



Allianz Life Insurance Company of North America (for Life & Annuity)

Contracting Checklist

Agent/ Agency: _____

Direct Upline: _____ Agent #: _____

Documents To Be Completed & Returned:

- Training Requirements Acknowledgement
- Fixed Life Transmittal [M1008] and/or Fixed Annuity Transmittal
- Agent Application [M1086]
- Consent to Background Investigation [NB6092]
- Individual State License(s)
- Voided Check (DIRECT DEPOSIT IS REQUIRED)
- Corporate State License(s) (If Applicable) **** If you are setting up a corporation, you must provide documented proof that you are an officer of that corporation. ****
- Request for Transfer of Agent/ Agency Contract [M1064] (IF NEEDED)
- FMO Release Request [FMO Release] (IF NEEDED)
- Proof of E&O coverage (*Recommended, not but required until 6/1/2014*)

I AM INTERESTED IN BEING CONTRACTED FOR...

- LIFE & ANNUITY LIFE ONLY ANNUITY ONLY

SEND TO:

Mail: Attention: Licensing
 American Brokerage Services
 803 East Willow Grove Avenue
 Wyndmoor, PA 19038
Email: lifesubmission@absgo.com
Fax: (215) 233-3140



Training Requirements Acknowledgement

ABS is dedicated in aiding our agents in the ability to provide their clients with the best possible service. In order to provide the best quality services in the simplest and timeliest manner, we request that our agents complete all necessary training listed below. Failure to complete these requirements may result in CARRIER rejection of business or require resubmission of newly dated client applications.

Agents are responsible for any/all necessary:

❖ **CARRIER specific training.**

❖ **STATE product training.**

Each state handles these requirements differently. If your state (or the state you are writing business in) requires product training, NO new business applications can be dated/submitted prior to completing the necessary training.

❖ **ANNUITY CE (Continuing Education) CREDIT requirements.**

❖ **AML (Anti-Money Laundering) TRAINING requirements.**

If you are unsure of any necessary training/requirements, call your ABS Sales Representative immediately.

I, _____, verify that I understand the above requirements. I also verify that I am aware that incompleteness of any of the above may result in interruption/rejection (by the CARRIER) in any business I may submit. I acknowledge that I may also be required to personally provide proof of above said training/requirements, should the CARRIER request.

Signature

Date

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372
Fax: 763.765.6136
Web: www.allianzlife.com



Overnight address:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Fixed Life Transmittal

Agent Name _____ Agent Number _____

Agent Social Security Number _____

Fixed Life – Agent Use Only

Partner's Advantage
Insurance Services LLC

The Field Marketing Organization (FMO) that I will be selling my **Fixed Life** business with is
FMO# 358

I understand that the above referenced FMO will be in my hierarchy for my **Fixed Life** business only, as stated in this transmittal.

Agent Signature X _____ Date _____

Fixed Life Hierarchy Structure – FMO Use Only

This agent's recommended contract level: Life rates _____ / _____
(1st year/renewals)

Agent General agent

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

All product rates must be completed.

Financing:

Annualized As earned

For annualization, check one: 25/50 0/75

Maximum advance per policy is \$6,000. Maximum advance per agent is \$25,000.

Up-line information:

Name: _____ Agent Number _____

Name: _____ Agent Number _____

Name: _____ Agent Number _____

FMO: _____ FMO Number _____

I have reviewed this application, and to the best of my knowledge, the applicant has answered all questions accurately and I recommend this applicant for contracting. The FMO and if applicable, the hierarchy identified below, hereby accepts the agent identified above, and unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker/dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity. This guaranty applies to the principals of the entity. Furthermore, each of the undersigned certify that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as an agent for Allianz Life.

GA signature: _____ Date: _____

AFMO signature: _____ Date: _____

FMO signature:  _____ Date: _____

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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 Partner's Advantage Insurance Services LLC
FMO# 358

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

Agent Signature X _____ Date _____

Fixed Annuity Hierarchy Structure – FMO Use Only

This agent's recommended contract level: Annuity rates _____ / _____
(1st year/renewals)

Agent General agent

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

Up-line information:

Name: _____ Agent Number _____

Name: _____ Agent Number _____

Name: _____ Agent Number _____

FMO: _____ FMO Number _____

I have reviewed this application, and to the best of my knowledge, the applicant has answered all questions accurately and I recommend this applicant for contracting. The FMO and if applicable, the hierarchy identified below, hereby accepts the agent identified above, and unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker/dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity. This guaranty applies to the principals of the entity. Furthermore, each of the undersigned certify that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as an agent for Allianz Life.

