

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800/950-9323



Contract no. _____

Agency Compensation and Transmittal

Commission rates & hierarchy

		Life	LTC
Agent name _____	Agent # _____	Rates ____ / ____ (1st year/renewals)	Rates ____ / ____ (1st year/renewals)
<input type="checkbox"/> Agent <input type="checkbox"/> General agent select agent or GA for rates of 70 and 75			
Name _____	Agent # _____	Rates ____ / ____	Rates ____ / ____
Name _____	Agent # _____	Rates ____ / ____	Rates ____ / ____
Name _____	Agent # _____	Rates ____ / ____	Rates ____ / ____
FMO _____	FMO # _____	Rates ____ / ____	Rates ____ / ____

Financing

Request for:	General market	LTC
<input type="checkbox"/> New agent	<input type="checkbox"/> Annualized <input type="checkbox"/> As earned	<input type="checkbox"/> Annualized <input type="checkbox"/> As earned
<input type="checkbox"/> Promotion	For annualization, please circle one:	For annualization:
<input type="checkbox"/> Demotion	0/75 25/50	0/75
<input type="checkbox"/> Hierarchy change	Maximum advance per policy:	Maximum advance per policy:
<input type="checkbox"/> Advancing	\$2,000	\$2,000
	Maximum advance per agent:	Maximum advance per agent:
	\$10,000	\$10,000

FMO Acceptance of Agent

The Field Marketing Organization and hierarchy identified below hereby accepts the Agent identified above, unconditionally guaranties 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. 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 <u>EPIC Marketing Group</u>	FMO # <u>656</u>
X <u><i>Benny work</i></u> Signature of Officer/Partner/Chief Manager of FMO	Date _____
AFMO name _____	AFMO # _____
X _____ Signature of Officer/Partner/Chief Manager of AFMO	Date _____
GA name _____	GA # _____
X _____ Signature of GA	Date _____

NOTE: Following completion and execution by the Agent, this Form should be sent to the FMO for execution and returned to Allianz Life Insurance Company of North America. If the Agent named above has existing debt, we will notify the FMO prior to completing the transfer.

Are new business applications included in this package? Life & annuity Long term care

Applicant's name _____ App date _____ App state _____

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,
 3. to deliver policies in accordance with any delivery requirements of the Company on a timely basis, and
 4. to make reasonable efforts to maintain the Company's policies in force and to provide reasonable assistance to policyholders.
- e. **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.
- f. **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.
- g. **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.
- h. **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.
- i. **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.
- j. **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.

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 4.1.2.,
 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, or
 12. incur any expenses in our name without prior written approval.

3. Company rights and responsibilities (continued)

- 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, and
 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 video tapes, 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.
- 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: Field Compensation,
 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. Rights and responsibilities of both parties (continued)

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, or
 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, or
 12. falsify or omit material information provided to us.

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 you 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.

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

5. General provisions (continued)

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.
- 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

By _____
Authorized officer

Date

Agent # _____ FMO# _____



Agent # _____

Application for Agent Agreement

First name	Middle name	Last name		
Res. address (required)		City	State	Zip
Bus. address		City	State	Zip
Home phone	Work phone	E-mail address		
Fax number	Social Security number			Birth date
Are you currently NASD registered? <input type="checkbox"/> No <input type="checkbox"/> Yes		Name of broker/dealer		Broker/Dealer number

Background

- Have you ever:
 Been convicted¹ of a crime, including felony, misdemeanor or military offense? No Yes
 Been the subject of a penalty, inquiry or action by a regulatory agency? No Yes
 Filed bankruptcy? No Yes
 Had a license refused/suspended/revoked or currently restricted or under investigation? No Yes
 - Do you have any outstanding judgments or liens? No Yes
 - Are you indebted to any insurance company/agency/manager (including debit balance)? No Yes
 - Are any immediate family members currently contracted with Allianz Life? No Yes
- If "yes," please provide: Name _____ Relationship _____
 Please explain any "yes" answers on a separate sheet. Include dates.

¹ Convicted includes a guilty verdict, withdrawn plea, probation, any dismissed charges, suspended sentences or fines. You may exclude traffic citations and juvenile offenses.

