

Financial Professional Certification

1. Financial Professional Information

First name MI Last name

FMO Name Allianz Producer Number*

Business address

City State ZIP code

Email address Phone number Cell phone number

Doing business as (if applicable)

Describe your expected target for Foreign National Business

Typical client profile

Country(s) of residence

\$ _____ \$ _____
Average net worth (in U.S. dollars) Estimated foreign national premium written with all insurance carriers over the past year

Other carriers you have solicited or sold foreign national business with in the U.S.

*If you need assistance with your Allianz Producer Number, please contact your FMO.

2. Financial Professional Signature and Acknowledgment

This Agreement, comprised of this document and those referred to in this document, and the Certifications herein (collectively, the "Agreement") serve to supplement and amend the below signed ("Financial Professional") Appointment and Authorization with Allianz Life Insurance Company of North America (Allianz), collectively called the "Parties" and individually a "Party", for the additional purposes of soliciting the application, sale, and delivery of certain Allianz life insurance policies within the parameters of the Allianz Foreign National Program ("Program").

Notwithstanding any supplementation or amendments, this Agreement does not in any way provide for the exception to any provisions of Financial Professional's existing Appointments and Authorizations with Allianz but rather in consideration of the mutual promises set forth herein, and intending to be further legally bound where:

Foreign National Program Qualifications and Conditions

- Based upon a proposed Policy Owner's (or Insured's, if different than the Policy Owner), Citizenship and United States Residency status and his or her Financial Professional's qualifications to sell life insurance to clients in the United States ("U.S.") under such circumstances, Allianz may underwrite and issue to the Policy Owner (if qualified) certain of its domestic U.S. Life Insurance Policies as a **U.S. issued and U.S. maintained Policy subject to the special limitations and considerations of the Program.**
- The Policy Owner must be a Foreign National, non-U.S. Citizen, and either: legally residing in the U.S. but without Lawful Permanent Resident status, or temporarily in the U.S. on a Non-Immigrant Visa that is recognized by Allianz. The Policy Owner's Application must fully document a demonstrated need for U.S. based life insurance coverage and a Substantial Nexus to the U.S. in the State in which the Policy is solicited, applied for, and delivered in.
- The Financial Professional must be licensed and duly appointed by Allianz to sell life insurance in the State in which the Policy Owner has established his or her Substantial U.S. Nexus, have completed the *Allianz Foreign National Program Training* prior to the solicitation of any Program business case, and certify he or she fully understands and agrees to strictly abide by the requirements of the *Allianz Foreign National Sales and Solicitation Requirements*. A Financial Professional's initialed copy of which must be attached to this Acknowledgment and Certification.

All Non-U.S. Business Activity is Unauthorized

- The Financial Professional may only engage in sales activities on behalf of Allianz in those U.S. jurisdictions in which Allianz is admitted, Allianz products are approved for sale, and the Financial Professional is appropriately licensed and appointed.
- Any activity (sales or otherwise) that would require Allianz or the Financial Professional to be licensed, admitted, or otherwise approved in any non-U.S. country or jurisdiction is strictly prohibited and the Financial Professional cannot otherwise engage in any activity, directly or indirectly, on behalf of Allianz in any non-U.S. country or jurisdiction. The Financial Professional must also ensure that their representatives and employees comply with the same Allianz rules and requirements.

Policy Owner Must Fully Understand the Policy and Program Limitations

- In all cases where either the Policy Owner or Insured do not fluently speak and understand English, the Financial Professional must ensure that the Policy Owner and/or the Insured fully understands the terms of the Policy, Application, and medical examination processes so that a valid policy and contract can be formed.
 - The Financial Professional must provide the Consumer Disclosure Statement ("Disclosure Statement"), a Financial Professional's initialed copy of which must be attached to this Acknowledgment and Certification, to each prospective Policy Owner at the onset of the solicitation. The Disclosure Statement provides a summary of the key points to the Program's conditions, requirements, and limitations based upon the Policy Owner's Citizenship and U.S. Residency status. The Policy, all documents, and all future communications, except the Disclosure Statement, are in English. The Disclosure Statement is generally available in the primary language of the Policy Owner, and English if he or she is fully fluent in English.
 - If an interpreter assists in any part of the Policy's solicitation, application, and delivery, the interpreter must read any relevant documents and information, interpret, and provide any supplemental questions or information to the Policy Owner in his or her primary language; record answers to any questions, and review the Policy with the Policy Owner. If a bilingual medical examiner is not employed, an interpreter must also be present at the time of any examinations and provide answers to any questions asked of the Insured by the examiner.
 - The Financial Professional may not act as the interpreter on any solicitation, application or delivery materials and/or requirements. The interpreter may not be an immediate family member, spouse or direct relative of the selling Financial Professional, nor receive financial compensation from the sale of the life insurance policy.
- In all instances where the use of an interpreter has been employed, an approved and fully completed *Allianz Certificate of Foreign Language Interpretation* must be provided to Allianz in connection with the interpretation.

2. Financial Professional Signature and Acknowledgment *(continued)*

The U.S. Nexus and Life Insurance Need Must be Fully Documented

A detailed Cover Letter is required for each Program case submission. To the extent such information has not already been provided for in the Application, the Cover Letter must round-out a full explanation that documents the Policy Owner's need for U.S. life insurance coverage based upon the elements of the Policy Owner's Substantial U.S. Nexus.

Tax and Foreign Legal Requirements

- The Policy Owner must independently verify that the laws of his or her country of legal citizenship, residence, or jurisdictional region permit the purchase of the Policy and it is the obligation of the Policy Owner to maintain compliance with any such applicable laws.
- Ascertaining any tax, legal, or other implications or treatment that the Policy may receive in the U.S. or the Policy Owner's country of legal citizenship, residence, or jurisdictional region is solely the responsibility of the Policy Owner, and neither Allianz, nor any of its employees, representatives, agents, or affiliates may provide the Policy Owner with any tax or legal advice, guarantee or otherwise promise any particular legal or tax consequences arising out of, or relating to the Policy
- The Financial Professional must, at all times, encourage the Policy Owner's consultation with his or her own tax, legal, and financial planning advisors.

Financial Professional and Policy Owner Certifications and Agreements

- A properly signed and dated Financial Professional and Policy Owner Certifications and Agreement ("Certifications and Agreements") document must be submitted to Allianz with any Application under the Program. A Financial Professional's initialed copy of this document must be attached to this Acknowledgment and Certification.
- The Certifications and Agreements document serves to verify that the Financial Professional has complied with all required elements of the Program, the Policy Owner fully understands the essential terms of the Policy and Application process, and the limitations and restrictions imposed by the Program.

3. Signatures

In Witness Where of the Parties have caused this Agreement to be signed by their duly authorized representatives as of the date last written below.

Signed at (City and State)

Financial professional name (please print)

Date

Financial professional's signature

Allianz Life Insurance Company of North America

Allianz authorized officer's signature

Date

Individuals signing on behalf of an entity, represent they are authorized to execute this document, make the statements that have been agreed to, and further represent that all requirements of those entities, including the use of any seal and any authorized signatures have been met.

Please submit completed forms to: ForeignNationals@allianzlife.com

Any questions? Call us at 800.950.7372