

Agent Agreement

1. Appointment

Allianz Life Insurance Company of North America (the Company) has appointed you as its agent/broker (Agent, you or your) to represent us in connection with our insurance products (our "policies") in accordance with this Agreement. Your appointment by the Company is evidenced by acceptance by an authorized representative of the Company in paragraph 6. You must promptly notify the Company in writing if you do not wish to be appointed by the Company.

2. Agent rights and responsibilities

- a. **Independence.** As an independent contractor, you are free to exercise your discretion and judgment as to time, place and means of performing all acts hereunder. Nothing in this Agreement is intended to create a relationship of employer and employee between us and you.
- b. **Freedom of choice.** You are free to contract with other insurance companies.
- c. **Territory.** There are no exclusive territories. Your territory is any state in which both you and the Company are properly licensed and appointed.
- d. **Authority.** We authorize you, subject to the provisions of this Agreement:
 1. To solicit personally and through your properly licensed agents, who have entered into an Agent Agreement with us at your request (your agents), applications for policies described in the Schedule of Commissions and Commission Guidelines and to forward promptly the applications to us for our consideration.
 2. To collect the full initial premium for policies to be issued and to submit promptly to the Company all premium collected. Premium checks will be payable to and sent directly to the Company and not credited to a personal or business account.
 3. To deliver policies in accordance with any delivery requirements of the Company on a timely basis.
- e. **In-force Policies.** The Company expects you to make reasonable efforts to maintain the Company's policies in force and to provide reasonable assistance to policyholders.
- f. **Commissions.** We will pay you, as full compensation for all services rendered and expenses incurred by you, first year and renewal commissions at the rates provided and subject to the terms and conditions contained in the attached Schedule of Commissions and Commission Guidelines. These commissions will accrue on premiums paid in cash to us for policies issued from applications procured by you while this Agreement is in effect. If premium paid to us for a policy represents cash values from another policy issued by us (recycled premium), commissions will not be paid on that premium. The Company is not responsible for payment of any commissions or other compensation for policies issued from applications procured by you if you are identified as being under a License Only Agent Agreement on the Application for Agent Agreement. In such cases, you will look solely to your hierarchy for your compensation and all references in this Agreement to commissions are inapplicable.
- g. **Vesting of commissions.** All first year and renewal commissions are vested unless you are terminated for cause or removed as agent of record. Commissions will continue to be paid until total commissions earned annually amount to less than \$500, at which time the Company has the option of paying, in a lump sum, the present value of future commissions.
- h. **Licensing.** We will pay the fee for your initial resident license appointment. You will bear the cost of any nonresident license and appointment fees for you and your agents and all license appointment renewal fees.
- i. **Other expenses.** The Company will provide you, at our cost, with application forms, medical examination forms and the various papers necessary to write and service policies. You will be responsible for all other business expenses.
- j. **Advertising and sales promotion.** We will furnish to you, at our cost, all blanks, advertising materials, circulars and other Company printed sales materials. We will consider your suggestions for specialized solicitation material, but none may be used without the prior written approval of the Company.
- k. **Accounting.** On a prompt and timely basis, we will provide you with statements of your earnings, commission loans, charges and reductions or repayments of indebtedness.
- l. **Standards of business performance.** Appointment with the Company includes a commitment on your part to the following when marketing Company products:
 1. Provide accurate and full disclosure about any Company products that are offered or sold so that consumers can make informed evaluations and purchasing decisions.
 2. Understand and follow all guidelines contained in the Compliance Guide to Successful Business.
 3. Use only advertising materials that have been approved by the Company.
 4. Have reasonable grounds for believing that any Company products recommended to consumers are suitable for those consumers, based on the facts, if any, that they disclose regarding their financial status and objectives.
 5. Respond to consumer or Company requests for service in a competent, prompt, and respectful manner.
 6. Conduct business ethically, honestly, fairly, and professionally.

