

North American Company of Life & Health Contracting Instructions

Some of these forms will be used for some situations and not for others. Please follow the instructions below that pertain to your situation, and remember, “required” means that the forms must be submitted for your contract to be processed.

Individual Contract – a contract in which commissions get paid directly to an agent.

- Fill out and sign “Producer Contract Application & Agreement” (Form# 0-2622) (Required)
- Fill out and sign “EFT Authorization” (Form# 0-2619) (Required)
- Copy of Void check (Required)
- Fill out and sign the Assignment of Earnings Form (#O-2761) (Optional)
- Submit proof of current Errors & Omissions Insurance (Required)
- Send in a copy of individual license – for all states submitting business (Required)
- Credit Authorization (Required for CA, MN and OK residents)
- For Agents wanting to sell North American’s Annuity products, the Annuity Certification Exam must be taken (available on website).

Corporate Contract- a contract in which all commissions get paid to the company and the company distributes commissions within.

- Fill out and sign “Producer Contract Application & Agreement” (Form# 0-2622) (Required)
- Fill out and sign “EFT Authorization” (Form# 0-2619) (Required)
- Copy of voided check (Required)
- Submit proof of current Errors & Omissions Insurance (Required)
- Send in a copy of individual and corporate licenses – for all states submitting business (Required)
- Copy of Articles of Incorporation (must list agent as one of the following: Officer, Shareholder or Stockholder) (Required)
- Credit Authorization (Required for CA, MN and OK residents)
- For Agents wanting to sell North American’s Annuity products, the Annuity Certification Exam must be taken (available on website)

Licensed Only Contract – a contract in which the corporation receives all the commissions and credits from every sale. The agent will not be paid by the home office.

- Please call for instructions on how to complete forms.

Transfers – Agents wanting to change hierarchies must be contracted with their current IMC for at least 12 months and must not have produced any business for the past 12 months, otherwise a release will be needed. Agents are allowed to have one contract on the MGA side and one on the IMC side. All new contracting forms will be required to transfer.

Please forward all necessary forms to:

**THE RECRUITING ENTITY WHO SUPPLIED
YOU WITH THESE DOCUMENTS**

ADDITIONAL CONTRACTING REQUIREMENT: SEE FOLLOWING PAGE.
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ADDITIONAL CONTRACTING REQUIREMENTS

Agents must take and pass the North American Annuity Agent Certification before any annuity business will be issued.

Agents are sent their username and password by North American that will be used to login to the website.

The website is: <http://nacolah.agentcertification.com>.

Once the agent has successfully completed the training, North American's New Business department will "unsuspend" the annuity application, backdate the issue date to the appropriate date and issue the case.

******* THIS TRAINING MUST BE DONE ON AN ANNUAL BASIS *******

Please forward all necessary forms to:

**THE RECRUITING ENTITY WHO SUPPLIED
YOU WITH THESE DOCUMENTS**



Contract Application For

First Name*	MI	Last Name*	Date of Birth*	Sex*	Social Security Number*
Nickname			Name of Spouse	List Professional Designations:	
Contract: Individual DBA Partnership Corporation			Contract Name (If other than individual)		Tax ID Number
Residence Address – Street, City, County, State, Zip*				Residence Telephone	
Business Address – Street, City, County, State, Zip*				Business Telephone*	
Email Address*				Business Fax	
* Denotes Required Fields				Cell Phone (please list if we can contact)	

PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. A "YES" REQUIRES A WRITTEN EXPLANATION ON A SEPARATE SHEET OF PAPER.

- Yes No 1. Have you *ever* been convicted, pled guilty or nolo contendere, or do you have pending charges to a felony or misdemeanor? If yes, attach copy of court records.
- Yes No 2. Have you *ever* had any regulatory action taken against you, or had your insurance or securities license denied, suspended, terminated or revoked by an insurance department, FINRA or any other regulatory agency?
- Yes No 3. Have you *ever* had a complaint filed or do you anticipate a complaint being filed against you by a consumer, an insurance department, FINRA or any other regulatory agency?
- Yes No 4. Has your contract or appointment ever been terminated involuntarily by an insurer or FINRA member firm?
- Yes No 5. Has any claim ever been made against you, your surety company or errors and omissions insurer arising out of insurance and/or securities sales?
- Yes No 6. Are you currently involved or *ever* been involved in litigation?
- Yes No 7. Do you have past due financial obligations, unsatisfied judgments or liens, including any delinquent state or federal tax obligations?
- Yes No 8. Have you filed bankruptcy in the last 10 years?
- Yes No 9. Does any person or entity claim any indebtedness from you as a result of any insurance transaction or business?

