

ALLIANZ CONTRACTING INSRUCTIONS

To ensure proper and timely contracting, please return ALL of the following:

1. If you are currently appointed with Allianz- please sign the transfer form and transmittals only.
2. If you are NOT currently appointed with Allianz we will need a signed and completed **Agent Application** pages 2-4, **fixed annuity and life transmittals, Signature required on page 4.**
3. **If you are a licensed only agent in a hierarchy, please sign the first and second line on page 4**
4. Signed and Completed **W-9 Form.**
5. Copy of current individual insurance license and/or corporate license for each state in which you are requesting to be licensed, write business or will receive override commission.
6. **DIRECT DEPOSIT IS REQUIRED**-please send a copy of a voided check back with your contracting
7. If you are licensing your company, please include a copy of your board/resolution minutes or articles of incorporation.
8. Signed and Completed **Agent Indebtedness Agreement (sign back page).**
9. A letter of intent from the agent stating that he wants to move his appointment to BHC when he is eligible.

bhcmarketing

FAX: 775-261-9088

e-mail: licensing@bhcmarketing.com

Phone: 800-201-0

Free Website

Contract with any two of our carriers 1 and close a modest amount of annuity business 2 each calendar quarter...and we will build and maintain a website tailored specifically for you at ZERO cost. (See the demo site at www.demo.RetireRx.com) Call for details!

URGENT!!! THIS IS A REQUIREMENT THAT MUST BE MET PRIOR TO SELLING!!!

Please be advised that ALLIANZ requires product training for states that have adopted the NAIC Suitability in Annuity Transactions Model Regulation, in addition to every agent must complete ALLIANZ's Code of best practice.

You must complete both training courses **PRIOR TO SOLICITING BUSINESS.**

This regulation requires a 4-hour General Annuity training course and Product Specific training courses be taken prior to soliciting business.

Allianz Fixed Annuity Product Training

The Fixed Annuity Product Training course is available via two options:

a) **The Allianz website, under the Business Builder page.**

<https://www.allianzlife.com/IG/EducationCenter/BusinessBuilder.aspx>

Look for the Product Training section and click on 'NAIC Suitability Model Regulation' for a list of courses to choose from.

b.) **The RegEd Website**

<https://secure/reged.com/TrainingPlatform>

To access Allianz product Training through RegEd, you'll need to self register on their website. Please visit the RegEd/IRI Annuities Training Platform to complete this process. Once you are registered with RegEd, your Allianz product training will be assigned via an email from RegEd within 24 hours. Once you completed the training, we will receive notification of the completed course within 2 business day.

Note: You must complete the training suite in its entirety.

General Annuity Training

The regulation requires producers to complete a one-time, four-hour general annuity training course. You can access approved courses at www.pearsonvue.com.

Code of Best Practices

Go to allianzlife.com- log in.

Once you are logged in you will go to the education center—that will take you to where you can complete the Code of Best Practices.

Application Information Sheet

This page is an instructional page that will assist you in completing the contracting paperwork with Allianz Life.

Requirements

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

- Completed Agent Application, signed and dated.
- This application is to be submitted by your FMO.
- Current copy of insurance license(s), resident and non resident, in states where you will solicit business.
- Verification of completed AML training. (If using LIMRA this will be an automatic feed to Allianz Life Insurance Company. <https://AML.LIMRA.Com>.)
- Required continuing education certificates in states that require this training.
- Read and Agree to the Allianz Life Code of Best Practices

Once the agent application is received, a background investigation will be conducted on every agent applying for an agent agreement with Allianz life as required by state and federal regulations. Please explain any "yes" answers to the background information questions on page two of this application, on a separate sheet, including the circumstances with dates of the occurrence. Please ensure this sheet is signed, dated, and returned with the application. You will not be granted an agent agreement with Allianz Life if you do not meet our guidelines. You will need to clear any outstanding items with the credit reporting agency or state regulatory body prior to reconsideration.

Allianz Life has specific guidelines for agent application; please see your FMO for any questions. These guidelines include, but are not limited to:

Financial Debt

- No credit report available
- Bankruptcy within the past 3 years (by enter date)
- Any two of the following combined to exceed \$15,000:

Public records

- Collections debt in excess of \$10,000
- Liens/judgments in excess of \$10,000
- Foreclosures/civil suits in excess of \$10,000

Courts/criminal

- Misdemeanors; reviewed case by case
- Felonies, automatic decline

Actions base/regulatory

- State license revocation/suspension within past 5 years
- State license restriction/fines within past 5 years

FINRA

- Customer disputes, disciplinary and regulatory events.