3. Company rights and responsibilities

- a. **Reservation of authority.** The Company retains exclusive authority for, and your authority does not permit you to:
 1. Make, alter or discharge any contract to which the Company is a party.
 2. Waive or modify any terms, rates, conditions or limitations of any policy.
 3. Approve evidence of insurability or commit the Company on any risk or in any manner except as outlined in the Conditional Receipt.
 4. Deliver any policy where the health of the proposed insured at the time of the delivery is other than as stated in the policy application.
 5. Collect any premiums after the initial premium without prior written approval from the Company.
 6. Extend the time for any premium payment or reinstate any lapsed policy.
 7. Adjust or settle any claim unless specifically directed by the Company.
 8. Solicit applications in any state or jurisdiction without a valid insurance license or appointment for such solicitation.
 9. Enter into any legal proceedings pertaining to the Company's business, except as noted in paragraph 4(l)(2).
 10. Exercise any authority on our behalf other than as authorized by paragraph 2(d).
 11. Publish or circulate any advertisements, sales literature, illustrations or other printed materials referring to the Company, its products, business, officers, directors, employees, consultants or business partners without written consent.
 12. Incur any expenses in our name without prior written approval.
- b. **Reservation of rights.** With reasonable notice to you, we specifically reserve the right to:
 1. Discontinue or withdraw any policy from any state.
 2. Modify or amend any policy or its premium rates.
 3. Determine maximum and minimum limits on any policy.
 4. Modify or change the conditions or terms under which any policy may be offered.
 5. Implement and modify any rules and regulations of the Company.
 6. Cease doing business in any state or geographically defined area.
 7. Modify any Schedule of Commissions or Commission Guidelines.
 8. Make periodic revisions to this Agreement and any Addenda.
- c. **Secured obligations.** In order to secure the full and prompt payment of any and all indebtedness to the Company and its affiliates from you or your agents or guaranteed by you, the Company will have a first security interest in any monies due at any time under the Schedule of Commissions, Commission Guidelines, bonus plan or any other compensation arrangement. The Company will have the right of offset and, at any time, may deduct such indebtedness from any monies or other compensation arrangements due you together with interest at the applicable rate specified in our rules and regulations and any collection costs and attorneys' fees and expenses incurred by us, and all such monies may be applied to all indebtedness due the Company and its affiliates.
- d. **Rules and regulations.** The Company has the right to make and modify rules and regulations governing the issuance of its policies, the administration of this Agreement and such other matters as the Company deems appropriate to further define the responsibilities and obligations of the parties. Upon request, we will promptly provide you with our rules and regulations.
- e. **Company materials.** We will make available to you various materials to assist you in soliciting applications for our products and servicing our policy holders, including sales, product and educational materials, manuals, audio and CD roms, forms and materials in or accessible through electronic media. All such materials and their contents are and will remain our sole and exclusive property and will be used only in soliciting applications for our products and servicing our policy holders; no other use may be made without our prior written approval. Upon termination of this Agreement, you shall promptly return all Company materials, delete or cease use of electronic or electronically accessed materials and destroy any copies, extracts, notes or reproductions of our materials, providing us certification of such destruction at our request.
- f. **Assignment.** No part of this agreement or any compensation due or to become due hereunder may be assigned or otherwise transferred.
- g. **Audit.** Your accounts, ledgers, correspondence and other records pertaining to this Agreement shall be open to inspection and audit by authorized representatives of the Company, its reinsurers and regulators, regardless of any termination of this Agreement.

4. Rights and responsibilities of both parties

- a. **Records.** Both parties will keep proper records as necessary relating to the business transacted under this Agreement. Both parties reserve the right, during regular business hours, to review and make copies of these records, at the expense of the requesting party. Upon request, both parties will account for all business materials relating to the other's business.
- b. **Conduct of business.** Both parties will conduct their activities as authorized and contemplated by this Agreement in accordance with applicable laws and regulations.
- c. **Supervision.** You will supervise your employees and agents in your hierarchy who solicit and process applications for our insurance policies as provided in this Agreement, and you will cause them to comply with all rules, regulations, and obligations imposed on you.

