information about you from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

Note that background information on individuals performing certain services for Allianz Life on an independent contractor basis may be deemed to be for employment purposes as defined by under section 603(h) of the Fair Credit Reporting Act.

This background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and during your affiliation with Allianz Life, where permitted by law.

Business Information Group, Inc. ("BIG") and National Insurance Producer Registry ("NIPR") prepares or assembles consumer reports and/or investigative consumer reports for Allianz Life. BIG is located and can be contacted by mail at P.O. Box 541, Southampton, PA 18966, and can be contacted by phone at 800-369-2612, ext 0. NIPR is located and can be contacted by mail at 1100 Walnut Street, Suite 1500, Kansas City, MO 64106 and can be contacted by phone: (855) 674-NIPR (6477). Where permissible by law, Allianz Life may retain other consumer reporting agencies to prepare or assemble consumer reports and/or investigative consumer reports about you for employment purposes.

The reports may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: address history; credit reports and history; criminal records; public court records; driving records; bankruptcy filings; educational history; employment history; personal and professional references checks; professional licensing; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The information may be obtained through personal interviews with sources such as neighbors, friends and associates; and other information sources.

You may request, in writing, within a reasonable time, a more detailed explanation regarding the nature and scope of any investigative consumer report to be conducted. You also have the right to request a copy of your consumer and/or investigative consumer report from the consumer credit reporting agency by checking the box on the attached consent form. The report will be mailed directly to you by the consumer reporting agency.

A summary of your rights under the Fair Credit Reporting Act is also being provided to you.



**WRITTEN DISCLOSURE AND CONSENT TO REQUEST CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER REPORT INFORMATION**

Disclosure Regarding Background Investigation for Other Than Employment Purposes

Allianz Life Insurance Company of North America, and other entities related to it by common ownership or affiliated by corporate control (collectively referred to as "Allianz Life") may request background information about you from a consumer reporting agency for other than employment purposes as authorized by the Fair Credit Reporting Act. Such purposes include, but are not limited to use of the information in connection with:

- a credit transaction involving you;
- the underwriting of insurance involving you;
- a determination of your eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status;
- a business transaction initiated by you for which Allianz Life has a legitimate business need for the information; or
- any credit or insurance transaction that is not initiated by you when you have authorized the agency to provide us with such a report.

In addition, you authorize Allianz Life to obtain background information about you from a consumer reporting agency in connection with deciding whether to:

- invite you to make presentations with senior officials of Allianz Life to elected officials;
- invite you to attend, participate in or present at Allianz Life seminars, presentations, universities, sponsored events, trips and meetings;
- feature your name and likeness in various Allianz Life publications, press releases and other marketing materials;
- assign a photographer to cover certain public appearances; or
- grant you a royal-free license to use such marketing materials and photographs in the promotion of your business.

This background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and during your affiliation with Allianz Life, where permitted by law. In addition,

a consumer reporting agency may furnish a consumer report in accordance with the written instructions of the consumer to whom it relates.

Business Information Group, Inc. ("BIG") and National Insurance Producer Registry ("NIPR") prepares or assembles consumer reports and/or investigative consumer reports for Allianz Life. BIG is located and can be contacted by mail at P.O. Box 541, Southampton, PA 18966, and can be contacted by phone at 800-369-2612, ext 0. NIPR is located and be contacted by mail at 1100 Walnut Street, Suite 1500, Kansas City, MO 64106 and can be contacted by phone at (855) 674-NIPR (6477). Where permissible by law, Allianz Life may retain other consumer reporting agencies to prepare or assemble consumer reports and/or investigative consumer reports about you in accordance with your written instructions.

The reports may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: address history; credit reports and history; criminal records; public court records; driving records; bankruptcy filings; educational history; employment history; personal and professional references checks; professional licensing; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The information may be obtained through personal interviews with sources such as neighbors, friends and associates; and other information sources.

