

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

FMO name Victorson Assoc. Inc and FMO# 505

**Demographic information (please print)**

Name (as it appears on your resident state license):	Agent number: (FMO Assigned)
Home 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, long term care or annuities
- Variable insurance products (BD must have active selling agreement)

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

**Agency/corporations (complete only if officer of corporation)**

Agency name:	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
<b>Please list all officers authorized to act for the agency and attach a resolution or meeting minutes appointing those officers</b>	Officer name:	Officer title:	
DBA name:	Officer name:	Officer title:	

**Commission payment options**

- Electronic funds transfer (EFT) Account Holder Name \_\_\_\_\_
- Savings (must attach savings deposit slip) Account number \_\_\_\_\_
- Checking (must attach voided check) Routing number \_\_\_\_\_

If the EFT information is not included, you will automatically be paid by paper check. I hereby authorize Allianz Life to pay my commissions even faster by depositing my commissions through electronic funds transfer (EFT). Commission payments are sent daily via EFT. I understand I will not receive paper commission statements because they are available via the website, unless I notify Allianz Life. Variable insurance products are paid through your broker dealer.

## 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.**
- **If this application is for a license-only Agent Agreement, I understand that Allianz Life is not responsible for payment to me of any commissions or other compensation for policies issued from application 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, references in this application and the Agent Agreement to the Schedule of Commissions, Commission Guidelines, and arrangements and understands 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 \_\_\_\_\_ LOA initials**

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: \_\_\_\_\_

**Hierarchy Structure – FMO use only**

This agent's recommended contract level: Annuity rates \_\_\_\_ / \_\_\_\_ Life rates \_\_\_\_ / \_\_\_\_ LTC Rates \_\_\_\_ / \_\_\_\_  
 Agent  General agent (1<sup>st</sup> year/renewals) (1<sup>st</sup> year/renewals) (1<sup>st</sup> year/renewals)

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

All product rates must be completed.

Up-line information:

Name: \_\_\_\_\_ Agent Number \_\_\_\_\_

Name: \_\_\_\_\_ Agent Number \_\_\_\_\_

Name: Victorson Associates Agent Number #505.011400

FMO: Art Jetter & Company FMO Number 505

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.

BROKER  
GA signature: \_\_\_\_\_ Date: \_\_\_\_\_

AFMO signature: \_\_\_\_\_ Date: \_\_\_\_\_

FMO signature: \_\_\_\_\_ Date: \_\_\_\_\_