

North American (NACOLAH) Life Contracting Check List

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

- Distributor Contract Application and Agreement:**
 - ◆ Complete, sign and date
- Assignment of Commissions (for Agency Contract only):**
 - ◆ Complete, sign and date
- Commission Direct Deposit Authorization Form:**
 - ◆ Complete, sign and date
 - ◆ Attach voided check
- Commission Schedule**
- 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.



O26211

DISTRIBUTOR CONTRACT APPLICATION AND AGREEMENT

MGA IMC RM

Agent Number _____

All Questions Must Be Completed.

(Home Office Use Only)

Full Name _____ Sex: Male Female
 (First Name) (Middle Name) (Last Name)

Business Name _____

Contract Type: Individual Corporation Other _____

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 Has your contract or appointment ever been terminated involuntarily by an insurer?
- 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 Are you currently licensed in your resident state? If yes, please attach a copy of your resident license.
- Yes No Are you currently licensed as a non-resident in any state? If yes and you would like to be appointed in that state, attach a copy of that license, and appointment fees.
- Yes No I certify that I have received, understand and will conform with the procedures outlined in the brochures Partnering with You on Compliance Matters.
- Yes No Do you have Errors & Omissions coverage? (Required by North American Company)

PLEASE PROVIDE COPY OF DECLARATION PAGE.

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 Senior Small Business 403(b)

Annual Earnings: _____



O26212

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 Company for Life and Health Insurance (North American). If this application is approved by North American, I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, the terms of which are incorporated into this application by reference. I agree not to solicit business until I have been notified by North American that I am authorized to do so, either by mail or North American’s Solicitation Guidelines.

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 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 application. I further authorize North American or any of its affiliates or their duly authorized representative to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity in order to obtain a record of such history, status or activities; and I hereby authorize the release of such information by such organization or individual about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. I understand that by providing the fax/mail information above, I hereby consent to receive communications sent by or on behalf of Sammons Financial Group.

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

I hereby certify that all information and answers given by me on this application are true, and correct without any consequential omissions of any kind.

Signature _____ Date _____

Distributor:

Printed Name: _____ Agent Number _____

By: _____
(Authorized Signature)

North American Company for Life and Health Insurance Approval:

By: _____
(Authorized Signature)

Title: _____

Effective Date of Agreement: _____

The North American Companies endorse and support the concepts in the Principles and Code of Ethical Market Conduct established by the Insurance Marketplace Standards Association (IMSA).

Return pages 1 and 2 for approval by North American. North American will return an executed copy to you upon approval.

Retain pages 3 through 8 for your records.



O1343

**Prepare and Execute
in Triplicate**

ASSIGNMENT

For value received, receipt of which is hereby acknowledged, Assignor hereby sells, assigns, transfers and sets over to the Assignee identified below all its right, title and interest in and to any and all commissions or other monies, as specified below, as may be now due and which may later become due under the Agreement(s), identified below, and under any amendments thereto which are currently in effect, heretofore entered into between Assignor and North American Company for Life and Health Insurance.

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.

Assignor hereby certifies that Assignor is the sole and absolute owner of the said Agreement(s), and any said amendments thereto, that they are free from assignment and encumbrance and that Assignor has the full right to sell and transfer same.

ASSIGNEE _____
PLEASE TYPE OR PRINT

Address _____

THIS ASSIGNMENT APPLIES TO ALL COMMISSIONS UNDER THE FOLLOWING AGENT NUMBERS

Executed at _____ Date _____
CITY / STATE

Assignor _____
MANUAL SIGNATURE ONLY

2nd Officer _____
MANUAL SIGNATURE ONLY

Witness _____
MANUAL SIGNATURE ONLY

Acknowledgement and Consent of General Agent or Producer*

_____ DATE

ACCEPTED: **North American Company for Life and Health Insurance**
Chicago, Illinois

By _____ Date _____

* If General Agent or Producer is the Assignee, signature not required.

**North American Company**

for Life and Health Insurance

Principal Office: 4601 Westown Pkwy, Suite 300

West Des Moines, IA 50266

A Member of the Sammons Financial Group



O2619

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 you 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



North American Company
 for Life and Health Insurance
 Principal Office: 4801 Westown Pkwy, Suite 300
 West Des Moines, IA 50266
 A Member of the Sammons Financial Group

GA Schedule

Custom Series Universal Life Products

	Custom TermGUL		Custom GrowthCV		Custom Guarantee		Custom Accumulator III					Survivorship GIUL		
	1st Yr Comm %	Excess/ Renewal	1st Yr Comm %	Excess/ Renewal	1st Yr Comm %	Excess/ Renewal	1st Yr Comm %	Excess	Years 2 thru 5	Years 6 thru 10	Asset Trail	1st Yr Comm %	Excess	Renewal
L-2192 GA REG	105.00	2.50/2.50	105.00	2.50/2.50	100.00	1.25/1.25	105.00	2.75	5.50	3.00	1.16	93.00	1.75	1.75