You may request, in writing, within a reasonable time, a more detailed explanation regarding the nature and scope of any investigative consumer report to be conducted. You also have the right to request a copy of your consumer and/or investigative consumer report from the consumer credit reporting agency by checking the box on the attached consent form. The report will be mailed directly to you by the consumer reporting agency.

A summary of your rights under the Fair Credit Reporting Act is also being provided to you.



**WRITTEN DISCLOSURE AND CONSENT TO REQUEST CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER REPORT INFORMATION**

Additional State Law Notices

CALIFORNIA: You have the right to inspect visually the files concerning you maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if you appear in person and furnish proper identification. You are entitled to a copy of the file for a fee not to exceed the actual costs of duplication. You are entitled to be accompanied by one person of your choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if you make a written request, with proper identification, for copies to be sent to a specified addressee. You can also request a summary of the information to be provided by telephone from Business Information Group at phone number 1-800-369-2612, ext 0 and from NIPR at phone number (855) 674-NIPR (6477) if you make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call if prepaid by or directly charged to you. You further understand that the investigative consumer reporting agency shall provide trained personnel to explain to you any of the information furnished to you. You shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on you. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. Information about the investigative consumer reporting agency's privacy practices related to the consumer's personal information may be found for Business Information Group at <http://www.bigreport.com> (bottom of web page at the Privacy Policy link) and for NIPR by calling (855) 674-NIPR (6477).

MINNESOTA: You have the right, upon written request, to obtain from the consumer reporting agency that prepares any such report a complete and accurate disclosure of the nature and scope of any report prepared.

NEW YORK: You have the right, upon request, to be informed of whether a consumer report was requested, and, if one was requested, the name and address of the consumer reporting agency furnishing the report. Upon written request you will be informed about whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may inspect and receive a copy of such report by contacting such agency.

Enclosed for your information is a copy of New York State Correction Law § 753, Factors To Be Considered Concerning A Previous Criminal Conviction; Presumption.

New York State Correction Law
Article 23-A, Section 753
Licensure and Employment of Persons
Previously Convicted of One or More Criminal Offenses

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.



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 Business Information Group, National Insurance Producer Registry, and/or any other consumer reporting agency, as permitted by law, to provide Allianz Life with a copy of consumer and/or investigative reports about me. I understand that Allianz Life may obtain a consumer report and/or investigative consumer report at any time during my employment/affiliation with Allianz Life, where permitted by law.

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.

Signature:	Date:
------------	-------

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:	

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.

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 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: _____

Allianz Life Insurance Company
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PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372
Fax: 763-582-6005
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 am assigned to for **Fixed Life** business is _____
FMO # _____.

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

Agent Signature: _____

Date: _____

Fixed Life Hierarchy Structure - FMO Use Only

This agent's recommended contract level:

Agent General Agent (GA)

Life rates: _____ / _____

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

(1st year / renewals)

Up-line information: (Please print)

Agent Name: _____ Agent Number _____

Agent Name: _____ Agent Number _____

Agent Name: _____ Agent Number _____

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 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 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. 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: _____

AFMO Signature: _____

Date: _____

AFMO Signature: _____

Date: _____

FMO Signature: _____

Date: _____

Agent Application Information Sheet

This page is an instructional page that will assist you in completing the Application for an Agent Agreement or General Agent Agreement, as applicable 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 the Consent to Background Investigation form.
- Provide verification of completed AML training. (If using LIMRA there will be an automatic feed to Allianz Life Insurance Company. <https://AML.LIMRA.com>)
- Provide continuing education certificates in states that require this training.
- Complete Allianz Product training prior to solicitation.
- Provide a current copy of your E & O Coverage certificate, with a minimum of \$1 million in coverage
- Read and Agree to the Allianz Life Code of Best Practices.
- Provide the completed forms to your FMO for submission to Allianz; FMO's, please upload the forms on Allianzlife.com or email them to ProducerServices@send.allianzlife.com.