Agency action

- This refers to any federal or state entity that regulates a financial industry or agent. Any action that results in the banning or disbarment of an agent from such an agency will result in an immediate termination.

Other

- Background questions on the application do not match background report results.
- "Yes" answers on the background questions will be reviewed.

Your individual state appointment(s) with Allianz Life will be effective upon submission of your first piece of business with Allianz Life, except for agents who are licensed in states that require an immediate appointment: Montana (15), where appointments will be processed upon approved background investigation. States mandate how many days in advance an agent may solicit business prior to obtaining an appointment, the number of days is indicated in the parentheses below. The current guidelines are listed below. Please be sure that all applications are dated appropriately, and submitted promptly. Applications submitted outside of these guidelines may need to be "Resold", or may be cancelled.

Alabama (15)	Kentucky (15)	Ohio (30)
Alaska (30) ¹	Louisiana (15)	Oklahoma (15)
Arizona ¹	Maine (15)	Oregon ¹
Arkansas (15)	Maryland ¹ (30)	Pennsylvania (30)
California (14)	Massachusetts (15)	Rhode Island ¹
Colorado ¹	Michigan (15)	South Carolina (15)
Connecticut (15)	Minnesota (15)	South Dakota (15)
District Of Columbia (30)	Mississippi (15)	Tennessee (15)
Delaware (15)	Missouri (30) ¹	Texas (30)
Florida (45)	Nebraska (15)	Utah (15)
Georgia (15)	Nevada (15)	Vermont (15)
Hawaii (15)	New Hampshire (15)	Virginia (30)
Idaho (15)	New Jersey (15)	Washington (15)
Illinois ¹	New York (15)	West Virginia (15)
Iowa (30)	New Jersey (15)	Wyoming (15)
Indiana ¹	North Carolina (15)	
Kansas (30)	North Dakota (30)	

¹State does not have a required appointment process.

This form can be sent to your FMO for further processing.

Code of Best Practices

We understand that, as an Allianz Life appointed financial professional, you share our desire to build long-standing relationships of trust with the clients who purchase Allianz Life 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 Life 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 Life Agent Guide to Annuity Suitability, the Compliance Guide to Successful Business, and the Suitability eLearning module.

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 to Successful Business and the Replacement eLearning module.

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 life 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 life product.

More information: Please refer to the Compliance Guide to Successful Business and the Disclosure eLearning module.

Other Allianz Life Policies

Allianz Life expects that you understand and comply with all Allianz Life business requirements as outlined in the Agent Guide to Annuity Suitability, the Compliance Guide to Successful Business, the eLearning modules, and all other Allianz Life 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 Life Code of Best Practices.



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)

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 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:** _____



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 _____ Please Print FMO # _____

FMO signature _____ Required Date _____

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
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 _____
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 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
Fax: 763.765.6136
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 _____
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 _____

SIGN HERE

Date _____

Fixed Life Hierarchy Structure – FMO Use Only

This agent's recommended contract level: Life rates _____ / _____
(1st year/renewals)

Agent General agent

(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 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: _____

All you need to do is complete the information below and mail to Allianz in care of Enterprise Producer Services with a pre-printed voided check for checking accounts or a pre-printed deposit slip for a saving account.

Authorization agreement for automatic deposits

I hereby authorize Allianz, 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

Bank account # _____ Routing # _____

Address or branch

City _____ State _____ ZIP code _____

Financial institution's telephone (_____) _____

Agent'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 _____		\$ _____
		_____ DOLLARS
FIRST NATIONAL BANK ANYWHERE, USA		_____

Please fax to:
763.582.6005
Email to:
EPS_Dept@allianzlife.com
or mail to:

Allianz Life Insurance Company
of North America
Attn: Enterprise Producer Services
PO Box 59060
Minneapolis, MN 55459-0060

Cash Commissions

Annuity



Commission Level	Immediate Elite [®] Annuity	Allianz Command Provider SM Annuity	
		Year 1	Year 1
	Single premium	Ages	Ages
	0-100	0-75	76-85
80	3.00	3.25	3.25

100% chargeback on surrenders in the first six policy months
50% chargeback on surrenders in policy months 7-12