Compliance:

- Yes No I will conform to procedures outlined in the Compliance Manual for North American and product reference guide.

Complete required Training:

- Online Index Certification Test for Life
- Certificate of completion for AML Training (list provider) _____

Attach or indicate the following Licensing Requirements:

- If registered with FINRA, name of current broker/dealer: _____
- Resident insurance license Number _____ National Producer Number _____
- Non-resident license(s)
- Direct Deposit form (Direct Deposit is required for all contracted producers.)
- Errors & Omission Insurance (required at least \$1,000,000 per claim/\$1,000,000 aggregate)

Additional Comments

CONDITIONS AND AGREEMENTS - By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract(s) or agreement(s) and all applicable supplements and addendums thereto to be entered into between North American and myself. I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, a personalized copy to which will be subsequently forwarded to me by North American. I represent and warrant that all information and answers to questions are true and complete. Any marketing materials, which have not been provided by North American, must be approved by North American prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

I agree not to solicit business until North American has notified me that I am authorized to do so. I understand I will be paid according to the contract that is approved and placed in effective. If this application is not approved by North American, any business solicited and submitted to North American will be not be accepted and returned to the recruiting producer.

I understand that the Fair Credit Reporting Act requires North American to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. I authorize North American or any of its affiliates¹ to obtain a consumer report and Vector One report in connection with this contract application. I further authorize North American, its affiliates, or their duly authorized representative to release information about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One.

I authorize North American, its affiliates, or their duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity to (a) obtain a copy of such history, status or activities and (b) hereby authorize the organization or individual to release such history, status or record information as requested by North American, its affiliates or their duly authorized representative and (c) authorize North American, its affiliates, or their duly authorized representatives to release such history, status or record to the individuals and/or entity that recruited me to apply with North American. This authorization shall remain valid and in effect from the date hereof until all my contract(s) with North American and its affiliates are terminated.

AGENT AUTHORIZATION – Under penalties of perjury, I certify that: 1) The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

¹ Affiliate means any entity that controls, is controlled by or is under common control with North American.

Applicant Signature	Date
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I have reviewed the above application and I hereby recommend this producer’s contract for North American.

Signature of recruiting producer	Producer Code	Contract Level
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MANDATORY

Commission Direct Deposit Authorization Form

This authorization gives North American Company for Life and Health Insurance and your financial institution the authority to deposit your compensation directly to your account. Please allow approximately 30 days upon delivery of this form before the first Direct Deposit is processed. To take advantage of this service, all you need to do is:

1. Complete the requested information below about you, your financial institution, and your account.
2. Return this form to Agency Services.

Note: Be sure to sign the form. You may fax to 877-595-8256

To Change Direct Deposit: If you desire to change the direct deposit due to a change in banks, or otherwise, please notify Agency Services, Attn: Licensing and Contracting, of your request and resubmit an updated Commission Direct Deposit Authorization Form.

DIRECT DEPOSIT AUTHORIZATION

Please print and return the section below to Agency Services.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my Checking/Savings Account each pay period. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to the Company the amount of any such overage. This authorization will remain in effect until I have cancelled it in writing.

Mark the appropriate box specifying the type of account.

Checking Account

Attach a voided check for verification of all financial institution information.

Savings Account

Attach letter from your financial institution verifying savings account number and routing number. We cannot accept a deposit slip in lieu of a letter from your financial institution.