GA signature: _____ Date: _____

AFMO signature: _____ Date: _____

FMO signature:  _____ Date: _____

Application Information Sheet

This page is an instructional page that will assist you in completing the contracting paperwork 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.

- Completed Agent Application, signed and dated.
- This application is to be submitted by your FMO.
- Current copy of insurance license(s), resident and non resident, in states where you will solicit business.
- Verification of completed AML training. (If using LIMRA this will be an automatic feed to Allianz Life Insurance Company. <https://AML.LIMRA.Com>.)
- Required continuing education certificates in states that require this training.
- Read and Agree to the Allianz Life Code of Best Practices

Once the agent application is received, a background investigation will be conducted on every agent applying for an agent agreement with Allianz life as required by state and federal regulations. Please explain any "yes" answers to the background information questions on page two of this application, on a separate sheet, including the circumstances with dates of the occurrence. Please ensure this sheet is signed, dated, and returned with the application. You will not be granted an agent agreement with Allianz Life if you do not meet our guidelines. You will need to clear any outstanding items with the credit reporting agency or state regulatory body prior to reconsideration.

Allianz Life has specific guidelines for agent application; please see your FMO for any questions. These guidelines include, but are not limited to:

Financial Debt

- No credit report available
- Bankruptcy within the past 3 years (by enter date)
- Any two of the following combined to exceed \$15,000:

Public records

- Collections debt in excess of \$10,000
- Liens/judgments in excess of \$10,000
- Foreclosures/civil suits in excess of \$10,000

Courts/criminal

- Misdemeanors; reviewed case by case
- Felonies, automatic decline

Actions base/regulatory

- State license revocation/suspension within past 5 years
- State license restriction/fines within past 5 years

FINRA

- Customer disputes, disciplinary and regulatory events.

Agency action

- This refers to any federal or state entity that regulates a financial industry or agent. Any action that results in the banning or disbarment of an agent from such an agency will result in an immediate termination.

Other

- Background questions on the application do not match background report results.
- "Yes" answers on the background questions will be reviewed.

Your individual state appointment(s) with Allianz Life will be effective upon submission of your first piece of business with Allianz Life, except for agents who are licensed in states that require an immediate appointment: Montana (15), where appointments will be processed upon approved background investigation. States mandate how many days in advance an agent may solicit business prior to obtaining an appointment, the number of days is indicated in the parentheses below. The current guidelines are listed below. Please be sure that all applications are dated appropriately, and submitted promptly. Applications submitted outside of these guidelines may need to be "Resold", or may be cancelled.

Alabama (15)	Kentucky (15)	Ohio (30)
Alaska (30) ¹	Louisiana (15)	Oklahoma (15)
Arizona ¹	Maine (15)	Oregon ¹
Arkansas (15)	Maryland ¹ (30)	Pennsylvania (30)
California (14)	Massachusetts (15)	Rhode Island ¹
Colorado ¹	Michigan (15)	South Carolina (15)
Connecticut (15)	Minnesota (15)	South Dakota (15)
District Of Columbia (30)	Mississippi (15)	Tennessee (15)
Delaware (15)	Missouri (30) ¹	Texas (30)
Florida (45)	Nebraska (15)	Utah (15)
Georgia (15)	Nevada (15)	Vermont (15)
Hawaii (15)	New Hampshire (15)	Virginia (30)
Idaho (15)	New Jersey (15)	Washington (15)
Illinois ¹	New York (15)	West Virginia (15)
Iowa (30)	New Jersey (15)	Wyoming (15)
Indiana ¹	North Carolina (15)	
Kansas (30)	North Dakota (30)	

¹State does not have a required appointment process.

This form can be sent to your FMO for further processing.

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.