Commission Level	Allianz MasterDex Plus SM Annuity Option A				Allianz MasterDex Plus Annuity Option B						Allianz MasterDex Plus Annuity Option C					
	Year 1	Years 2-3	Year 1	Years 2-3	Year 1	Years 2-3	Years 2+	Year 1	Years 2-3	Years 2+	Year 1	Years 2-3	Years 2+	Year 1	Years 2-3	Years 2+
	Ages 0-75	Ages 0-75	Ages 76-80	Ages 76-80	Ages 0-75	Ages 0-75	trail comm	Ages 76-80	Ages 76-80	trail comm	Ages 0-75	Ages 0-75	trail comm	Ages 76-80	Ages 76-80	trail comm
80	6.00	3.00	5.00	2.50	4.00	2.00	0.50	3.50	1.75	0.50	2.00	1.00	1.00	2.00	1.00	0.75

100% chargeback on surrenders in the first six policy months

50% chargeback on surrenders in policy months 7-12

100% chargeback in the event of the owner's death in the first six policy months

50% chargeback in the event of the owner's death in policy months 7-12

100% chargeback if the Alternate Annuitization Option III (Medicaid endorsement) is used in the first six policy months

50% chargeback if the Alternate Annuitization Option III (Medicaid endorsement) is used in policy months 7-12

For agent use only – not for use with the public
Product and feature availability may vary by state.

Cash Commissions



Continued ...

Annuity

Commission Level	Allianz MasterDex 5 Plus SM Annuity Option A				Allianz MasterDex 5 Plus Annuity Option B						Allianz MasterDex 5 Plus Annuity Option C					
	Year	Years	Year	Years	Year	Years	Years	Year	Years	Years	Year	Years	Years	Year	Years	Years
	1	2-5	1	2-5	1	2-5	2+	1	2-5	2+	1	2-5	2+	1	2-5	2+
	Ages	Ages	Ages	Ages	Ages	Ages	trail	Ages	Ages	trail	Ages	Ages	trail	Ages	Ages	trail
	0-75	0-75	76-80	76-80	0-75	0-75	comm	76-80	76-80	comm	0-75	0-75	comm	76-80	76-80	comm
80	7.00	3.50	5.00	2.50	5.00	2.50	0.50	3.50	1.75	0.50	2.25	1.125	1.00	2.00	1.00	0.75

100% chargeback on surrenders in the first six policy months

50% chargeback on surrenders in policy months 7-12

100% chargeback in the event of the owner's death in the first six policy months

50% chargeback in the event of the owner's death in policy months 7-12

100% chargeback if the Alternate Annuitization Option III (Medicaid endorsement) is used in the first six policy months

50% chargeback if the Alternate Annuitization Option III (Medicaid endorsement) is used in policy months 7-12

*Issued as Allianz MasterDex 3 PlusSM Annuity in the state of FL for issue ages 65+

Commission Level	Allianz MasterDex 10 Plus SM Annuity Option A				Allianz MasterDex 10 Plus Annuity Option B						Allianz MasterDex 10 Plus Annuity Option C					
	Year	Years	Year	Years	Year	Years	Years	Year	Years	Years	Year	Years	Years	Year	Years	Years
	1	2-5	1	2-5	1	2-5	2+	1	2-5	2+	1	2-5	2+	1	2-5	2+
	Ages	Ages	Ages	Ages	Ages	Ages	trail	Ages	Ages	trail	Ages	Ages	trail	Ages	Ages	trail
	0-75	0-75	76-80	76-80	0-75	0-75	comm	76-80	76-80	comm	0-75	0-75	comm	76-80	76-80	comm
80	7.00	3.50	5.00	2.50	5.00	2.50	0.50	3.50	1.75	0.50	2.25	1.125	1.00	2.00	1.00	0.75

100% chargeback on surrenders in the first six policy months

50% chargeback on surrenders in policy months 7-12

100% chargeback in the event of the owner's death in the first six policy months

50% chargeback in the event of the owner's death in policy months 7-12

100% chargeback if the Alternate Annuitization Option III (Medicaid endorsement) is used in the first six policy months

50% chargeback if the Alternate Annuitization Option III (Medicaid endorsement) is used in policy months 7-12

For agent use only – not for use with the public
Product and feature availability may vary by state.

Cash Commissions



Continued ...