Builder IUL Series

	Builder IUL		Guarantee Builder IUL		Rapid Builder IUL	
	1st Yr Comm %	Excess/ Renewal	1st Yr Comm %	Excess/ Renewal	1st Yr Comm %	Excess/ Renewal
L-2192 GA Reg	105.00	3.00/3.00	105.00	2.00/2.00	105.00	3.50/3.50

Term Product

ADDvantage			
10 Year Term	15 Year Term	20 Year Tem	30 Year Tem
80.00	85.00	95.00	100.00

UL Footnotes:

CUSTOM GROWTHCV

- For all Universal Life policies, first year commissions are paid up to the policy's commissionable target (CT). (The CT designation appears on the last page of a policy illustration). Any premium received in excess of the commissionable target will be paid at the policy's excess rate. Commissionable target is reduced when the Waiver of Surrender Charge Option is elected.
- This product has a two year rolling target and there is no minimum premium requirement in year one to qualify.
- Renewal Commissions apply in years 2 - 10. Excess commissions apply in the first year and in the years renewals are paid.
- Commissions are payable on extra premiums as follows: Substandard table ratings - Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- Standard company charge back provisions as outlined in our agent contract apply. Additionally, commission charge backs apply during the first three years on this policy when the Waiver of Surrender Charge Option is elected and the policy lapses, surrenders or has a partial withdrawal. The charges are: 100% - year 1, 75% - year 2, and 25% - year 3. Partial withdrawals will be subject to a commission chargeback to the extent that the cumulative withdrawal exceeds 10% of the cumulative premiums paid. In years where the percentage withdrawn is less than 10, any remaining amount will be applied to the following policy year. For example, if no withdrawals are made in the first policy year, then a commission chargeback in year 2 will only be made to the extent the withdrawal exceeds 20% of cumulative premiums paid.
- A separate commission structure applies to these policies with anticipated first year premiums of \$500,000 or greater where the Waiver of Surrender Charge Option is elected. This structure has a lower first year commission rate but includes asset trails. For specific information on this structure contact Agency Services.
- For information on internal replacements please refer to the Producer's infoNet at www.producersinfony.com
- Currently, no North American products pay service fees.

CUSTOM GUARANTEE

- For all Universal Life policy's, first year commissions are paid up to the policies commissionable target (CT). (The CT designation appears on the last page of a policy illustration). Any premium received in excess of the commissionable target will be paid at the policy's excess rate.
- This product has a two year rolling target. First year commission will be paid on premium paid in the first 24 months up to the target premium established at the time of issue.
- Renewal Commissions apply in years 2 - 10. Excess commissions apply in the first year and in the years renewals are paid.
- Commissions are payable on extra premiums as follows: Substandard table ratings - Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- Standard company charge back provisions as outlined in our agent contract apply.
- For information on internal replacements please refer to the Producer's InfoNet at www.producersinfony.com
- Currently, no North American products pay service fees.

CUSTOM ACCUMULATOR

- For all Universal Life policy's, first year commissions are paid up to the policy's commissionable target (CT). (The CT designation appears on the last page of a policy illustration). Any premium received in excess of the commissionable target will be paid at the policy's excess rate for Custom Accumulator III ONLY. Prior versions of Custom Accumulator (I and II) do NOT earn commission on premium received in excess of the commissionable target.
- Renewal Commissions apply in years 2 - 10.
- Commissions are payable on extra premiums as follows: Substandard table ratings - Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- There is a \$60 per \$1,000 cap on commissionable target premium.
- Standard company charge back provisions as outlined in our agent contract apply. Additionally, for policies qualifying for the Return of Premium Benefit, there is a 100% charge back for surrenders in the first year (365 days). Full or partial surrenders (not available until year 2) in the second year (366 days or later) will result in a 75% charge back.
- Asset trails are paid annually in years 6 - 10 and based on account value as of 12/31. Paid to active agents only.
- For information on internal replacements please refer to the Producer's infoNet at www.producersinfony.com
- Currently, no North American products pay service fees.

CUSTOM TERM GUL

- For all Universal Life policy's, first year commissions are paid up to the policy's commissionable target (CT). (The CT designation appears on the last page of a policy illustration). Any premium received in excess of the commissionable target will be paid at the policy's excess rate.
- Renewal Commissions apply in years 2 - 10. Excess commissions apply in the first year and in the years renewals are paid.
- Commissions are payable on extra premiums as follows: Substandard table ratings - Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- Standard company charge back provisions as outlined in our agent contract apply.
- For information on internal replacements please refer to the Producer's infoNet at www.producersinfony.com
- Currently, no North American products pay service fees.

BUILDER IUL

- For all Universal Life policies, first year commissions are paid up to the policy's commissionable target (CT). (The CT designation appears on the last page of a policy illustration). Any premium received in excess of the commissionable target will be paid at the policy's excess rate.
- This product has the rolling target feature, as long as 80% of target premium is received in the first year. If 80% of target premium is not received in year one, all second year premium received will be commissioned at the renewal rate.
- Renewal Commissions apply in years 2 - 10. Excess commissions apply in the first year and in the years renewals are paid.
- Commissions are payable on extra premiums as follows: Substandard table ratings - Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- Standard company charge back provisions as outlined in our agent contract apply.
- For information on internal replacements please refer to the Producer's infoNet at www.producersinfonet.com
- Currently, no North American products pay service fees.

