

[FMO name here]



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? <input type="checkbox"/> No <input type="checkbox"/> Yes		Name of broker/dealer	Broker/Dealer number	

Background

- Have you ever:
 - Been convicted¹ 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¹ Convicted includes a guilty verdict, withdrawn plea, probation, any dismissed charges, suspended sentences or fines.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 _____ (Please print) Account number _____

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

Applicant's signature ✕ _____
(Include title, if entity account)

One-Check Agreement

This AGREEMENT provides for the following terms and conditions, and modifies the Contract between **Allianz Life Insurance Company of North America** ("the Company, we, us, or our") and

("Agent, You or Your"):

1. We will license/appoint agents you recruit and train ("your agents"), but we will not enter into contracts with your agents. However, you are responsible for the compliance by your agents with the terms and conditions of your contract with the Company. You agree to enter into a contractual agreement with each of your agents which sets out the entire agreement of compensation between you and your agent. We will pay you any and all commission or other compensation due your agents, from time-to-time, on policies issued as a result of applications they have solicited.
2. You are solely and fully responsible for payment to each of your agents of any commissions and other compensation to which you and your agent have agreed. The Company is not a part of any such agreement, and shall not be bound by any of its terms and conditions.
3. Agents agree to indemnify and hold Company harmless from any loss, liability, damage, or expense we may incur or be subject to as a result of paying all compensation to you.
4. Company may set off any and all indebtedness of your agents against any compensation payable to you under this "one check" system. Indebtedness includes any amounts due Company under any prior contract or agreement with us.
5. This assignment shall terminate by either party giving written notice.

One-Check Holder

**Allianz Life Insurance Company
Of North America**

By _____

By _____

Date _____

Date _____

Agent Number _____

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.

<p>JOHN DOE 129 Main Street Anywhere, USA 00000</p> <p>PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS</p> <p>FIRST NATIONAL BANK ANYWHERE, USA</p>	<p>VOID</p> <p>_____, 20____</p> <p>_____</p>
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**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

Associate Field Marketing Organization Addendum

This addendum supplements and is part of the agent agreement (the agreement) between **Allianz Life Insurance Company of North America** ("the Company, we, us, or our") and you as the Company's agent, pursuant to which you solicit applications for insurance, annuities and other contracts including riders (the policies).

1. Appointment as Associate Field Marketing Organization

The Company appoints you as an Associate Field Marketing Organization (AFMO) to represent us in accordance with your agreement and this addendum. This appointment is made based on your representation to us and your continuing agreement that the Field Marketing Organization (FMO) named on the reverse side is the only organization that will receive override commissions in respect of policies sold by you or agents in your hierarchy. There are no exclusive territories. Your territory is any state in which you and your agents are properly licensed and appointed with the Company.

2. Associate Field Marketing Organization responsibilities

As an Associate Field Marketing Organization, it is your responsibility to:

- a. solicit applications for policies described in the schedule of commissions and commission guidelines through the agents in your hierarchy,
- b. recruit general agents to operate general agencies for the solicitation of policies by agents in their hierarchies,
- c. exercise proper supervision to assure the faithful performance of their agent agreements by the agents in your hierarchy,
- d. provide training and support to the agents in your hierarchy,
- e. pay agents under license only agent agreements pursuant to compensation understandings with the agents, and indemnify the Company from any loss, including attorneys' fees and expenses, which it may incur in connection with the license only agent agreement or your failure to pay compensation, and
- f. repay in full the amounts owed the Company by the agents in your hierarchy upon termination of their agent agreements (you are responsible for collection from the agents in your hierarchy).

3. Recruiting and production requirements

At the date of your appointment as an AFMO, you must have recruited a minimum of five general agents and you must have earned a minimum of 1,000,000 Combined Production Credits (CPCs) for business produced by you for the Company. In order to maintain this addendum, you must annually recruit a minimum of five sub agents and earn a minimum of 1,000,000 CPCs.

Recruiting and production will be monitored closely by the Company and your FMO. If recruiting and production requirements are not met on an annualized basis commencing six months after the date of this addendum or any time thereafter, you may receive notice and a 90-day period in which to achieve compliance, after which your commission level may be reduced to that of a general agent.

4. Company rights

The Company has the rights to:

- a. enter into agent agreements with and appoint the persons you propose to include in your hierarchy,
- b. terminate any agent in your hierarchy pursuant to the applicable agent agreement,
- c. collect from you the unpaid charges, fees, and other amounts due us from the agents in your hierarchy as specified in your agreement and our rules, and
- d. transfer any agent in your hierarchy to another hierarchy at the sole option of the Company and without restriction on commission rate in the event that
 - (i) your agreement has been terminated for cause,
 - (ii) transfer is permitted under paragraph 4.h of the agent agreement,
 - (iii) you have resigned,
 - (iv) you have died and there is no arrangement with a business partner to take over support of your agents,
 - (v) your license has not been renewed or has been terminated by a regulatory authority,
 - (vi) you are not locatable,
 - (vii) the Company has determined that circumstances prevent you from providing expected support to your agents including, without limitation, by reason of regulatory investigation or penalty,
 - (viii) an agent formerly in your hierarchy has not been under contract with the Company for at least six months.