Annuity

Commission Level	MasterDex X SM Annuity Option A				MasterDex X Annuity Option B						MasterDex X Annuity Option C					
	Year	Years	Year	Years	Year	Years	Years	Year	Years	Years	Year	Years	Years	Year	Years	Years
	1	2-3	1	2-3	1	2-3	2+	1	2-3	2+	1	2-3	2+	1	2-3	2+
	Ages	Ages	Ages	Ages	Ages	Ages	trail	Ages	Ages	trail	Ages	Ages	trail	Ages	Ages	trail
	0-75	0-75	76-80	76-80	0-75	0-75	comm	76-80	76-80	comm	0-75	0-75	comm	76-80	76-80	comm
80	7.00	3.50	5.00	2.50	5.00	2.50	0.50	3.50	1.75	0.50	2.25	1.125	1.00	2.00	1.00	0.75

100% chargeback on surrenders in the first six policy months

50% chargeback on surrenders in policy months 7-12

100% chargeback in the event of the owner's death in the first six policy months

50% chargeback in the event of the owner's death in policy months 7-12

100% chargeback if the Alternate Annuitization Option III (Medicaid endorsement) is used in the first six policy months

50% chargeback if the Alternate Annuitization Option III (Medicaid endorsement) is used in policy months 7-12

Commission Level	Allianz Dominator Plus [®] Annuity 5 Year GIR			Allianz Dominator Plus Annuity 10 Year GIR		
	Ages	Ages	Ages	Ages	Ages	Ages
	0-75	76-80	81-85	0-75	76-80	81-85
80	3.00	2.00	1.00	4.00	3.00	2.00

100% chargeback on surrenders in the first six policy months

50% chargeback on surrenders in policy months 7-12

100% chargeback in the event of the owner's death in the first six policy months

50% chargeback in the event of the owner's death in policy months 7-12

Note: This product has not been approved in all states.

Please call the FASTeam with questions.

Dominator Plus: A 1% commission will generate to the writing agent on the Dominator Plus Annuity based off of the policy accumulation value (minus any free withdrawals) at the end of the guaranteed interest period if the policy is renewed for the same term or longer.

The 1% commission will be paid out to the writing agent if the renewed policy stays in-force after the 30-day policy window has expired. Chargeback rules apply to this renewal compensation.

For agent use only – not for use with the public
Product and feature availability may vary by state.

Cash Commissions



Continued ...
Annuity

Commission Level	Allianz Endurance SM Plus Annuity Option A				Allianz Endurance Plus Annuity Option B						Allianz Endurance Plus Annuity Option C						
	Year 1	Year 2-3	Year 1	Year 2-3	Year 1	Year 2-3	Year 1	Year 2-3	Year 2-10	Year 11+	Year 1	Year 2-3	Year 2+ trail comm	Year 1	Year 2-3	Year 2+ trail comm	
	Ages 0-75	Ages 0-75	Ages 76-80	Ages 76-80	Ages 0-75	Ages 0-75	Ages 76-80	Ages 76-80	trail comm	trail comm	Ages 0-75	Ages 0-75	Ages 0-75	Ages 76-80	Ages 76-80	Ages 76-80	
	80	7.00	3.50	5.00	2.50	5.00	2.50	3.50	1.75	0.50	0.50	2.25	1.125	1.00	2.00	1.00	0.75

100% chargeback on surrenders in the first six months
 50% chargeback on surrenders in the second six policy months
 100% chargeback in the event of the Owner's death in the first 6 policy months
 50% chargeback in the event of the Owner's death in policy months 7-12

Commission Level	Allianz Endurance Elite SM Annuity Option A		Allianz Endurance Elite Annuity Option B				Allianz Pro V1 SM Annuity	Allianz Pro V1 Annuity	Allianz Pro V1 Annuity	
	Year 1	Year 1	Year 1	Year 1	Year 2-5	Year 6+	Year 1	Year 1	Year 1	
	Ages 0-75	Ages 76-80	Ages 0-75	Ages 76-80	trail comm	trail comm	Ages 0-75	Ages 76-80	Ages 81+	
	80	4.50	3.00	2.00	1.25	0.50	0.50	3.25	2.00	1.00

100% chargeback on surrenders in the first six policy months
 50% chargeback on surrenders in policy months 7-12
 100% chargeback in the event of the owner's death in the first six policy months
 50% chargeback in the event of the owner's death in policy months 7-12
 100% chargeback if the Alternate Annuity Option III (Medicaid endorsement) is used in the first six policy months
 50% chargeback if the Alternate Annuity Option III (Medicaid endorsement) is used in policy months 7-12

For agent use only – not for use with the public
 Product and feature availability may vary by state.