4. Rights and responsibilities of both parties (continued)

- d. **Indemnification.** You will indemnify and hold the Company harmless from any loss or expense (including attorneys' fees and expenses, collection costs and damages) incurred by the Company because of your negligent or wrongful acts or omissions as well as the negligence or wrongful acts or omissions of your employees and the agents in your hierarchy with whom the Company enters into Agent Agreement.
- e. **Cooperation.** Both parties will fully cooperate with each other in any state or federal regulatory investigations or proceedings to the extent that they are related to matters pertaining to this Agreement.
- f. **Service.** Both parties will provide prompt and professional service to the policyholders. We recognize the special relationship you have with those to whom you have sold a policy; they are your clients. We will not interfere with that relationship. By accepting compensation for the policies sold, you acknowledge that the actual policies sold and in force are the property of the Company. As such, you will not take any actions that suggest or encourage the policyholder to surrender or lapse the policy or to cease premium payments. Any such activity gives us the right to terminate this Agreement for cause.
- g. **Oral representations.** Both parties confirm that there are no oral promises or representations which are not included in this Agreement.
- h. **Agent transfer.** The Company will permit a transfer of an agent to another organization under the following guidelines:
 - 1. The agent has not written new business for the Company or its subsidiaries during the last 6 months; (written new business does not include policies cancelled under the free look provision of the policy), or
 - 2. The agent has notified the Company of his/her intent to transfer to another organization in 6 months; or
 - 3. The agent's contract has been terminated for 6 months or more.
- i. **Non-waiver.** Forbearance by either party to insist upon the performance of any provisions of the Agreement at any time or under any circumstances will not constitute a waiver.
- j. **Termination without cause.** Termination without cause will not impair your right to vested commissions. This Agreement may be terminated without cause, effective as of the date the Company sends you a written notice of the termination, as follows:
 - 1. By either party giving written notice mailed or delivered to you at your last known address or to us at the post office box on the face of this Agreement, attention: Enterprise Producer Services.
 - 2. When you die, if you are an individual.
 - 3. Upon dissolution, bankruptcy, insolvency or assignment for the benefit of creditors, if you are an entity.
 - 4. Upon the death of one or more partners, if you are a partnership.
 - 5. Upon your failure to acquire or continuously maintain all licenses required by law.
 - 6. Upon the termination of the Agent Agreement of your General Agent, Field Marketing Organization, or Associate Field Marketing Organization.
 - 7. Upon your failure to provide us with a current resident mailing address, as required by state law.
 - 8. Upon your direction to pay premium on a policy with the cash values from another policy issued by us.
- k. **Termination for cause.** This Agreement may be terminated for cause, if you:
 - 1. Withhold any funds, commissions, overrides or any other compensation payable.
 - 2. Withhold any premiums, receipts, documents or correspondence that rightfully should have been transmitted to the Company.
 - 3. Fail to promptly return any physical property belonging to us when requested to do so.
 - 4. Are convicted of a felony or are unable to renew your license or have your license revoked or suspended in any state or jurisdiction.
 - 5. Have a required bond refused or cancelled.
 - 6. Misrepresent any of our policies or services.
 - 7. Misrepresent or omit any material information on an application for, or reinstatement of, a policy.
 - 8. Commit or attempt to commit fraud against us.
 - 9. Repeatedly fail to comply with material terms of this Agreement or our stated rules and regulations.
 - 10. Cause or attempt to cause employees or agents of ours to discontinue their association with us.
 - 11. Cause or attempt to cause any policy owner of the Company to discontinue any policy.
 - 12. Falsify or omit material information provided to us.
 - 13. Fail to adhere to the Standards of Business Performance in Section 2 of this Agreement.
 - 14. Upon termination for cause, you will have no further rights under this Agreement to any commissions, commission overrides or other compensation otherwise payable under the terms of this Agreement, the Schedule of Commissions, Commission Guidelines or any other compensation arrangement. A termination for cause will be effective upon your conviction of a felony or revocation of your license or, if termination is for any other reason, on the date the Company sends you a written notice of termination specifying the reasons for termination for cause.
- l. **Final accounting, payment obligations, and recovery rights.**
 - 1. Upon termination of this Agreement for cause or without cause, the entire amount of all monies due from you and any and all of the agents in your hierarchy will be immediately due and payable by you on demand.
 - 2. You have the right to recover from the agents in your hierarchy amounts owed to you by them under the terms of this Agreement, together with interest, all costs of collection and attorneys' fees and expenses.

4. Rights and responsibilities of both parties (continued)

m. Confidentiality.

1. The term "Personal Information" shall mean financial and health information furnished to you, your representatives or the Company by a Consumer or Customer of a party to this Agreement in connection with the application for policies from the Company or in connection with the administration of policies issued by the Company.
2. The term "Customer" means a person to whom a policy issued by the Company and who therefore has a continuing relationship with the Company. The term "Consumer" means (a) a person who applied for a policy with the Company but no policy was ever issued by the Company; and (b) a beneficiary, insured or annuitant where such person is not the owner of the policy.
3. Each party agrees that Personal Information will be kept strictly confidential by it and its representatives, except for certain disclosures allowed by applicable state and federal privacy laws, that such personal information will not be used for any other purpose except to perform duties under this Agreement and that such personal information will not be disclosed to any other person unless such other person needs to know about such information for the sole purpose of assisting a party in the performance of its duties under this Agreement. Disclosure to other persons will only be done if the other persons have agreed in writing to be bound by a confidentiality provision similar to the one contained in this Agreement.
4. If you are the recipient of confidential abuse information, as defined in the applicable state domestic abuse insurance protection law or regulation, you agree to be bound by the provisions of such state law or regulation in all respects and to be subject to enforcement of such law or regulation in the courts of such state.
5. Each party acknowledges that remedies at law may be inadequate to protect against breach of this provision and therefore agree to the granting of injunctive relief if a party or its representatives breach this provision.
6. If this Agreement should terminate, all obligations under this provision shall survive such termination and shall continue to be enforceable.

n. Additional contract provisions

1. Communications: As an appointed agent of the Company, you expressly permit the Company and its representatives to communicate with you via fax, e-mail, and telephone until and unless you notify us that you do not want to receive communications through one or more of the communication mediums.
2. Notice: "Reasonable notice to you" wherever referenced in this Agent Agreement includes notice sent to your last known fax number, e-mail address, or regular mailing address and notice posted on the Company's web site. Notices provided via fax, e-mail, or regular mail will be effective on the date sent, unless the notice indicates otherwise. Notices provided via our Web site will be effective on the date posted, unless the posted notice indicates otherwise. "Reasonable notice to you" of a modification of the Schedule of Commissions includes notice posted on our Web site that the Schedule has been changed. You will need to contact us or your Field Marketing Organization for more specific information regarding the extent of the change and its effect on you.