Representations and agreements

- I will solicit business only in states where I am licensed and appointed with the Company.
- I will not solicit business in states that prohibit solicitation prior to my appointment. (As a general rule, it is not acceptable to make a solicitation anywhere other than the resident state of the applicant.)
- Premium checks will be payable to and sent directly to the Company and not credited to a personal or business account.
- All policies will be represented according to their applicable provisions, including any illustration of values and benefits. Full disclosure will be made regarding all policy features and conditions relevant to the receipt of benefits.
- All advertisements that are not produced by the Company will receive the written approval of the Company prior to use.
- I hereby continually authorize the Company 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 will abide by all written rules and regulations of the Company, which may be subject to change at any time.
- I understand that by providing my fax number, e-mail address, mail address, and telephone number on the first page of this application, 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.
- I understand that this application and the Agent Agreement, Schedule of Commissions, and Commission Guidelines and addenda accompanying this application or provided by the Company promptly following receipt of the application, together with the Schedule of Commissions and Commission Guidelines and all addenda applicable to the Agent Agreement, constitute the entire agreement of the parties, except as provided immediately below for a license only Agent Agreement.
- If this is an application for a license only Agent Agreement, I understand that the Company 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 the Company to designated persons in the hierarchy, and I will look solely to the hierarchy for my compensation. Accordingly, references in this application and the Agent Agreement to a Schedule of Commissions, Commission Guidelines, and arrangements and understandings with respect to commissions are understood to be inapplicable to my license only Agent Agreement.

Please initial here if you intend this application to be for a license only Agent Agreement
 (see last paragraph in representations and agreements above): _____

Signature of applicant (If an entity is the applicant, also complete page 2.)

X _____
 Signature of applicant _____ Date _____ Print name _____

Application for Agent Agreement

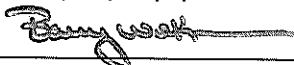
Entity information (If an entity is the applicant)

Entity name _____ Tax I.D. number _____
Address _____ City _____ State _____ Zip _____
 Corporation Partnership Sole proprietorship LLC

Financial guaranty and certification

The undersigned, jointly and severally, unconditionally guaranty 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 principals of an 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. Furthermore, each of the undersigned certifies 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 the Company.

✕ _____
Signature(s) of principal equity holders of entity, as individuals. **Omit corporate title.** Please print name(s) _____

✕  _____
Signature(s) of officer/partner/chief manager of Field Marketing Organization Signature(s) of individual **general agent** or principal equity holders of General Agent. **Omit corporate title.**

Authorization for automatic deposits

Please complete all information. Commissions are sent daily through automatic deposit.

I hereby authorize the Company to pay my commissions even faster by depositing my commissions through electronic funds transfer.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination, allowing the Company enough time to act on it.

Account name _____ (Please print) Account number _____

Financial institution's telephone (_____) _____ Must attach: Voided check for checking account
 Deposit slip for savings account

Applicant's signature ✕ _____
(Include title, if entity account)

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

Now you can receive your commissions on a daily basis, just like thousands of other agents who write business with Allianz Life®. Why wait days (or even weeks) to get paid? Sign up today and start getting your commissions instantly. Note: Commissions on life policies with premium of \$10,000 or more and annuity policies with premium in excess of \$250,000, not exceeding \$500,000, will generate commissions upon policy delivery receipt. Commissions on annuities exceeding \$500,000 will pay remaining commissions upon expiration of the 20-day free look.

Once you are signed up for instant commissions:

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

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

Want instant commissions? It's easy:

- Fill out the reverse side of this form.
- Attach a pre-printed voided check or deposit slip.
- Write business with Allianz Life.
- That's it! Commissions earned for life, annuity, or long term care sales will be transmitted to your bank within 24 hours.

Common instant commissions questions

Q. Can Allianz Life take money out of my account?

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

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

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

Q. When will my bank receive my deposit?

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

Q. How often are transmissions completed?

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

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

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

Q. How do I change my account information?

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

Instant, easy, convenient!

Think about it...

No more waiting for the company to cut your check.

No more waiting for the mail to arrive.

No more going to the bank.

No more standing in line to make your deposit.

Try instant commissions today! Questions? Call 800/950-7372.

All you need to do is complete the information below and mail to Allianz Life® in care of Field Compensation with a pre-printed voided check for checking accounts or a pre-printed deposit slip for savings accounts.

Authorization agreement for automatic deposits

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

This authority is to remain in full force and effect until the Company has received written notification from me of its termination, allowing the Company enough time to act on it.

New Change

Agent number _____ Agent name _____
Please print

Bank Individual Checking
 Credit Union Joint Savings
 Savings & Loan

Account name(s) _____
Please print

Name of financial institution _____
Please print

Address or branch _____

City _____ State _____ Zip code _____

Financial institution's telephone (_____) _____

Applicant's signature _____ Date _____

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

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

JOHN DOE 129 Main Street Anywhere, USA 00000	VOID	_____, 20____
PAY TO THE ORDER OF _____		\$ _____
FIRST NATIONAL BANK ANYWHERE, USA		_____ DOLLARS

Please fax to:
763/582-6005
or mail to:

Allianz Life Insurance Company
of North America
Attn: Field Compensation
PO Box 59060
Minneapolis, MN 55459-0060