**Allianz Life Insurance
Company of North America**

Life Schedule of Commissions

This ADDENDUM supplements and is part of the AGENT AGREEMENT between you and Allianz Life Insurance Company of North America pursuant to which you solicit applications for our insurance, annuities, riders, and other contracts (policies). Commissions are calculated on premiums received and accepted by the Company on applications secured by you and your agents. The Company will pay you the following:

Planned Premium Life Products

Products	Ages	First Year Target Premium
10 Year Term	18-65	75 %
20 Year Term	18-65	85 %
30 Year Term	18-50	95 %
Generation Planner II [®]	0-80	87.5 %

* For the Generation PlannerII: Issue age range is from 0 to 70 on Select and SuperSelect classes and 0 to 90 for standard risk classes. The Generation Planner will only be available to sell if the Generation Planner II is not yet approved in your state.

Products	Ages	First year Target Premium	First year Excess Premium	Years 2-10 Target and Excess Premium	Trails Years 2-14
GenDex Survivor SM Options A	18-80	95 %	3.5 %	2 %	-
GenDex Survivor SM Options B	18-80	95 %	3.5 %	-	0 %
GenDex Momentum SM Option A	0-80	105 %	3 %	3 %	-
GenDex Momentum SM Option B	0-80	90 %	2.5 %	1.5 %	0 %
GenDex Foundation SM	0-80	95 %	3 %	3 %	-

Single Premium Life Products

Products	Ages	First Year Target and Excess Premium
Allianz Legacy Planner [®]	50-69	12.5 %
Allianz Legacy Planner [®]	70-79	9 %
Allianz Legacy Planner [®]	80-85	6.25 %

AGENT INDEBTEDNESS AGREEMENT

This Agent Indebtedness Agreement (this "Agreement"), effective as of [_____] is between BHC Marketing, Inc. ("BHC"), with its offices located at 1585 Sawdust Road, Ste. 130, The Woodlands, Texas 77380 and [_____] an individual or business (the "Agent"), including the down line hierarchy, if any. The Agent conducts business at the address set forth under such Agent's name on the signature page of this Agreement. BHC and the Agent, in consideration of the premises and mutual covenants and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by BHC and the Agent, agree as follows:

1. **Definitions.**

- a) "BHC Insurance Customer" means any insurance company with which BHC has contractually committed, either prior to or after the date of this Agreement, to recruit agents to market and sell insurance products on behalf of such insurance company and with which the Agent is not affiliated with through BHC prior to the execution of this Agreement.
- b) "BHC Insurance Customer Contract" means a contract to which the Agent and a BHC Insurance Customer are parties and under which the Agent is to market and sell insurance products on behalf of the BHC Insurance Customer and such BHC Insurance Customer is to compensate the Agent for such selling and marketing.

2. **Recitals.**

BHC is, and will be, a party to certain contracts with BHC Insurance Customers under which BHC recruits, and will recruit, agents for such BHC insurance Customers; and

The result of such recruiting may be a BHC Insurance Customer Contract; and

From time to time, BHC Insurance Customers, pursuant to a BHC Insurance Customer Contract, may advance commissions to the Agent, charge back commissions previously paid to the Agent, lend money to the Agent or agree to other terms under which the Agent will become indebted to the BHC Insurance Customer (the "Agent Indebtedness"); and

BHC may, from time to time, be asked by the BHC Insurance Customer to guarantee the Agent Indebtedness or to repay, on behalf of the Agent, the Agent Indebtedness; and

BHC and the Agent, in consideration of the premises and mutual covenants and agreements herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by BHC and the Agent, agree as follows:

3. **Repayment of Agent Indebtedness.** BHC and the Agent agree that the Agent is responsible for the Agent Indebtedness, that the Agent shall repay such Agent Indebtedness pursuant to the terms of the BHC Insurance Customer Contract or pursuant to any other agreement or arrangement between the Agent and the BHC Insurance Customer, and that, in the event BHC pays to the BHC Insurance Customer any amount of the Agent Indebtedness, the Agent shall reimburse BHC for such amount within 30 days after receipt of notice from BHC. The Agent agrees to pay all costs of collection, including attorney fees, incurred by Company or its successors or assigns in collecting any Agent indebtedness.
4. **Term.** This Agreement shall become effective on the date first above written and shall continue thereafter until terminated by BHC upon written notice to the Agent; provided, however, that upon such termination, the indemnification set forth in Section 6 shall survive such termination for the maximum period permitted by applicable law.
5. **Independent Contractor.** The Agent agrees that the Agent will perform all services under this Agreement and the BHC Insurance Customer Contract as an independent contractor. Nothing in the Agreement or in any BHC Insurance Customer Contract will be deemed to create an employer-employee, partnership, or joint venture relationship between BHC and the Agent.
6. **Indemnification.** The Agent agrees to indemnify and hold BHC, its successors and assigns, and their respective directors, officers, managers, stockholders, employees, agents and representatives and all of their respective heirs, legal representatives, successors and assigns ("BHC Parties") harmless from and against any damage, claim, liability, deficiency, loss, cost or expense (including reasonable attorney's fees and interest at the highest rate permitted by law) incurred by any of the BHC Parties arising out of or relating to any breach by the Agent or this Agreement or of any BHC Insurance Customer Contract. The Agent's obligation under this Section 6 shall survive the termination of this Agreement for the maximum period permitted by applicable law.

7. **Notices.** All notices to be given hereunder shall be in writing and personally delivered, sent by certified or registered mail, return receipt requested or delivered by a nationally recognized overnight express delivery service to BHC at the address set forth in the introductory paragraph of this Agreement or to the Agent at the address set forth under the Agent's name on the signature page of this Agreement, or to such other address as BHC or the Agent shall designate by notice given to the other in accordance with this Section 7.

8. **Assignment; Binding Agreement; No Third Party Rights.** BHC may assign or delegate all or part of its rights and assign or delegate all or part of its duties in this Agreement and the BHC Insurance Customer Contract by giving written notice to the Agent. The Agent may not assign or delegate any right or assign or delegate any duty described in this Agreement or in any BHC Insurance Customer Contract to which the Agent is a party without BHC's prior written consent. The Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, legal representatives, successors and permitted assigns. Nothing in this Agreement, express or implied, is intended to confer upon any person or entity other than the parties hereto and the BHC Parties and their respective heirs, legal representatives, successors and permitted assigns, any rights, benefits or obligations hereunder.

9. **Severability; Entire Agreement; Modification.** If any provision of the Agreement is rendered or declared illegal or unenforceable by reason of any existing or subsequently enacted legislation or by decree of a court of last resort, the remaining provisions of this Agreement shall remain in full force and effect. This Agreement contains the entire agreement of BHC and the Agent in respect of the subject matter hereof and cancels all prior agreements, oral or written, related to the subject matter hereof. This Agreement may not be modified except by an instrument in writing executed by BHC and the Agent.

10. **Applicable Law; Jurisdiction; Service of Process.** This Agreement will be deemed for all purposes to have been made and entered into in the State of Texas. All questions concerning the validity and operation of this Agreement and the performance of the obligations imposed upon BHC under this Agreement will be governed by the laws of the State of Texas. Each of BHC and the Agent irrevocably (a) consents to the jurisdiction of the courts of the State of Texas and of any Federal courts located in the State of Texas in connection with any action, suit or other proceeding arising out of or relating to this Agreement or any act taken or omitted hereunder; (b) waives and agrees not to assert in any such action, suit or other proceeding that such party is not personally subject to the jurisdiction of such courts, that the action, suit or other proceedings is brought in an inconvenient forum or that the venue of the action, suit or other proceeding is improper; (c) waives personal service of any summons, complaint or other process; and (d) agrees that the service thereof may be made by certified or registered mail directed to such party at such party's address for purposes of notices hereunder.

11. **Multiple Counterparts.** This Agreement may be executed in multiple counterparts, each of which shall be deemed an original and all of which shall constitute one instrument.

IN WITNESS WHEREOF, each of BHC and the Agent have executed this Agreement to be effective as of the date first set forth above.

BHC:
BHC Marketing, Inc.

By: _____
Michael Tanguay, VP, Chief Compliance Officer

AGENT:

Signature: _____

Print Name: _____

Address: _____

Email: _____