5. General provisions

- a. This Agreement is governed by the laws of the State of Minnesota, without regard to principles of conflicts of laws. The parties hereby submit to the jurisdiction of, and waive any venue objections against, the United States District Court for the District of Minnesota and the trial courts of the State of Minnesota and consent to the personal jurisdiction of such courts. This Agreement, together with the Application, Schedule of Commissions, Commission Guidelines and all other Addenda supplementing this Agreement, constitute the entire agreement of the parties, will be effective on the date accepted by the Company and will supersede any prior agreements. Should any provision of this Agreement be or become invalid or unenforceable, the validity of the other provisions of this Agreement shall not be affected thereby.
- b. Any claim or dispute arising in connection with this Agreement shall be submitted to binding and nonappealable arbitration by the American Arbitration Association (AAA) in Minneapolis, Minnesota, under the commercial rules then in effect for the AAA, except as provided herein. The AAA shall recommend three arbitrators who are knowledgeable in the fields of insurance and financial services. The parties shall mutually agree upon one arbitrator or, if no arbitrator is so selected, the AAA shall appoint one of the three arbitrators within 20 days of such failure. The arbitrator shall apply the law of the State of Minnesota. The parties shall have the right to request the arbitrator to order reasonable and limited discovery. The award rendered by the arbitrator shall include costs of arbitration and reasonable attorneys' fees and fees for experts and other witnesses, but shall not include punitive damages. Notwithstanding this provision, appropriate injunctive relief may be sought.
- c. The parties consent to the use of electronic signatures in place of manual signatures, and the electronic sending, receipt and storage of documents in place of hard copies, including the execution and delivery of documents via internet electronic mail message, attachment or other reasonable accessible method, provided that a party may limit the persons authorized to enter into electronic transactions on its behalf by providing 5 business days' written notice to the other parties electronically or in writing. A party may withdraw the consent given herein upon 5 business days' written notice to the other parties electronically or in writing, provided that the withdrawal of consent shall not affect the validity or enforceability of any electronic signature or document delivered prior to the effectiveness of the withdrawal. A party originally delivering the document electronically may receive hard copies of any documents upon written request, and the party receiving the request shall respond promptly. No electronic delivery of a signature or document shall invalidate a manual signature or hard copy of any document given pursuant to this Agreement solely because it was not given in electronic format.

5. General provisions (continued)

- d. Unless prohibited by applicable law, you agree that you will be solely responsible for all information transmitted electronically by means of your user name and password for online access to our Internet site unless such information was transmitted without your authorization and solely as a result of our failure to keep your user name and password confidential. Your password and other identifying codes used to access our Internet site are the property of the Company and may be cancelled at any time without notice. You will not reveal your user name or password to anyone other than those within your control with a reason to know. You are responsible for the use or misuse of our Internet site by anyone within your control. Electronic delivery to you of any information or document contemplated by this Agreement by means of Internet email to the account identified on your on-line profile information shall have the same effect as if we had delivered hard copies of such information to you.
- e. Execution of this Agreement constitutes your certification that all information given on the Application is true and correct without any material omission of any kind and constitutes your continuing authorization to the Company to independently verify the information set forth in the Application and contact people regarding your character, general reputation and background, which may include credit reports, consumer reports, investigative consumer reports and criminal background checks. You have the right to make a written request to receive such information, but the Company will not release its evaluation, other than public information.

6. Acceptance by Company

Your appointment as Agent under the terms and conditions of this agreement is hereby accepted and confirmed.

Allianz Life Insurance Company of North America



**Instructions for reviewing and completing the Disclosures and Authorization for
Background Investigation**

Enclosed you will find the following four separate documents to be reviewed in regards to authorizing Allianz Life to procure consumer reports and/or investigative consumer reports on your background.

