



LONG TERM CARE INSURANCE
Contracting Kit

CARRIER: **ALLIANZ**
CURRENT AS OF 5/17/06

IMPORTANT: CARRIER REQUIRES THAT **EVERY PAGE** IN THIS ENTIRE KIT BE REVIEWED, COMPLETED, OR SIGNED AND RETURNED TO CPS INSURANCE SERVICES. PLEASE CALL (949) 225-7113 WITH ANY QUESTIONS.

By Mail
CPS INSURANCE SERVICES
ATTN: Long Term Care
18551 VON KARMAN AVE, SUITE 150
IRVINE, CA 92612

- OR -

By Fax
CPS INSURANCE SERVICES
ATTN: Long Term Care
(949) 225-7113

***YOU MUST BE APPOINTED BY ALLIANZ PRIOR
TO SOLICITING LTC BUSINESS IN ALL STATES***

<input checked="" type="checkbox"/>	INSTRUCTIONS
<input type="checkbox"/>	Be certain to review, complete, or sign every page of entire appointment packet. After you have done so, make copies for yourself. This is a contract between you and the Insurance Company.
<input type="checkbox"/>	Include a copy of your current resident insurance license
<input type="checkbox"/>	Include a copy of your E&O Insurance Certificate
<input type="checkbox"/>	If you are in the following states, include a copy of your required Long Term Care Course Certification: <ul style="list-style-type: none">• CALIFORNIA – <i>California Long Term Care</i> or CTQ 8-hr CE• COLORADO – <i>Colorado Long Term Care</i> 2-hr CE• DELAWARE – <i>Delaware Long Term Care</i> 3-hr CE• ILLINOIS – <i>Traditional Long Term Care Insurance Policy</i> 6-hr CE• INDIANA – <i>Indiana Long Term Care</i> 8-hr CE• MARYLAND – <i>Maryland Long Term Care</i> 2 hr CE• WASHINGTON – <i>Washington State Long Term Care</i> 6-hr CE

Application for Agent Agreement

First name		Middle name		Last name	
Res. address (required)			City	State	Zip
Bus. address 18551 Von Karman Ave Ste 150			City Irvine	State CA	Zip 92612
Home phone		Work phone (949) 863-0880		E-mail address ltcsales@cpsinsurance.com	
Fax number (949) 863-9318		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
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 _____ Account number _____
(Please print)

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

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

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060

800/950-7372

www.accessallianz.com

Fill out ONLY if previously
contracted under another FMO.



Request for Transfer of Agent/Agency Contract

By signing this request, I understand that I will be transferred from my current Field Marketing Organization (FMO), to the FMO listed below, for Allianz Life®.

Agent name: _____
Please print

Agent SS #: - -
Required

If the agent named above has existing debt, we will not process a transfer until debt is repaid.

Agent number: _____

Agent address: 18551 Von Karman Ave Ste 150, Irvine, CA 92612

Agent phone number: (949) 225-7113
Required

Are any immediate family members currently contracted with Allianz Life?

☐ No ☐ Yes Name: _____ Relationship: _____

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: CPS Insurance Services FMO #: 690
Please print

FMO signature: _____ Date: _____
Required

1. A new Agent Agreement is not being executed as a result of the transfer of the above named agent to your FMO organization. The existing Agent Agreement will continue as if your FMO organization was the original FMO.
2. The principals of your FMO organization and all hierarchy levels, jointly and severally, unconditionally guarantee the full and faithful performance of all obligations, regardless of when incurred, of the above named transferred agent under his/her Agent Agreement.

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

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



INSURANCE SERVICES

Only fill out the Producer Profile if you have never submitted one before OR if any of the information has changed.

PRODUCER PROFILE

Please complete this form and return to CPS. We must have a completed and signed form on file.

PRODUCER INFORMATION				
Name		Company/Corporation Name		
Fax		E-Mail Address		
Business Phone		Home Phone		
Business Street Address	Suite	City	State	Zip Code
Home Street Address	Apt. No.	City	State	Zip Code
Mail to? <input type="checkbox"/> Business <input type="checkbox"/> Home		Preferred method of correspondence? <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		
Social Security No.		Tax ID No.		
Insurance License No.		Date of Birth – Day/Mo/Year		
Designations (Check all that apply) <input type="checkbox"/> CLU <input type="checkbox"/> CPCU <input type="checkbox"/> ChFC <input type="checkbox"/> RHU <input type="checkbox"/> CFP <input type="checkbox"/> LUTC <input type="checkbox"/> CIC <input type="checkbox"/> Other: _____				
Do you carry E&O insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes? Name of carrier?		
Do you assign commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes? To whom?		
Are you securities licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicable Licenses? <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 63		
If NASD registered, what is the name of your broker dealer				

Please go to next page

CPS Insurance Services / CA License # 0571612
18551 Von Karman Avenue, Suite 150, Irvine, CA 92612
Phone (949) 863-0700 / Phone (800) 326-5433 / Fax (949) 863-9318 / Fax (800) 436-8255
Licensing Department Fax (949) 225-7157

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortuous act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Print Name

Sign Name

Date

Thanks for doing business with CPS Insurance Services!