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

ALLIANZ PREFERRED℠

Allianz

Preferred Agent/Agency Contract Transmittal

Agent Name _____ **Agent Number** _____

Agent SSN _____ - _____ - _____

TO BE COMPLETED by the Preferred FMO AND SIGNED by the Preferred FMO AND applicable SUB-AGENCIES

New Contract Level: ☐ 0/0 (Licensed Only) ☐ 80 (default)

Explanation for 0/0 contract choice: _____

Licensed Only Agent Section – To be completed if changing to 0/0 level

By signing this section, I agree that:

- Allianz Life 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 Preferred Agent Agreement to the Preferred Commission Schedule, Preferred Commission Guidelines and other arrangements with respect to the compensation will be inapplicable to my license-only Preferred Agent Agreement.

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

Signature _____

Hierarchy Signature Section

I have reviewed this application and I know of no inaccuracies or omissions in it. I have investigated the character, general reputation and background of the applicant and I am satisfied that the applicant is trustworthy and qualified to act as an agent for Allianz Life. I recommend that Allianz Life contract and appoint this applicant as an agent, and if appointed, I accept this agent as one within my responsibilities.

Preferred GA (or other agency)

Name: _____ Preferred AFMO # _____

Signature: _____

Preferred AFMO (or other agency)

Name: _____ Preferred FMO# _____

Signature: _____ Tax ID # _____

Broker Dealer

Name: _____ BD # _____

Preferred FMO: _____ FMO# _____

Signature: _____ Tax ID # _____