RAPID BUILDER IUL

- For all Universal Life policies, first year commissions are paid up to the policy's commissionable target (CT). (The CT designation appears on the last page of a policy illustration). Any premium received in excess of the commissionable target will be paid at the policy's excess rate. Commissionable target is reduced when the Waiver of Surrender Charge Option is elected.
- This product has a two year rolling target. First year commission will be paid on premium paid in the first 24 months up to the target premium established at the time of issue.
- Renewal Commissions apply in years 2 - 10. Excess commissions apply in the first year and in the years renewals are paid.
- Standard company chargeback provisions as outlined in our agent contract apply. Commission charge backs apply during the first three years on this policy when the Waiver of Surrender Charge Option is elected and the policy lapses, surrenders or has a partial withdrawal. The charges are: 100% - year 1, 75% - year 2, and 25% - year 3. Partial withdrawals will be subject to a commission chargeback to the extent that the cumulative withdrawal exceeds 10% of the cumulative premiums paid. In years where the percentage withdrawn is less than 10, any remaining amount will be applied to the following policy year. For example, if no withdrawals are made in the first policy year, then a commission chargeback in year 2 will only be made to the extent the withdrawal exceeds 20% of cumulative premiums paid.
- A separate commission structure applies to these policies with anticipated first year premiums of \$500,000 or greater where the Waiver of Surrender Charge Option is elected. This structure has a lower first year commission rate but includes asset trails. For specific information on this structure contact Agency Services.
- Commissions are payable on extra premiums as follows: Substandard table ratings - Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- For information on internal replacements please refer to the Producer's infoNet at www.producersinfonet.com
- Currently, no North American products pay service fees.

GUARANTEE BUILDER IUL

- For all Universal Life policies, first year commissions are paid up to the policy's commissionable target (CT). (The CT designation appears on the last page of a policy illustration). Any premium received in excess of the commissionable target will be paid at the policy's excess rate.
- This product has the rolling target feature, as long as 80% of target premium is received in the first year. If 80% of target premium is not received in year one, all second year premium received will be commissioned at renewal rate.
- Renewal Commissions apply in years 2 - 10. Excess commissions apply in the first year and in the years renewals are paid.
- Commissions are payable on extra premiums as follows: Substandard table ratings - Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- Standard company charge back provisions as outlined in our agent contract apply.
- For information on internal replacements please refer to the Producer's infoNet at www.producersinfonet.com
- Currently, no North American products pay service fees.

SURVIVORSHIP GIUL

- For all Universal Life policies, first year commissions are paid up to the policy's commissionable target (CT). (The CT designation appears on the last page of a policy illustration). Any premium received in excess of the commissionable target will be paid at the policy's excess rate.
- Renewal Commissions apply in years 2 - 10. Excess commissions apply in the first year and in the years renewals are paid.
- Commissions are payable on extra premiums as follows: Standard table ratings - 25% of NO Lapse Guarantee Premium, Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- Standard company charge back provisions as outlined in our agent contract apply. Additionally, commission charge backs apply as follows; 2-year commission charge-back for the Base and Base with PGR, 100% in year 1 and 75% in year 2. The chargeback for base with the Waiver of SC (WoSC) option will be 100% in year 1, 75% in year 2 and 25% in year 3. Partial withdrawals will be subject to a commission chargeback to the extent that the cumulative withdrawal exceeds 10% of the cumulative premiums paid. In years where the percentage withdrawn is less than 10, any remaining amount will be applied to the following policy year. For example, if no withdrawals are made in the first policy year, then a commission chargeback in year 2 will only be made to the extent the withdrawal exceeds 20% of cumulative premiums paid.
- For information on internal replacements please refer to the Producer's infoNet at www.producersinfonet.com
- Currently, no North American products pay service fees.

TERM Footnotes:

- ADDvantage term products have a non-commissionable policy fee. The fee is based on the mode of the policy. Please contact Agency Services with questions.
- Standard company charge back provisions as outlined in our contract apply.
- For complete commission information, please refer to the Producer's InfoNet at www.producersinfonet.com.
- Commission Percentage has not changed since prior commission schedule.
- Commissions are payable on extra premiums as follows: Substandard table ratings - Full commissions, Permanent Flat Extras - Full Commissions, Temporary Flat Extras - No commissions.
- There are no Renewal or Service Fees paid for any Channel.

FOR AGENT USE ONLY. NOT INTENDED FOR CONSUMER SOLICITATION PURPOSES.

* North American is currently not accepting appointments of GA Reg and GA Opt agents. These levels can only be awarded if Marketing Department approval is obtained.

This commission/production schedule is a supplement to the contract and its terms & conditions. This schedule is subject to change at any time by written notice.