5. Commissions

Except for agents in your hierarchy who are under license only agent agreements, the Company will pay commissions directly to your agents according to the applicable schedule of commissions and commission guidelines. By making such payments, the Company will discharge its obligations to you and to the agents in your hierarchy to the extent of such payments. Commissions due your agents will not revert to you. All override commissions on policies sold by agents in your hierarchy prior to the termination of your agreement are vested unless your agreement is terminated for cause; vested commissions will be paid until total annual commissions are less than \$500, at which time the Company may pay the present value of all future commissions. The company is not responsible for payment of commissions to any agent in your hierarchy who is under a license only agent agreement.

6. Termination

For a period of one year following termination of your agreement, the Company will not enter into any agent agreement with your former agents at a higher schedule of commissions than the schedule in effect at the time of termination, provided that this prohibition will not apply in the event that

- (i) your agreement has been terminated for cause,
- (ii) you have resigned,
- (iii) you have died and there is no arrangement with a business partner to take over support of your agents,
- (iv) you have been released by your FMO and transferred to another FMO organization,
- (v) your license has not been renewed or has been terminated,
- (vi) you are not locatable, or
- (vii) the Company has determined that circumstances prevent you from providing expected support to your agents. There will be no right to override commissions on policies sold by your former agents after the date of your termination.

7. Financial guaranty

All agents recruited and supervised by you will be in the hierarchy of you and your FMO. With respect to the agents in your hierarchy, you jointly and severally with your FMO unconditionally guaranty the full and faithful performance of each and every obligation of those agents under the agent agreements, including any applicable addenda. In the case of an agent contracted individually who subsequently becomes a principal in an entity, your guaranty applies to the entity; in the case of an entity that ceases to exist for any reason, your guaranty applies to the principals of the entity. You waive notice of acceptance, presentation, protest, and any other notice with respect to the obligations you guarantee. Furthermore, you certify that you have investigated the character, general reputation and background of the agents you recruit and that you are satisfied that the agents are trustworthy and qualified to act as agents for the Company.

8. Signature of Associate Field Marketing Organization

The undersigned Associate Field Marketing Organization hereby confirms acceptance of appointment as an AFMO of the Company in accordance with this addendum.

Signature(s) of officer/partner/chief manager, AFMO

Signature of individual or principal equity holders of AFMO, omit title

9. Signature of Field Marketing Organization

The undersigned Field Marketing Organization hereby confirms the appointment as an agent in its hierarchy of the Associate Field Marketing Organization that is in the signatory to this addendum.

Signature of officer/partner/chief manager, FMO

10. Acceptance by Company

The Company hereby accepts and confirms your appointment as an Associate Field Marketing Organization in the hierarchy of the FMO named above.

Allianz Life Insurance Company of North America

By (authorized officer)		Date
FMO number	Office	



Request for Transfer of Agent/Agency Contract

By signing this request, I understand that I will be transferred from my current Field Marketing Organization (FMO), to the FMO listed below, for Allianz Life®.

Agent name: _____
Please print

Agent SS #: - -
Required

If the agent named above has existing debt, we will not process a transfer until debt is repaid.

Agent number: _____

Agent address: _____

Agent phone number: _____
Required

Are any immediate family members currently contracted with Allianz Life?

No Yes Name: _____ Relationship _____

I understand that by providing my fax number, e-mail address, mail address, and telephone number, 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.

Agent signature: _____ Date: _____

FMO acceptance of agent transfer

The Field Marketing Organization identified below hereby accepts the transfer of the agent identified above, acknowledges the continuation of the existing Agent Agreement as if the Field Marketing Organization identified below was the original FMO, unconditionally guarantees to Allianz Life Insurance Company of North America the full and faithful performance of each and every obligation of the transferred 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. 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: Madison Brokerage Corp FMO #: _____
Please print

FMO signature: _____ Date: _____
Required

1. A new Agent Agreement is not being executed as a result of the transfer of the above named agent to your FMO organization. The existing Agent Agreement will continue as if your FMO organization was the original FMO.
2. The principals of your FMO organization and all hierarchy levels, jointly and severally, unconditionally guarantee the full and faithful performance of all obligations, regardless of when incurred, of the above named transferred agent under his/her Agent Agreement.