



## NORTH AMERICAN Contracting Checklist

Agent/ Agency: \_\_\_\_\_

Direct Upline: \_\_\_\_\_ Agent #: \_\_\_\_\_

### Documents To Be Completed & Returned:

- Contract Application [6798Z]
- Commission Direct Deposit Authorization Form [6772Z] w/ Voided Check (REQUIRED)
- Individual State License(s)
- Corporate State License(s) (If Applicable)
- Proof of E&O (*Must be in agent's name OR be accompanied by proof that the agent is covered under the agency E&O\*.*)
- Assignment of Earnings [O-2761] (If Applicable) (*Required if the bank account listed on the Commission Direct Deposit Authorization Form is not the agent's name.*)
- Credit Authorization for: California, Minnesota and Oklahoma Residents [9043Z-A] (If Applicable) (*Required for any agents who reside in CA, MN, or OK.*)
- Annualization Addendum [O-2844] (OPTIONAL)
- Business Entity Certification [O-2839] (If Applicable) (*Required if setting up an agency.*)

*\* North American requires proof of individual E&O coverage. If your E&O is in the agency's name, North American will accept proof one of two ways:*

*- **Option 1:** Have an officer of the agency write a letter (on company letterhead) stating that you are an employee of the agency, and are covered under the agency's E&O policy. ALONG WITH a copy of the section of the E&O policy that states all employees are covered under the policy.*

*- **Option 2:** Ask your E&O provider to add your name on the actual declaration page.*

### SEND TO:

**Email:** lifesubmission@absgo.com

**Mail:** Attention: Life Licensing  
American Brokerage Services  
803 East Willow Grove Avenue

Wyndmoor, PA 19038

**Fax:** (215) 233-3140



## LIFE IMC CONTRACT TRANSMITTAL

Agent Name: \_\_\_\_\_ Agent Code (if known): \_\_\_\_\_

If Business is submitted with or prior to a contracting application or contract change please indicate below:

Pending Business Client Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Please choose the level for the agent and/or agency, contract type, and commission level:

Contract Type:  License Only Producer  Producer  Distributor  Contract Change  
(Agent Signature Required)

Commission Level: Regional Manager \_\_\_\_\_ (ONE LEVEL FOR ALL PRODUCTS)

Required for ALL Contract Types/Commission Levels: Term \_\_\_\_\_ Permanent \_\_\_\_\_

Please indicate the appropriate hierarchy below:

Immediate Upline Name\* \_\_\_\_\_ Code \_\_\_\_\_

Upline Name \_\_\_\_\_ Code \_\_\_\_\_

Upline Name \_\_\_\_\_ Code \_\_\_\_\_

Upline Name \_\_\_\_\_ Code \_\_\_\_\_

Top Level Upline Name\* \_\_\_\_\_ Code \_\_\_\_\_

\*Required Field

All policies will be mailed to agent, if mailing preference is different, please indicate below.

Comments or Special Instructions:

Any pending business will be paid according to the agent contract (if any) in effect prior to receipt of this Transmittal Form by North American Company for Life and Health Insurance®.

Certain states require a supervising agent/agency to be licensed to receive override commissions. If a license is not held in these states when business is written override commissions will not be paid.

The individual or agency receiving the compensation from the License Only Producer production must always be licensed/appointed in every State the Producer is licensed/appointed.

**Completed contracting should be forwarded to:**

North American Company  
Attn: Contracting  
4350 Westown Parkway • West Des Moines, Iowa 50266  
Phone: 866-322-7068 • Fax: 866-322-7072 • Email: nacontracting@sfgmembers.com

Distributor Signature Jan Oulky Distributor # \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature \_\_\_\_\_ Agent Code \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

COMPLETE ALL QUESTIONS.

