Allianz Life Insurance Company of North America

Allianz

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

[1]State does not have a required appointment process.

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

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372
Fax: 763.765.2844

Allianz

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

Allianz

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:	☐ Corporation ☐ Limited liability company ☐ Partnership	☐ Other (specify)_____ ☐ Sole proprietorship (MUST have TIN or EIN) ☐ 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: _____