



## Application for Approval of Endorsed Group

### Agent information

Agent of record \_\_\_\_\_  
Agent number \_\_\_\_\_ Marketing organization \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_

### Group information

Business group       Association

Name of Business group or Association \_\_\_\_\_

Mailing address \_\_\_\_\_

State(s) of operation \_\_\_\_\_

Number of potential members \_\_\_\_\_

Type of Business/Purpose of Association \_\_\_\_\_

(If the group is an Association)

How long has this Association been in existence? \_\_\_\_\_

Does this Association have a constitution and bylaws?     Yes     No

### Statement by officer, director, or other official of the company or group

I \_\_\_\_\_ of  
Name Title

\_\_\_\_\_, state as follows:  
Name of Business group/Association

1. The policy's benefits, features, and premium rates have been fully explained to and reviewed by our management and/or directors.
2. As a result of such review, we hereby approve and endorse Allianz Life Insurance Company of North America's long term care insurance policy for solicitation to our employees/members.
3. Employees/members will be made aware that the premium rates being offered are discounted from the premium rates offered to the general public.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**For home office use only**

- Approved       Disapproved       Further Information Required

\_\_\_\_\_  
\_\_\_\_\_  
Allianz Life® ID CODE for this Business group/Association \_\_\_\_\_  
(NOTE: This number must appear on all future applications)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_