

# Selling Agreement for **Allianz**

## **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](http://sunderlandgroup.com) for the LIMRA training link.

## **Remit Paperwork to:**



**Fax:** 800.293.9897  
**E-mail:** [licensing@sunderlandgroup.com](mailto:licensing@sunderlandgroup.com)  
**Mail:** 2102 Great Northern Drive  
Fargo, ND 58102

**Questions Call**  
**800.373.9807**



## 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)

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

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

<b>Please attach a corporate resolution or corporate meeting minutes appointing authorized officers</b>	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 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 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 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 or one of Allianz Life's subsidiaries?  Yes  No
- 8. State and County of residence and county of work for the last 10 years \_\_\_\_\_
- 9. If you currently are, or ever have been FINRA registered, do you have any reportable events on your U-4 or U5?  Yes  No

**Release authorization and  
Fair credit reporting act disclosure  
[for employment purposes]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, as a part of adverse decision, we can provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

**By signing this form, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Allianz Life or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.**

**For Maine Applicants Only**

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

**Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.**

**For Washington Applicants Only**

The consumer reporting agency which furnished the report is Business Information Group, P.O. Box 541, Southampton, PA, 18966; for consumer compliance officer contact 800-260-1680.

**For California, Minnesota, and Oklahoma Applicants Only**

A consumer credit report will be obtained through Business Information Group, P.O. Box 541, Southampton, PA, 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.



Yes \_\_\_\_\_ No \_\_\_\_\_  
                  Initials                   Initials

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.



Yes \_\_\_\_\_ No \_\_\_\_\_  
                  Initials                   Initials

**\*California applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

## Representations and agreements

- I will solicit business only in states where I am licensed and appointed with Allianz Life.
- I will not solicit business in states that prohibit solicitation prior to my appointment.
- I will abide by all rules and regulation of Allianz Life, which may be subject to change at the discretion of Allianz Life.
- I will represent all policies according to their applicable provisions, including any illustration of values and benefits. Full disclosure will be made regarding all policy features and condition relevant to the receipt of benefits.
- I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws and consumer protection laws within the state(s) where I hold a resident or non resident license.
- Premium checks will be payable to and sent directly to Allianz Life and not credited to a personal or business account.
- All advertisements that are not produced by Allianz Life will receive the written approval of Allianz Life prior to use.
- I hereby continually authorize Allianz Life to independently verify the information set forth in this agent application and to contact people regarding my character, general reputation and background, including credit reports and criminal background checks.
- If I am contracted individually and subsequently become a principal in an entity, I hereby agree that I will be the guarantor of the obligations of the entity.
- **I understand that by providing my fax number, email address, mail address, and telephone number on this Application, I am giving express permission to the receipt of advertisements and other communications by fax, email, mail, and telephone from or on behalf of Allianz Life and its affiliates.**
- **I understand that this Application and the Agent Agreement, Schedule of Commissions, and Commission Guidelines and addenda accompanying this Application or provided by Allianz Life promptly following receipt of the Application, together with the Schedule of Commissions and Commission Guidelines and all addenda applicable to the Agent Agreement, constitute the entire agreement of the parties, except as provided immediately below for a license-only Agent Agreement.**

## Licensed Only Agent Section

By signing/initialing this section:

- I understand that Allianz Life 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 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. This application is contingent upon Allianz Life Insurance Company's completion of its investigation of my background, as contemplated herein, and upon Allianz Life Insurance Company's approval. I further hereby certify that if this application is approved, I will comply with all terms and conditions of Allianz Life Insurance Company's Agency/Agency Agreement, as amended from time to time, including but not limited to, the terms and conditions therein relating to Allianz Life's privacy policy. A photocopy of this authorization shall be as valid as the original. My signature on this application represents my signature on the agreement and is incorporated by reference. The undersigned, jointly and severally, unconditionally guarantee the full and faithful performance of each and every obligation of the applicant under the agent agreement, including any applicable addenda. In the case of an applicant contracted individually and subsequently becoming a principal in an entity, the guaranty of all guarantors runs to the entity; in the case of an entity which ceases to exist for any reason, the undersigned principal of the agent entity agree that the obligations of the entity will become those of the principals. The undersigned waive notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed hereby.

By signing below, I also agree to adhere to the Allianz Life Code of Best Practices.

Applicant's signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Allianz Life Insurance Company  
of North America  
PO Box 59060  
Minneapolis, MN 55459-0060  
800.950.7372  
Fax: 763.765.6136  
Web: www.allianzlife.com



Overnight address:  
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 Sunderland Group  
FMO# 010.

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 \_\_\_\_\_ / \_\_\_\_\_  
(1<sup>st</sup> 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: Sunderland Group FMO Number 010

I have reviewed this application, and to the best of my knowledge, the applicant has answered all questions accurately and I recommend this applicant for contracting. The FMO and if applicable, the hierarchy identified below, hereby accepts the agent identified above, and unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker/dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity. This guaranty applies to the principals of the entity. Furthermore, each of the undersigned certify that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as an agent for Allianz Life.

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

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

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

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Web: www.allianzlife.com



Overnight address:  
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 Sunderland Group  
FMO# 010.

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 (1<sup>st</sup> 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: Sunderland Group FMO Number 010

I have reviewed this application, and to the best of my knowledge, the applicant has answered all questions accurately and I recommend this applicant for contracting. The FMO and if applicable, the hierarchy identified below, hereby accepts the agent identified above, and unconditionally guarantees the full and faithful performance of each and every obligation of the agent under the Agent Agreement, including applicable addenda, without regard to when incurred and waives notice of acceptance, presentation and protest, and any other notice with respect to the obligations guaranteed. This guaranty by the FMO with respect to obligations of an AFMO that is federally registered broker/dealer applies only to obligations incurred by or resulting from the activities of agents of the AFMO who are also in the FMO's hierarchy. In the case of an agent contracted individually who subsequently becomes a principal in an entity, this guaranty applies to the entity. This guaranty applies to the principals of the entity. Furthermore, each of the undersigned certify that it has investigated the character, general reputation and background of the applicant and is satisfied that the applicant is trustworthy and qualified to act as an agent for Allianz Life.

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

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

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

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



## 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.

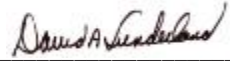
I understand that by providing my fax number, e-mail address, mail address, and telephone number, I am giving express permission to the receipt of advertisements and other communications by fax, e-mail, mail, and telephone from or on behalf of the Company and its affiliates.

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 North America 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 Sunderland Group FMO # 010  
Please Print

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.

Allianz Life Insurance Company  
of North America  
PO Box 59060  
Minneapolis, MN 55459-0060  
Fax: 763.765.2844



## FMO Release Request

Agent First Name	Agent Middle Name	Agent Last Name
Allianz Releasing FMO Agent Number	Allianz Accepting FMO Agent Number 010	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 is 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** *Dennis G. Gendron* \_\_\_\_\_ **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)

Rates \_\_\_\_\_ / \_\_\_\_\_  
(1st Year/Renewals)

Rates \_\_\_\_\_ / \_\_\_\_\_  
(1st Year/Renewals)

**Financing:**

Annualized  As Earned

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 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** *Dennis G. Gendron* \_\_\_\_\_ **Date** \_\_\_\_\_

FMO Release

(R-12/2009)



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)

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

Fax to  
**800.293.9897**