



Agent # \_\_\_\_\_

## Application for Agent Agreement

First name		Middle name		Last name	
Res. address (required)			City	State	ZIP code
Bus. address Agent Support Services, Inc., 99 Park Ave, 11th Floor			City New York	State NY	ZIP code 10016
Home phone		Work phone		E-mail address	
Fax number		Social Security number         -       -			Birth date
Are you currently NASD registered? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of broker/dealer			Broker/Dealer number

### Background

- Have you ever: **Been convicted<sup>1</sup> 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® of NY? .....  No  Yes
- If "yes," please provide: Name \_\_\_\_\_ Relationship \_\_\_\_\_
- Please explain any "yes" answers on a separate sheet. Include dates.

<sup>1</sup> Convicted includes a guilty verdict, withdrawn plea, probation, any dismissed charges, suspended sentences or fines.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.)

\_\_\_\_\_ Date \_\_\_\_\_ Print name \_\_\_\_\_



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

FMO #681  
Agent Support Services Inc  
Telephone:212-697-2025



Agent # \_\_\_\_\_

**Application for Agent Agreement**

First name		Middle name		Last name	
Res. address (required)			City	State	Zip
Bus. address Agent Support Services, Inc., 99 Park Ave, 11th Floor			City New York	State NY	Zip 10016
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**

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 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.


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**Representations and agreements**

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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 \_\_\_\_\_ 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)

Allianz Life Insurance  
Company of New York  
Home Office: New York, NY  
Administrative Office  
PO Box 1431  
Minneapolis, MN 55440-1431

FMO #681  
Agent Support Services Inc.  
Telephone 212-697-2025

## 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 Insurance Company of New York. **I also understand that if I am transferring to a new FMO in order to receive higher commissions, both I and the FMO are subject to termination.**

Agent name \_\_\_\_\_ Please print Agent SS #:  -  -  Required

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

Agent number \_\_\_\_\_

Agent address **c/o Agent Support Services, Inc., 99 Park Ave, 11th Fl., New York, NY 10016**

Agent phone number \_\_\_\_\_ Required

Are any immediate family members currently contracted with Allianz Life® of NY?

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 New York 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 \_\_\_\_\_ Please print FMO number **681**

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.

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

FMO #681  
Agent Support Services Inc.  
Telephone 212-697-2025



## Request for Transfer of Agent/Agency Contract

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Agent name \_\_\_\_\_ Agent SS #:  -  -   
Please print Required

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

Agent number \_\_\_\_\_

Agent address **c/o Agent Support Services, Inc., 99 Park Ave, 11th Fl., New York, NY 10016**

Agent phone number \_\_\_\_\_  
Required

Are any immediate family members currently contracted with Allianz?

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.

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FMO name \_\_\_\_\_ FMO # **681**  
Please Print

FMO signature \_\_\_\_\_ Date \_\_\_\_\_  
Required

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