- A Summary of Rights Under the Fair Credit:*** This document is to be reviewed and left behind with the applicant completing the Consent to Background Authorization.
- Disclosure Regarding Background Investigation for Employment Purposes***
- Disclosure Regarding Background Investigation for Other Than Employment Purposes***
- Consent to Background Authorization:*** The last page of this form needs to be filled out completely and returned to Allianz.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



**WRITTEN DISCLOSURE AND CONSENT TO REQUEST CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER REPORT INFORMATION**

Disclosure Regarding Background Investigation for Employment Purposes

Allianz Life Insurance Company of North America, and other entities related to it by common ownership or affiliated by corporate control (collectively referred to as "Allianz Life") may request background information about you from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

Note that background information on individuals performing certain services for Allianz Life on an independent contractor basis may be deemed to be for employment purposes as defined by under section 603(h) of the Fair Credit Reporting Act.

This background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and during your affiliation with Allianz Life, where permitted by law.

Business Information Group, Inc. ("BIG") and National Insurance Producer Registry ("NIPR") prepares or assembles consumer reports and/or investigative consumer reports for Allianz Life. BIG is located and can be contacted by mail at P.O. Box 541, Southampton, PA 18966, and can be contacted by phone at 800-369-2612, ext 0. NIPR is located and can be contacted by mail at 1100 Walnut Street, Suite 1500, Kansas City, MO 64106 and can be contacted by phone: (855) 674-NIPR (6477). Where permissible by law, Allianz Life may retain other consumer reporting agencies to prepare or assemble consumer reports and/or investigative consumer reports about you for employment purposes.

The reports may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: address history; credit reports and history; criminal records; public court records; driving records; bankruptcy filings; educational history; employment history; personal and professional references checks; professional licensing; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The information may be obtained through personal interviews with sources such as neighbors, friends and associates; and other information sources.

You may request, in writing, within a reasonable time, a more detailed explanation regarding the nature and scope of any investigative consumer report to be conducted. You also have the right to request a copy of your consumer and/or investigative consumer report from the consumer credit reporting agency by checking the box on the attached consent form. The report will be mailed directly to you by the consumer reporting agency.

A summary of your rights under the Fair Credit Reporting Act is also being provided to you.



**WRITTEN DISCLOSURE AND CONSENT TO REQUEST CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER REPORT INFORMATION**

Disclosure Regarding Background Investigation for Other Than Employment Purposes

Allianz Life Insurance Company of North America, and other entities related to it by common ownership or affiliated by corporate control (collectively referred to as “Allianz Life”) may request background information about you from a consumer reporting agency for other than employment purposes as authorized by the Fair Credit Reporting Act. Such purposes include, but are not limited to use of the information in connection with:

- a credit transaction involving you;
- the underwriting of insurance involving you;
- a determination of your eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant’s financial responsibility or status;
- a business transaction initiated by you for which Allianz Life has a legitimate business need for the information; or
- any credit or insurance transaction that is not initiated by you when you have authorized the agency to provide us with such a report.

In addition, you authorize Allianz Life to obtain background information about you from a consumer reporting agency in connection with deciding whether to:

- invite you to make presentations with senior officials of Allianz Life to elected officials;
- invite you to attend, participate in or present at Allianz Life seminars, presentations, universities, sponsored events, trips and meetings;
- feature your name and likeness in various Allianz Life publications, press releases and other marketing materials;
- assign a photographer to cover certain public appearances; or
- grant you a royal-free license to use such marketing materials and photographs in the promotion of your business.

This background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and during your affiliation with Allianz Life, where permitted by law. In addition,

a consumer reporting agency may furnish a consumer report in accordance with the written instructions of the consumer to whom it relates.

Business Information Group, Inc. (“BIG”) and National Insurance Producer Registry (“NIPR”) prepares or assembles consumer reports and/or investigative consumer reports for Allianz Life. BIG is located and can be contacted by mail at P.O. Box 541, Southampton, PA 18966, and can be contacted by phone at 800-369-2612, ext 0. NIPR is located and be contacted by mail at 1100 Walnut Street, Suite 1500, Kansas City, MO 64106 and can be contacted by phone at (855) 674-NIPR (6477). Where permissible by law, Allianz Life may retain other consumer reporting agencies to prepare or assemble consumer reports and/or investigative consumer reports about you in accordance with your written instructions.

The reports may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: address history; credit reports and history; criminal records; public court records; driving records; bankruptcy filings; educational history; employment history; personal and professional references checks; professional licensing; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The information may be obtained through personal interviews with sources such as neighbors, friends and associates; and other information sources.

You may request, in writing, within a reasonable time, a more detailed explanation regarding the nature and scope of any investigative consumer report to be conducted. You also have the right to request a copy of your consumer and/or investigative consumer report from the consumer credit reporting agency by checking the box on the attached consent form. The report will be mailed directly to you by the consumer reporting agency.

A summary of your rights under the Fair Credit Reporting Act is also being provided to you.



