

North American (NACOLAH) Contracting Check List

The following items will be required when contracting as a new agent

- Contract Application:**
 - ◆ Complete, sign and date

- Commission Direct Deposit Authorization Form:**
 - ◆ Complete, sign and date
 - ◆ Attach voided check

- Commission Schedule**

- Credit Authorization Form (for CA, MN & OK agents only):**
 - ◆ Complete, sign and date

- Copy of current insurance license:**
 - ◆ Include copy of individual and agency license if applicable
 - ◆ Include non-resident licenses only for the states you are requesting an appointment

- Copy of current E&O Certificate**

- Proof of Anti-Money Laundering (AML) training completion**

Please fax the above requirements to **303-987-9455**.

NOTE: North American will allow 2 contracts with different marketing organizations.

CONTRACT APPLICATION

COMPLETE ALL QUESTIONS.

Licensing Requirement: You must complete the online Agent Certification before you solicit annuity business. Please go (<http://nacolah.agentcertification.com>).

Full Legal Name _____
 (First Name) (Middle Initial) (Last Name)

Business Name _____
 (Check box for desired mailing address)

Resident Address _____
 (Street, City, State, County, ZIP Code)

Business Address _____
 (Street, City, State, County, ZIP Code)

Resident Phone (____) _____ Business Phone (____) _____ Fax (____) _____

E-Mail Address _____ License # _____ (attach photocopy)

Date of Birth _____ Social Security # _____ or Taxpayer ID # _____

PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. IF YOU ANSWER "YES" TO ANY QUESTIONS, YOU MUST ATTACH AN EXPLANATION WITH ALL RELEVANT INFORMATION AND SUPPORTING DOCUMENTS.

- Yes No Have you ever had your insurance license or securities license suspended or revoked or have you ever had an application for an insurance license denied by any insurance department?
- Yes No Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed?
- Yes No Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales or practices or have you been refused surety bonding?
- Yes No Are you at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
- Yes No Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
- Yes No Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?
- Yes No Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business?
- Yes No I will conform with the procedures outlined in the brochures North American Company Product Guide and Compliance Manual.
- Yes No Do you have Errors & Omissions coverage? (Required by North American Company.) **PLEASE PROVIDE PROOF OF E & O COVERAGE.**

Please indicate other companies with which you are currently licensed: _____

Do you have a NASD license? YES NO If yes, who is your Broker-Dealer? _____

What products do you sell? Life Variable LTC Group Disability Small Business 403(b)

CONDITIONS AND AGREEMENTS—By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and North American for Life and Health Insurance (North American). I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, a personalized copy of which will be subsequently forwarded to me by North American. I agree not to solicit business until I have been notified by North American that I am authorized to do so. I represent and warrant that all information and answers to questions are true and complete.

I understand 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, and personal characteristics or mode of living. I further authorize North American or its affiliates' to obtain a consumer report and Vector One report in connection with this contract application. I further authorize North American or any of 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 record of such history, status or activities and (b) hereby authorize the release of such information by such organization or individual in connection with this application and (c) authorize North American or any of its affiliates to release information about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. This authorization shall remain valid and in effect during the term of my contract. We reserve the right to obtain subsequent consumer reports and/or investigative consumer reports on an as needed basis.

Any Marketing materials which have not been provided by North American must be approved by the 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.

A photocopy of this authorization shall be as valid as the original, regardless of the date it is signed.

¹Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.



AGENT'S SIGNATURE _____

DATE _____

Commission Direct Deposit Authorization Form

This authorization gives North American and your financial institution the authority to deposit your pay directly to your account. To take advantage of this service, all you need to do is:

1. Mark the appropriate box specifying that your pay will be deposited to either your checking account or savings account.
2. Complete the requested information about you, your financial institution and your account.
3. Attach a voided check for verification of all financial institution information.

NOTE: Be sure to sign the form!

DIRECT DEPOSIT AUTHORIZATION—Please fill out and return to the Licensing Department.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my:

Checking Account

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. The authority will remain in effect until I have cancelled it in writing.

 FINANCIAL INSTITUTION'S NAME

 YOUR NAME (PLEASE PRINT)

 BRANCH

 YOUR ACCOUNT NUMBER

 CITY STATE

 YOUR SIGNATURE NORTH AMERICAN CODE #

 DATE

STAPLE VOIDED CHECK HERE



North American Company for Life and Health Insurance • Annuity Service Center
 P.O. Box 79905 • Des Moines, Iowa 50325-0905

IMPORTANT RESPONSE



We have received your application for Producer Appointment with North American Company for Life and Health Insurance, Annuity Division.

Under California law we must inform you that we utilize Trans Union, a consumer-reporting agency, to obtain records of employment history, credit history, financial status, or record of any illegal activity on applicants for producer appointments with our company. Your signature on the Producer Application authorizes North American Company, or its duly authorized representative, to contact Trans Union 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 Trans Union in connection with your application. In addition, your signature on the application authorizes North American Company to release information about any debit balance you may incur to Vector One, its successors, or any organization designated to replace Vector One.

Also, under California Law, you are entitled to a copy of the record North American Company obtains from Trans Union. Please indicate by checking the appropriate box whether you would like a copy of the report sent to you.

- 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 letter back, with your signature and report choice from above, as soon as possible to complete your file. Your agent contract will remain at a pending status until this requirement is satisfied. Thank you.

Signature

SSN

Date



8 West Dry Creek Circle #100
Littleton, CO 80120
1-800-342-0023
Fax 303-987-9455
www.go2key.com

Request for Agent Transfer/Release

I, _____, hereby request that my contracts with the following companies be transferred /released from _____

to Key Financial Group, Inc.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Agent Signature

Date

I hereby agree to release to Key Financial Group, Inc. the above named agent from his/her contracts, effective immediately.

Releasing FMO/NMO signature

Date

I, Jenell Sobas and Key Financial Group, Inc. hereby accept this agent and in exchange for the release unconditionally agree to a reciprocal release of any like-producing agent requesting a release from Key Financial Group, Inc. to the above marketing company.

Jenell Sobas

Date