Allianz Life Insurance Company of North America
 PO Box 59060
 Minneapolis, MN 55459-0060
 800/950-1962

Overnight
 5701 Golden Hills Drive
 Minneapolis, MN 55416-1297



Agent Application Recruited by Field Marketing Organization

Demographic information (please print)

Name (as it appears on your resident state license):	Agent number: (FMO Assigned)
Resident address (street, city, state, zip):	Business address
Date of birth:	Social Security number:
Resident county:	Work phone number:
Home phone number:	Cell phone number:
Email address:	Fax number:

Are you currently or have you ever been FINRA registered? No Yes My broker dealer is: _____
 NPN number _____ CRD number _____

I would like to sell the following products:
 Fixed life or annuities
 Variable insurance products (BD must have active selling agreement)

I would like to sell in the following: State _____ If in Florida, what county? _____
 (Please attach license copies) State _____
 State _____

Agency/corporations (complete only if officer of corporation)

Please attach a corporate resolution or corporate meeting minutes appointing authorized officers	Tax ID:	<input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Limited liability company <input type="checkbox"/> Sole proprietorship (MUST have TIN or EIN) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited partnership
Agency name:	Officer name:	Officer title:
DBA name:	Officer name:	Officer title:

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 give me 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 we agree otherwise. The Bank requires that the depositor's name to be the same as the licensed agent. Fill in your account info below.

*Depositor Name: _____
 *ABA Routing/Transit #: _____ Acct. # _____
 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 an explanation with all relevant information, including dates and supporting documents.

1. Have you or an officer of your company ever had your license or FINRA registration suspended or revoked? Yes No
2. Have you or an officer of your company ever had a regulatory or consumer complaint filed against you with an insurance department or FINRA? Yes No
3. Have you or an officer of your company ever been charged or convicted of a crime, felony or misdemeanor? Yes No
4. Have you or an officer of your company ever been involved in any litigation, including bankruptcy? Yes No
5. 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
6. Do you or an officer of your company currently have a state, federal or other taxing authority tax lien or judgement? Yes No
7. Is the applicant an employee of Allianz Life or one of Allianz Life's subsidiaries? Yes No
8. State and County of residence and county of work for the last 10 years _____
9. If you currently are, or ever have been FINRA registered, do you have any reportable events on your U-4 or U5? Yes No

Release authorization and Fair credit reporting act disclosure [for employment purposes]

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, as a part of adverse decision, we can provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing this form, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Allianz Life or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

For Maine Applicants Only

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

For Washington Applicants Only

The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southampton, PA, 18966; for consumer compliance officer contact 800-260-1680.

For California, Minnesota, and Oklahoma Applicants Only

A consumer credit report will be obtained through Business Information Group, P.O. Box 541, Southampton, PA, 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
Initials Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes _____ No _____
Initials Initials

***California applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

Representations and agreements

- 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 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 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 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, 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, constitute the entire agreement of the parties, except as provided immediately below for a license-only Agent Agreement.**

Licensed Only Agent Section

By signing/initialing this section:

- I understand that Allianz Life is not responsible for payment to me of any commissions or other compensation for policies issued from applications procured by me.
- I understand that such amounts will be paid by Allianz Life to designated persons in the hierarchy and I will look solely to the hierarchy for my compensation.
- Accordingly, I understand that references in this application and the Agent agreement to the Schedule of commissions, commission guidelines and other arrangements with respect to the commissions will be inapplicable to my license-only Agent Agreement.

Please sign here acknowledging that you intend this application to be for a license-only Agent Agreement.

Signature _____

Signature Section

I hereby certify that all the information given by me is true and correct without any omissions of any kind. I further understand that if any material information given in this application is found to be incorrect or incomplete, it will be grounds for termination at the sole discretion of Allianz Life. This application is contingent upon Allianz Life Insurance Company's completion of its investigation of my background, as contemplated herein, and upon Allianz Life Insurance Company's approval. I further hereby certify that if this application is approved, I will comply with all terms and conditions of Allianz Life Insurance Company's Agency/Agency Agreement, as amended from time to time, including but not limited to, the terms and conditions therein relating to Allianz Life's privacy policy. A photocopy of this authorization shall be as valid as the original. My signature on this application represents my signature on the agreement and is incorporated by reference. The undersigned, jointly and severally, unconditionally guarantee 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 principal of the 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.

