

Allianz Life Insurance Company of New York
Home Office: New York, NY

Administrative Office:
PO Box 561
Minneapolis, MN 55440-0561
877.796.6880

Overnight to Administrative Office:
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)

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

Authorization Agreement for Automatic Deposit

I hereby authorize the Allianz Life Insurance Company of New York 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 Life of NY companies above have written notice from me of its termination in such time and in such manner as to afford the Allianz Life of NY 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 of NY or one of Allianz Life of NY's affiliates? 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 of NY 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.

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.

Representations and agreements

- I will solicit business only in states where I am licensed and appointed with Allianz Life of NY.
- 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 of NY, which may be subject to change at the discretion of Allianz Life of NY.
- 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 of NY and not credited to a personal or business account.
- All advertisements that are not produced by Allianz Life of NY will receive the written approval of Allianz Life prior to use.
- I hereby continually authorize Allianz Life of NY 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 of NY 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 of NY 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 of NY 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 of NY 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 of NY. This application is contingent upon Allianz Life of NY Insurance Company's completion of its investigation of my background, as contemplated herein, and upon Allianz Life Insurance Company of New York'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 of New York's Agency/Agency Agreement, as amended from time to time, including but not limited to, the terms and conditions therein relating to Allianz Life of NY'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 of NY Code of Best Practices.

Applicant's signature:  _____ Date: _____

Allianz Life Insurance Company of New York
Home Office: New York, NY

Administrative Office:
PO Box 1431
Minneapolis, MN 55440-1431
877.796.6880
Fax: 763.582.6006
www.allianzlife.com/newyork

Overnight to Administrative Office:
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 _____
FMO# _____

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

Agent Signature _____ 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 certified 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 Insurance Company of New York.

GA signature: _____ Date: _____

AFMO signature: _____ Date: _____

FMO signature: _____ Date: _____

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Fixed Life Transmittal

Agent Name _____ Agent Number _____

Agent Social Security Number _____

Fixed Life – Agent Use Only

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

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 _____ Date _____

Fixed Life Hierarchy Structure – FMO Use Only

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

(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 certified 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 Insurance Company of New York.

GA signature: _____ Date: _____

AFMO signature: _____ Date: _____

FMO signature: _____ Date: _____



Want your commissions at the speed of light? Sign up for Allianz instant commissions!

Now you can receive your commissions on a daily basis, just like thousands of other agents who write business with Allianz Life Insurance Company of North America. Why wait days (or even weeks) to get paid? Sign up today and start getting your commissions instantly. Note: Commissions on annuity policies with premium in excess of \$500,000 will generate commissions upon receipt of Allianz receiving the premium delivery receipt. Any remaining commission will generate upon the expiration of the 20-day free look period.

Once you are signed up for instant commissions:

- You are automatically paid by direct deposit for every case.
- You can go online anytime (at www.allianzlife.com) to check the status of any commission or policy.
- You'll have access to an online weekly statement so you can verify receipt of your commissions.

Available 24 hours a day policy info, commission status updates, printable forms and more. Go to www.allianzlife.com

Want instant commissions? It's easy:

- Fill out the reverse side of this form. (no starter checks)
- Attach a pre-printed voided check or deposit slip.
- Write business with Allianz.
- That's it! Commissions earned for life, annuity, or long term care sales will be transmitted to your bank within 24 hours.

Direct Deposit is required!

Common instant commissions questions

Q. Can Allianz take money out of my account?

A. No! Allianz can only retract its own transmission if a deposit is made in error.

Q. How long does it take to get set up on Electronic Funds Transfer (EFT)?

A. One business day. Example: We receive your authorization form Monday, your EFT is effective Tuesday.

Q. When will my bank receive my deposit?

A. Here's how it works. If your policy is approved for issue on Monday, the transmission of earned commissions to your account will occur on Tuesday, and will most likely be in your account on Wednesday. Commissions for premiums on in-force policies will be transmitted the day after the premium is applied.

Q. How often are transmissions completed?

A. Transmissions of earned commissions are completed daily Monday through Friday and effective the next banking day.

Q. How can I find out what my deposit was before I receive my commission statement?

A. You can access your commission amounts 24 hours a day at www.allianzlife.com.

Q. How do I change my account information?

A. Notify us by mail/fax along with a new voided check or deposit slip.

Instant, easy, convenient!

Think about it...

No more waiting for the company to cut your check.

No more waiting for the mail to arrive.

No more going to the bank.

No more standing in line to make your deposit.

Try instant commissions today! Questions?
Call 800.950.7372.

All you need to do is complete the information below and mail to Allianz in care of Enterprise Producer Services with a pre-printed voided check for checking accounts or a pre-printed deposit slip for a saving account.

Authorization agreement for automatic deposits

I hereby authorize Allianz, hereinafter called "the Company", to deposit my commissions by 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.

New Change

Agent number _____ Agent name _____
Please print

Bank Individual Checking
 Credit Union Joint Savings
 Savings & Loan

Account name(s) _____
Please print

Name of financial institution _____
Please print

Bank account # _____ Routing # _____

Address or branch

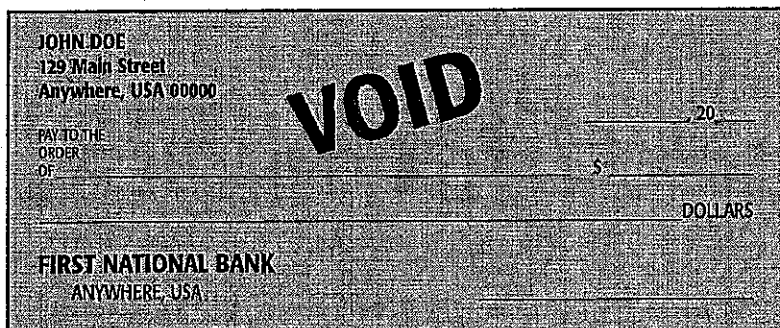
City _____ State _____ ZIP code _____

Financial institution's telephone _____

Agent's signature  _____ Date _____

 Please attach a voided check for a checking account, or a deposit slip for a savings account. 

Note: Check or deposit slip must have pre-printed information and cannot be a starter check.



Please fax to:

763.582.6005

Email to:

EPS_Dept@allianzlife.com

or mail to:

Allianz Life Insurance Company
of North America

Attn: Enterprise Producer Services

PO Box 59060

Minneapolis, MN 55459-0060

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Code of Best Practices

We understand that, as an Allianz Life Insurance Company of New York appointed financial professional, you share our desire to build long-standing relationships of trust with the clients who purchase Allianz Life® of NY 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 of NY 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 of NY Agent Guide to Annuity Suitability, the Allianz Life of NY 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 Allianz Life of NY 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 of NY 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 of NY product.

More information: Please refer to the Allianz Life of NY Compliance Guide to Successful Business and the Disclosure eLearning module.

Other Allianz Life of NY Policies

Allianz Life of NY expects that you understand and comply with all Allianz Life of NY 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 of NY 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 of NY Code of Best Practices.