**WRITTEN DISCLOSURE AND CONSENT TO REQUEST CONSUMER REPORT
AND/OR INVESTIGATIVE CONSUMER REPORT INFORMATION**

Additional State Law Notices

CALIFORNIA: You have the right to inspect visually the files concerning you maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person if you appear in person and furnish proper identification. You are entitled to a copy of the file for a fee not to exceed the actual costs of duplication. You are entitled to be accompanied by one person of your choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if you make a written request, with proper identification, for copies to be sent to a specified addressee. You can also request a summary of the information to be provided by telephone from Business Information Group at phone number 1-800-369-2612, ext 0 and from NIPR at phone number (855) 674-NIPR (6477) if you make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call if prepaid by or directly charged to you. You further understand that the investigative consumer reporting agency shall provide trained personnel to explain to you any of the information furnished to you. You shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on you. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. Information about the investigative consumer reporting agency's privacy practices related to the consumer's personal information may be found for Business Information Group at <http://www.bigreport.com> (bottom of web page at the Privacy Policy link) and for NIPR by calling (855) 674-NIPR (6477).

MINNESOTA: You have the right, upon written request, to obtain from the consumer reporting agency that prepares any such report a complete and accurate disclosure of the nature and scope of any report prepared.

NEW YORK: You have the right, upon request, to be informed of whether a consumer report was requested, and, if one was requested, the name and address of the consumer reporting agency furnishing the report. Upon written request you will be informed about whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may inspect and receive a copy of such report by contacting such agency.

Enclosed for your information is a copy of New York State Correction Law § 753, Factors To Be Considered Concerning A Previous Criminal Conviction; Presumption.

New York State Correction Law
Article 23-A, Section 753
Licensure and Employment of Persons
Previously Convicted of One or More Criminal Offenses

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.



Consent to Background Investigation

I have carefully read and understand the foregoing disclosures and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to this investigation and authorize Allianz Life to procure consumer reports and/or investigative consumer reports on my background as stated above from a consumer reporting agency. I hereby direct Business Information Group, National Insurance Producer Registry, and/or any other consumer reporting agency, as permitted by law, to provide Allianz Life with a copy of consumer and/or investigative reports about me. I understand that Allianz Life may obtain a consumer report and/or investigative consumer report at any time during my employment/affiliation with Allianz Life, where permitted by law.

Check the box if you wish to receive a copy of the consumer report and/or investigative report obtained by Allianz Life. The report will be mailed directly to you by the consumer reporting agency.

Signature:	Date:
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The following information below is needed to obtain the consumer report or investigative consumer report and will not be used for any other purpose.

Name:		
Other Names Used:		
Social Security #:	Date of Birth (mm/dd/yyyy): ¹	
Current Home Address:		
City:	State:	Zip:
(If at current address less than seven years): Other Addresses		
Driver's License #:	State Issued:	

¹ The federal Age Discrimination Employment Act of 1967 and comparable state laws prohibit discrimination on the basis of age with respect to individuals who are at least 40.

Life Agent Application Information Sheet

This page is an instructional page that will assist you in completing the Application for Agent Agreement or General Agent Agreement, as applicable with Allianz Life Insurance Company of North America (Allianz).

Requirements

The contracting and appointment process does not begin until the following requirements are received. Incomplete information will delay the contracting and appointment process.

- Complete, sign and date the Agent Application, the Consent to Background Investigation form and Agent Agreement or General Agent Agreement, as applicable.
- Provide verification of completed AML training. (If using LIMRA there will be an automatic feed to Allianz Life Insurance Company of North America. <https://AML.LIMRA.com>)
- Provide a current copy of your E & O coverage certificate with a minimum of \$1 million in coverage.
- Read and Agree to the Allianz Code of Best Practices.
- Provide the completed forms to your FMO for submission to Allianz; FMO's, please upload the forms on Allianzlife.com or email them to ProducerServices@send.allianzlife.com.

Once we receive the Agent Application and proper authorization forms, we will review your background. To be eligible for a Agent Agreement or General Agent Agreement, as applicable with Allianz you must meet the Allianz requirements, state and federal laws and regulations. Allianz may request that you clear outstanding items with a credit reporting agency or state regulatory body prior to consideration.

Allianz considers various factors in determining whether or not to accept this application and enter an agent agreement with you. Some of the factors considered are listed below. Any single factor may be a disqualifying factor:

Financial Debt and Public Records

- No credit report available
- Bankruptcy within the past three years (by discharged date)
- Any of the following individually, or any of the following that combine to exceed \$15,000:
- Collections or charged off debt in excess of \$10,000
 - Liens/judgments in excess of \$10,000
 - Foreclosures/civil suits in excess of \$10,000
 - Vector(s) in excess of \$10,000

Criminal convictions/civil actions

- Misdemeanors; reviewed case by case
- Felonies, automatic decline
 - Litigation or arbitration in the last three years in which you and Allianz have/had any opposing claims will be an automatic decline

Insurance license/appointment actions

- State license revocation/suspension within past five years
- State license restriction/fines within past five years

FINRA or other state or federal agency

- Customer disputes, disciplinary and regulatory events; reviewed case by case
- FINRA bar is an automatic decline

If, after our review, we accept this application, you will receive a Agent Agreement or General Agent Agreement, as applicable. Your individual state appointment(s) with Allianz will be effective immediately in the states that require an appointment upon contracting and if you are licensed in states that have regulations that allow us to appoint you upon receipt of business, we will appoint you in that state as business is received.

