

Selling Agreement for



NEW YORK

Required Paperwork:

1. Complete the following (8) pages
2. Copy of Insurance License
3. Copy of LTC Certification (if applicable)
4. Copy of EFT/Void Check
5. Commission Advancement Application (available upon request)
6. Anti-Money Laundering Training Requirements*
 - AML training was completed via LIMRA on ___/___/___ : or,
 - AML training was completed via an independent program (completion certificate attached).
 - I understand that once my contract has been processed by the home office I will also be required to complete the carrier specific training on the LIMRA website.

*If you have not met your AML training requirement or need to complete the carrier specific training, please visit sunderlandgroup.com for the LIMRA training link.

Remit Paperwork to:



Fax: 800.293.9897
E-mail: licensing@sunderlandgroup.com
Mail: 2102 Great Northern Drive
Fargo, ND 58102

Questions Call
800.373.9807

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:	<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
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: _____

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

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5701 Golden Hills Drive
Minneapolis, MN 55416-1297

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: _____

Allianz Life Insurance Company of New York
Home Office: New York, NY
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877.796.6880
www.allianzlife.com/newyork

Request for Transfer of Agent/Agency Contract

By signing the request, I understand that I will be assigned to and transferred to the below referenced FMO hierarchy for the line/s indicated below. I also understand that if I transfer to a new FMO in order to receive higher commissions, both the FMO and I are subject to termination.

Select one or both: Fixed Annuity
 Fixed Life

Agent number transferring **from** _____ (new agent number should be entered on new transmittal)

Agent name _____ Please print Agent SS #: - -
Required


Agent business address _____

City State Zip

Agent phone number _____ Required Agent email address _____

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

I understand that by providing my fax number, e-mail address, mail address, and telephone number, I am giving express permission to the receipt of advertisements and other communications by fax, e-mail, mail, and telephone from or on behalf of the Company and its affiliates.

Agent signature  _____ Date _____

FMO acceptance of agent transfer

The Field Marketing Organization identified below hereby accepts the transfer of the agent identified above, acknowledges the continuation of the existing Agent Agreement as if the Field Marketing Organization identified below was the original FMO, unconditionally guarantees to Allianz Life Insurance Company of New York the full and faithful performance of each and every obligation of the transferred agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity; in the case of an entity that ceases to exist for any reason, this guaranty applies to the principals of the entity.

FMO name _____ Please Print FMO # _____

FMO signature  _____ Date _____
Required

1. A new Agent Agreement is not being executed as a result of the transfer of the above named agent to your FMO organization. The existing Agent Agreement will continue as if your FMO organization was the original FMO.
2. The principals of your FMO organization and all hierarchy levels, jointly and severally, unconditionally guarantee the full and faithful performance of all obligations, regardless of when incurred, of the above named transferred agent under his/her Agent Agreement.

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 Home Office: New York, NY
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FMO Release Request

Agent First Name	Agent Middle Name	Agent Last Name
Allianz Releasing FMO Agent Number	Allianz Accepting FMO Agent Number	Social Security Number

This release is for the line of business checked below

Life Annuity

Representations and agreements:

- If the agent was previously or is going to 0/0 rates, then an Application for Agent Agreement must also be included with this FMO Release form.
- This agreement does not supersede the Allianz Agent Agreement that is/will be in effect and does modify the agent agreement under General Provisions, 4a 1 and/or 2 of the original Agent Agreement to allow an immediate transfer.
- The agent will not be released if there is an outstanding debt with Allianz Life.
- An agent can not have their commission rates changed for one year following a transfer from one Field Marketing Organization to another
- If there is an AFMO in the agent's hierarchy (or any additional next higher levels), then the FMO, the AFMO, and all next higher levels need to authorize and sign the release of the agent.
- Releases will only be accepted with signatures from the principal of the organization or individuals that have been given appropriate signing authority by the FMO.
- Allianz will NOT get involved and is NOT responsible for managing or policing any reciprocal release agreements between Field Marketing Organizations.

Agent Signature _____ **Date** _____

Releasing AFMO Signature _____ **Date** _____
 (If applicable)

Releasing FMO Signature _____ **Date** _____

Accepting FMO Signature *David A. Gundelband* _____ **Date** _____

The above agent will be immediately released from the existing FMO hierarchy. I understand that the six month transfer process will not be complied with in this agent's situation.

Hierarchy Structure – New Upline use only

This agent's recommended contract level:

Agent General Agent

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

Life

Rates _____/_____

(1st Year/Renewals)

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

Annuity

Rates _____/_____

(1st Year/Renewals)

Annualized As Earned

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 recommends this applicant for contracting. The FMO and if applicable, the hierarchy identified below hereby accepts the agent identified above, 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: in the case of an entity that ceases to exist for any reason, this guaranty applies to the principals of the entity.

GA's Signature _____ Date _____

AFMO's Signature _____ Date _____

FMO's Signature *David A. Gundelband* _____ **Date** _____



2102 Great Northern Dr
Fargo, ND 58102
800.373.9807
800.293.9897 fax



Letter of Intent

This form is to notify Allianz that I intend to transfer my Allianz contract from my current Field Marketing Organization to Sunderland Group.

I, _____, hereby wish to transfer
(Please Print Name)

my Allianz contract to Sunderland Group FMO #10.

X _____ SSN: _____ Date: _____
(Signature)

In order to complete the transfer I understand I will need to submit a second letter of intent dated 6th months from the date of this request.

Fax to
800.293.9897