



## 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 \_\_\_\_\_ / \_\_\_\_\_  
(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: \_\_\_\_\_ 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: \_\_\_\_\_

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## Fixed Life Transmittal

Agent Name \_\_\_\_\_ Agent Number \_\_\_\_\_

Agent Social Security Number \_\_\_\_\_

### Fixed Life – Agent Use Only

The Field Marketing Organization (FMO) that I will be selling my **Fixed Life** business with is \_\_\_\_\_  
FMO# \_\_\_\_\_.

I understand that the above referenced FMO will be in my hierarchy for my **Fixed Life** business only, as stated in this transmittal.

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Fixed Life Hierarchy Structure – FMO Use Only

This agent's recommended contract level: Life rates \_\_\_\_\_ / \_\_\_\_\_  
(1<sup>st</sup> year/renewals)

Agent  General agent

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

All product rates must be completed.

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: \_\_\_\_\_