By signing below, I also agree to adhere to the Allianz Life Code of Best Practices.

Applicant's signature: _____ **Date:** _____

Request for Transfer of Agent/Agency Contract

By signing the request, I understand that I will be assigned to and transferred to the below referenced FMO hierarchy for the line/s indicated below. I also understand that if I transfer to a new FMO in order to receive higher commissions, both the FMO and I are subject to termination.

Select one or both: Fixed Annuity
 Fixed Life

Agent number transferring **from** _____ (new agent number should be entered on new transmittal)

Agent name _____ Please print Agent SS #: - - Required

Agent business address _____
City _____ State _____ Zip _____

Agent phone number _____ Required Agent email address _____

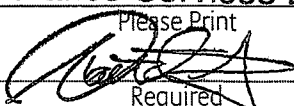
If the agent named above has existing debt, we will not process a transfer until debt is paid.

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 **Partner's Advantage Insurance Services LLC** FMO # **358**
Please Print
FMO signature  Required Date _____

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.



FMO Release Request

Agent First Name	Agent Middle Name	Agent Last Name
Allianz Releasing FMO Agent Number	Allianz Accepting FMO Agent Number	Social Security Number

This release is for the line of business checked below

Life Annuity

Representations and agreements:

- If the agent was previously or is going to 0/0 rates, then an Application for Agent Agreement must also be included with this FMO Release form.
- This agreement does not supersede the Allianz Agent Agreement that is/will be in effect and does modify the agent agreement under General Provisions, 4a 1 and/or 2 of the original Agent Agreement to allow an immediate transfer.
- The agent will not be released if there is an outstanding debt with Allianz Life.
- An agent can not have their commission rates changed for one year following a transfer from one Field Marketing Organization to another
- If there is an AFMO in the agent's hierarchy (or any additional next higher levels), then the FMO, the AFMO, and all next higher levels need to authorize and sign the release of the agent.
- Releases will only be accepted with signatures from the principal of the organization or individuals that have been given appropriate signing authority by the FMO.
- Allianz will NOT get involved and is NOT responsible for managing or policing any reciprocal release agreements between Field Marketing Organizations.

Agent Signature _____ Date _____

Releasing AFMO Signature _____ Date _____
(If applicable)

Releasing FMO Signature _____ Date _____

Accepting FMO Signature _____ Date _____

The above agent will be immediately released from the existing FMO hierarchy. I understand that the six month transfer process will not be complied with in this agent's situation.

Hierarchy Structure – New Upline use only

This agent's recommended contract level:

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

Life

Rates _____ / _____
(1st Year/Renewals)

Financing:

Annualized As Earned
For annualization, check one: 25/50 0/75
Maximum Advance per policy is \$6,000
Maximum Advance per agent is \$25,000

Annuity

Rates _____ / _____
(1st Year/Renewals)

As Earned

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 recommends this applicant for contracting. The FMO and if applicable, the hierarchy identified below hereby accepts the agent identified above, unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker-dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity: in the case of an entity that ceases to exist for any reason, this guaranty applies to the principals of the entity.

GA's Signature _____ Date _____

AFMO's Signature _____ Date _____

FMO's Signature _____ Date _____

FMO Release



**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.

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 an 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 chose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- **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
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air Carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>

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 or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

Business Information Group, Inc.
A Vertical Screen® Company
Attn: Consumer Disclosure
P.O. Box 541, Southampton, PA 18966
Toll-free phone – 800-260-1680



**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. With the exception of applicants and/or employees in California, these reports may be obtained at any time after receipt of your authorization and during your affiliation with Allianz Life.

Business Information Group, Inc. ("BIG") 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 800-369-2612ext. 0.

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. With the exception of applicants and/or employees in California, these reports may be obtained at any time after receipt of your authorization and during your

affiliation with Allianz Life. 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") 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 800-369-2612ext. 0.

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 at phone number 1-888-276-8518 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 at <http://www.bigreport.com> (bottom of web page at the Legal/Privacy link).

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and, if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

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 BIG to provide Allianz Life with a copy of consumer reports about me. I understand that except with respect to individuals living or working in California, Allianz Life may obtain a consumer report and/or investigative consumer report at any time during my employment/affiliation with Allianz Life.

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

Signature:	Date:
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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.