Note: PA and MT require appointment prior to solicitation

Code of Best Practices

We understand that, as an Allianz appointed financial professional, you share our desire to build long-standing relationships of trust with the clients who purchase Allianz 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 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 Producer Compliance Guide.

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.

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 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 product.

More information: Please refer to the Compliance Guide.

Other Allianz Policies

Allianz expects that you understand and comply with all Allianz business requirements as outlined in the Producer Compliance Guide and all other Allianz 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 Code of Best Practices.

Application For Life Agent Agreement

Demographic information (please print). If the agent is a company (partnership or corporation, e.g.) and is applying as such, a company owner, officer or principal must complete this form.

Name (as it appears on your resident state license):	Life Agent number: (FMO Assigned)
Resident address (street, city, state, zip) (No PO Boxes):	Business address:
Date of birth:	Social Security number:
Resident county:	Work phone number:
Home phone number:	Cell phone number:
Email address:	Fax number:

FINRA Information

Are you currently or have you ever been FINRA registered? No Yes RIA IAR

Are you currently an Investment Advisory Representative? No Yes

Broker Dealer/RIA Name: _____ CRD# _____

Licensing Information

National Producer Number (NPN): _____ I would like to sell in the following states: _____

If you hold a Florida license:

* Are you already appointed in Florida with another carrier? No Yes

* If you are requesting a non-resident Florida appointment, please list the counties you intend to sell in.

Please note: You need an active appointment in the county prior to solicitation.

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** a signed and dated explanation with all relevant information, including dates and supporting documents such as copies of documented payment arrangements for outstanding debt or court records for litigation and criminal charges. (“yes” answer response template available)

1. Have you or an officer of your company **ever** had:
 - a. your Insurance license or any professional license, or FINRA registration suspended or revoked? Yes No
 - b. a regulatory or consumer complaint filed against you with an insurance department, the SEC, a state securities department or FINRA? Yes No
 - c. any reportable events on your U-4 or U-5. Yes No
2. Have you or an officer of your company **ever** been **charged** with or convicted of a crime that was a
 - a. felony? Yes No
 - b. misdemeanor? Yes No
3. Have you or an officer of your company **ever** been involved in:
 - a. any litigation. Yes No
 - b. bankruptcy. Yes No
 - c. litigation or arbitration in which you and Allianz had any opposing claims? Yes No
4. Do you or an officer of your company **currently** have a state, federal or other taxing authority tax lien or judgement? Yes No
5. Do you have **any** debt collection matters pending against you? Yes No
6. Do you have **any** charged off debt items? Yes No
7. Have you had **any** foreclosures within the last three years. Yes No
8. 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
9. If you are an individual, are you an employee of Allianz or one of the subsidiaries for Allianz? Yes No
10. Are any immediate family members currently contracted with Allianz? Yes No

11. State/s and counties of residence and counties of work for the last ten years: Address (street, city, state, zip)

Explanation for “yes” answered questions (use additional sheet if necessary)

Background Question #	
Action:	
Date of Action:	
Reason:	
Explanation:	
Resolution:	
Signature:	Date:

Authorization Agreement for Automatic Deposit

I hereby authorize the Allianz companies listed in this application 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 provide 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 agreed otherwise. The Bank requires that the depositor's name to be the same as the licensed agent. Provide your account info below. (void check not required, however recommended)

Depositor Name: _____ Acct. # _____

ABA Routing/Transit #: _____

Name of Financial Institution: _____

Licensed Only Agent Section

By signing this section, I agree that:

- Allianz is not responsible to pay me any commissions or other compensation for policies issued from applications procured by me.
- I will look solely to my marketing organization for commissions or other compensation.
- References in this application and the Agent Agreement to the Compensation Schedule, Compensation Guidelines and other arrangements with respect to the compensation will be inapplicable to my license-only Agent Agreement.

Please sign here acknowledging that you intend this application to be for a licensed-only Agent Agreement.

Signature _____ Date: _____

Certification of taxpayer identification number

If you are requesting payments as a U.S. Person, the IRS requires you to agree to the following statements. If you are not a U.S. Person, please complete Form W8-BEN.

