

[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¹ Convicted includes a guilty verdict, withdrawn plea, probation, any dismissed charges, suspended sentences or fines.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 _____ Signature(s) of individual **general agent** or principal equity holders of
Field Marketing Organization _____ General Agent. **Omit corporate title.**

Authorization for automatic deposits

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

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

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

Account name _____ Account number _____
(Please print)

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

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