Once we receive the Agent Application and proper authorization forms, we will commence a background check. To be eligible for an Agent Agreement or General Agent Agreement, as applicable 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 discharged 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 will be an 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; reviewed case by case
- FINRA bar is an automatic decline

If, after our review, we accept this application, you will receive a Preferred Agent Agreement, Preferred General Agent Agreement or a Standard Agent Agreement or Standard General Agent Agreement, as applicable as applicable. 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.

Note: PA and MT require appointment prior to solicitation

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 Agent Agreements

Check which contract you are applying for: (FMO to complete this section)

- Preferred Standard Both

Preferred Agent Qualifications only (at least one is required, check all that apply) Go to Product Line Information section if only applying for a Standard Agent Application:

- \$500,000 of Allianz annuity production, \$50,000 in Allianz target life insurance, or any equivalent combination issued in one of the last 5 years or twice in the last 10 years.
- Minimum of \$50,000 in insurance industry commissions from the prior year (1099s in the agent's name, from the carrier, must be provided by the agent)
- Minimum \$500,000 of Fixed Indexed Annuities or Fixed Annuities premium from prior year (Production statements in the agent's name, from the carrier and not from the producer's FMO)
- Active Registered Representative (Series 6 or 7 registration) listed on FINRA with a Broker Dealer
- Active Investment Advisory Representative for the last 3 consecutive years (Series 65 or 66 registration)
- Combination of active Investment Advisory Representative and active Registered Representative for the last 3 consecutive years
- Hold one of the following active professional licenses or designations: CFA, CFP, ChFC, CLU, CPA, LUTC or LUTCF (Provide a copy of the active license/designation documentation from the designating body.)

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

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

Are you currently an Investment Advisory Representative? No Yes

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.

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. # _____

ABA Routing/Transit #: _____

Name of Financial Institution: _____

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:

Licensed Only Agent Section

By signing this section, I agree that:

- Allianz Life is not responsible to pay me any commissions or other compensation for policies issued from applications procured by me.
- I will look solely to my marketing organization for commissions or other compensation.

Preferred Agent Applications only:

- References in this application and the Preferred Agent Agreement to the Preferred Compensation Schedule, Preferred Compensation Guidelines and other arrangements with respect to the compensation will be inapplicable to my license-only Preferred Agent Agreement.

Standard Agent Applications only:

- References in this application and the Standard 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 the selected licensed-only Agent Agreements.

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 (SIGN THE PREFERRED/STANDARD AGENT AGREEMENT OR GENERAL AGENT AGREEMENT, AS APPLICABLE)

- 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.**
- This application, if accepted by Allianz Life, will become part of the Preferred Agent Agreement, Preferred General Agent Agreement or the Standard Agent Agreement, or Standard 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 you are transferring to a new FMO and using this form, 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 (HERE AND ON PREFERRED OR STANDARD AGENT AGREEMENT OR GENERAL AGENT AGREEMENT, AS APPLICABLE)

(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.)

For Standard Agent Applications, please complete appropriate transmittal, form #M1008.

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 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. 	<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 below 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>		

TO BE COMPLETED BY THE PFMO AND SIGNED BY THE PFMO AND APPLICABLE SUB-AGENCIES

Contract Level: 0/0 80 (default)

Explanation for 0/0 contract choice: _____

I have reviewed this application and know of no inaccuracies or omissions in it. I have investigated the character, general reputation and background of the applicant and am satisfied the applicant is trustworthy and qualified to act as an agent for Allianz Life. I recommend Allianz Life contract and appoint this applicant as an agent, and if appointed, I accept this agent as one within my responsibilities.

If the agent wants to be considered for a Preferred General Agent contract within your responsibilities and you recommend this, check here:

General Agent

Print Name: _____ Agent # _____

Signature: _____ Date: _____

Preferred AFMO

Print Name: _____ Agent # _____

Signature: _____ Date: _____

Print Name: _____ Agent # _____

Signature: _____ Date: _____

Print Name: _____ Agent # _____

Signature: _____ Date: _____

Preferred FMO:

Print Name: _____ FMO# _____

Signature: _____ Date: _____