Under penalties of perjury, I certify that:

1. The taxpayer identification number shown on this form is correct or I am waiting for a number to be issued to me.

If the IRS has notified you that you are currently subject to backup withholding because you failed to report interest and dividends on your tax return, you must cross out item 2 below.

2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or
 - c. The IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person, and
4. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA is correct.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature Section (ALSO SIGN THE LIFE AGENT AGREEMENT OR GENERAL AGENT AGREEMENT, AS APPLICABLE)

- I hereby certify that all the information given by me is true and correct without any omissions of any kind.
- I will solicit business only in states where I am licensed and appointed with Allianz, according to state regulations.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- I will abide by all rules and regulation of Allianz, which may be subject to change at the discretion of Allianz.
- 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 and/or non-resident license.
- Premium checks will be payable to and sent directly to Allianz and not credited to a personal or business account.
- All advertisements that are not produced by Allianz will receive the written approval of Allianz prior to use.
- I hereby continually authorize Allianz to independently verify the information set forth in this agent application and to contact people regarding my character, general reputation and background, including criminal background checks, according to state regulations.
- 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 and its affiliates.**
- **I understand that this Application and the Agent Agreement or General Agent Agreement, as applicable, Schedule of Commissions, and Commission Guidelines and addenda accompanying this Application or provided by Allianz promptly following receipt of the Application, together with the Schedule of Commissions and Commission Guidelines and all addenda applicable to the Agent Agreement or General Agent Agreement, as applicable, constitute the entire agreement of the parties, except as provided for a license-only Agent Agreement.**
- This application, if accepted by Allianz, will become part of the Life Agent Agreement or Life General Agent Agreement, as applicable. By signing this Application below, and by signing that agreement, I request to be bound by that agreement.
- I claim no right to have Allianz consider or accept this application and I absolve Allianz of any obligation to consider or accept this application.
- If this application is being used to transfer FMO organizations, a new agent agreement is not being executed as a result of the transfer to the FMO organization named in this application. The existing agent agreement will continue as if your FMO organization was the original FMO.

X _____ Date: _____
AGENT SIGNATURE (HERE AND ON LIFE AGENT AGREEMENT OR ON THE LIFE GENERAL AGENT AGREEMENT, AS APPLICABLE)

(If the agent is a company, also indicate by the signature line the name and title of the person completing this application on behalf of the company.)

If the agent is a corporation, complete this section only if commissions are to be paid to the corporation

<p>Requirements for contracting a corporation are:</p> <ul style="list-style-type: none"> • Active corporate insurance license in the states that require it. • A copy of the corporation's articles of incorporation, meeting minutes, or corporate resolution advising who the officers of the corporation are and who has signing authority on behalf of the corporation. Meeting minutes must be on corporate letter head. Please remember that if the agents name is not listed on the document as an officer of the corporation, we will not accept it. 	<p>Tax ID/TIN:</p>	<p>Check appropriate box for federal tax classification:</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> C Corporation <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification: (C=C Corporation, S=S Corporation, P=Partnership)</p> <p>_____</p>
<p>Agency name:</p>	<p>Officer name:</p>	<p>Officer title:</p>
<p>DBA name:</p>	<p>Officer name:</p>	<p>Officer title:</p>

This section must be completed and signed by a corporate officer below if the agent is a company, a company owner, officer or principal:

<p>PERSONAL GUARANTEE</p>		
<p>The individual signing below personally and unconditionally guarantees that the company applying above to be an agent will perform all the promises above and made by an agent in the Life Agent Agreement or General Agent Agreement, as applicable.</p>		
<p>By: _____</p>	<p style="text-align: center;">Signature</p>	<p style="text-align: center;">Soc. Sec. #</p> <p style="text-align: center;">Date</p>
<p style="text-align: center;">Print name</p>	<p style="text-align: center;">Residential address</p>	
<p style="text-align: center;">_____</p> <p style="text-align: center;">Tax ID number</p>		

TO BE COMPLETED BY THE FMO AND SIGNED BY THE FMO AND APPLICABLE SUB-AGENCIES

Fixed Life Hierarchy Structure - FMO Use Only

This agent's recommended contract level: Life rates _____

- Agent General agent

(Select agent or General Agent for rates of 70 and 75)

Financing:

Note: Maximum advance per policy is \$12,000. Maximum advance per agent is \$50,000.

- Annualized
For annualization, check one: 25/50 0/75
- As earned

Up-line information (please print):

Agent Name: _____ Agent Number _____

Agent Name: _____ Agent Number _____

Agent Name: _____ Agent Number _____

Agent Name: _____ Agent Number _____

FMO Name: _____ 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, 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. 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.

GA signature: _____ Date: _____

AFMO signature: _____ Date: _____

FMO signature: _____ Date: _____