FINANCIAL INSTITUTION'S NAME		YOUR NAME (PLEASE PRINT)	
BRANCH	YOUR ACCOUNT NUMBER	BANK ROUTING NUMBER	
CITY	STATE	FINANCIAL INSTITUTION PHONE NUMBER	
YOUR SIGNATURE	NORTH AMERICAN CODE #	DATE	

STAPLE VOIDED CHECK HERE



ASSIGNMENT OF EARNINGS

For value received, but subject to all the terms and provisions of any and all Contracts and any Amendments and Supplements thereto, at any time, whether heretofore or hereafter, entered into by and between me and North American Company for Life and Health Insurance and whether now in full force and effect

or not, I hereby assign and transfer unto

Name		
City	State	Zip

herein called Assignee, whose address is

Earnings becoming due me under the following code(s)

Code	Code	Code
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after the effective date of this Assignment, and otherwise due me, subject to any offset by North American Company for Life and Health Insurance for any indebtedness I may have incurred, under any of the afore said contract. North American Company for Life and Health Insurance is hereby authorized and directed to pay all such commissions and monies to the Assignee and payment in accordance with this assignment shall, to the extent of payment, fully and finally discharge the Company from all liability under the said Agreement(s) and amendments, if any.

This Assignment shall remain in full force and effect until released in writing by the aforesaid Assignee. Payment to said Assignee of the Earnings herein assigned shall fully discharge North American Company for Life and Health Insurance of all liability with respect to the Earnings so paid.

I recognize and acknowledge this Assignment shall not become effective until it is properly executed by me and delivered to North American Company for Life and Health Insurance in Sioux Falls, South Dakota, and there at the company's discretion, accepted by an authorized officer of North American Company for Life and Health Insurance as evidenced by their signature below, and I fully recognize that the acceptance of said Assignment if it does become effective, shall relate only to Earnings becoming payable by North American Company for Life and Health Insurance after the effective date of the Assignment.

Executed at

City	State
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 on

Month	Day	Year
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Witness (signature)	Assignor (Please Print Name and Code)	Assignor (Signature)
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The foregoing Assignment is hereby accepted, subject, however, to all the terms and provisions of any and all Contracts and any Amendments and Supplements thereto between the above identified Assignor and North American Company for Life and Health Insurance. North American Company for Life and Health Insurance, however, assumes no responsibility for the validity of this Assignment.

Executed at Sioux Falls, South Dakota, on

Month	Day	Year
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IMPORTANT NOTICE

For Income Tax purposes ALL earnings paid will be reported to the Assignor's (producer's) Taxpayer Identification Number (TIN)

North American Co for Life & Health Ins.
 by

Officer (Signature)

This section to be completed only when obligation has been completed.

RELEASE

The consideration for which the above Assignment was made having been fully satisfied, said Assignee hereby relinquishes all interest in said Assignment.

In witness hereof, said Assignee has hereunto subscribed their name attested by the signature below on

Month	Day	Year
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Assignee Signature)	Title
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NOTE: If Earnings are assigned to a corporation, an officer of the corporation must sign the Release.



CREDIT AUTHORIZATION FOR:

CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS

Thank you for completing an application for appointment with North American Company for Life and Health.

Under state law we must inform you that we utilize General Information Services, Inc., a consumer-reporting agency, to obtain records of employment history, credit history, financial status, or record of any illegal activity on applicants for appointments with our company. Your signature on the Contract Application authorizes North American, or its duly authorized representative, to contact General Information Services, Inc. in order to obtain a record of employment history, credit history, financial status, or record of any illegal activity on you; and also authorizes the release of such information by General Information Services, Inc. in connection with your application. In addition, your signature on the application authorizes North American to release information about any debit balance you may incur to Vector One, its successors, or any organization designated to replace Vector One.

With your signature below, we will obtain an employment-only credit check that does not include a credit score. An employment credit check will not negatively affect your credit score or status with the credit-reporting agencies.

Also, under state law, you are entitled to a copy of the record North American obtains from General Information Services, Inc. Please indicate by checking the appropriate box whether or not you would like a copy of the report.

- Yes, please send a report to the residence address I indicated on my application.
- No, I do not wish to have a copy of the report sent to me.

Please send this authorization back along with your completed contract application, including your signature and report choice above in order to complete the processing of your application. Your agent contract will remain at a pending status and a consumer report will not be ordered until this requirement is satisfied. Thank you.

Print Name

Signature

SSN

Date