FIRST NAME	MI	LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	SOCIAL SECURITY NUMBER	NATIONAL PRODUCER NUMBER
TYPE OF APPOINTMENT (SELECT ONE) <input type="checkbox"/> LIFE <input type="checkbox"/> ANNUITY		CONTRACT TYPE <input type="checkbox"/> LLC* <input type="checkbox"/> PARTNERSHIP* <input type="checkbox"/> SOLE PROPRIETORSHIP* <input type="checkbox"/> CORPORATION* <input type="checkbox"/> INDIVIDUAL			TAXPAYER ID NUMBER	CRD NUMBER
RESIDENCE ADDRESS – STREET, CITY, STATE, ZIP					RESIDENCE TELEPHONE ( )	
BUSINESS NAME (DBA)					BUSINESS TELEPHONE ( )	
BUSINESS ADDRESS – STREET, CITY, STATE, ZIP					BUSINESS FAX ( )	
PREFERRED MAILING <input type="checkbox"/> RESIDENCE ADDRESS <input type="checkbox"/> BUSINESS ADDRESS					CELL PHONE ( )	
E-MAIL ADDRESS (REQUIRED)				PREFERRED CONTACT <input type="checkbox"/> RES. PHONE <input type="checkbox"/> BUS. PHONE <input type="checkbox"/> CELL PHONE <input type="checkbox"/> E-MAIL		
BROKER/DEALER NAME (IF REGISTERED REP OR AFFILIATED WITH BD)						
BROKER/DEALER ADDRESS – CITY, STATE					BROKER/DEALER CRD # (IF KNOWN)	

**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 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 ever filed bankruptcy?
- 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 the procedures outlined in the "Compliance Manual" and all company product guides.

**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). I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, which includes applicable commission schedule(s), and further agree that upon authorization to solicit business by North American, such contract, supplements and addendums shall be legally binding on me without further action required on my part. Thereafter, such contract, supplements, and addendums shall govern my relationship with North American, a personalized copy of which shall be made available to me by North American by electronic delivery. 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, it's successors, or any organization designated to replace Vector One. This authorization shall remain valid and in effect during the term of my contract. North American has 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 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. 'Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc. I will not sell or solicit North American annuity products in NY.

**AGENT AUTHORIZATION** – 1. The 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, and; 3. I am a U.S. citizen or other U.S. person, and; 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

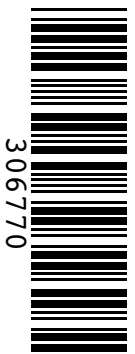
AGENT SIGNATURE	OFFICER SIGNATURE*	DATE
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**I have reviewed the above application and I hereby recommend this agent contract for consideration by North American.**

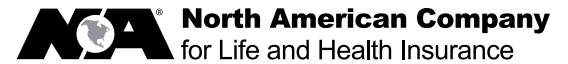
DISTRIBUTOR SIGNATURE <i>Dan Oulby</i>	CODE	DATE
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\*If Officer of a Corporation, LLC, Partnership, or Sole Proprietorship please sign both as Agent and Officer.

**Completed form should be forwarded to the appropriate Life Division or Annuity Service Center at the address below.**



# Commission Direct Deposit Authorization Form



## Instructions

It is North American's policy to deposit your commissions directly to an account of your choosing at any designated financial institution.

1. Mark the appropriate box specifying the line of business the direct deposit information applies to.
2. Mark the appropriate box specifying that your pay will be deposited to either your checking account or savings account.
3. Complete the requested information about you, your financial institution, and your account.
4. Submit a voided check for verification of all financial institution information.
5. Review and sign the completed form.

## Please complete all fields below

Line of business (check all that apply)  Annuity  Life

Type of account (select one)

- Checking account - VOIDED CHECK REQUIRED  
 Savings account - Provide account verification information on bank letterhead.

Financial institution's name

Financial institution account owner

Agent/Agency name

Agent/Agency code(s) - List all codes that apply

Routing number

Account number

## Authorization

Should an incorrect deposit be made, the financial institution is authorized to debit my account and return the funds to North American.

Taxable earnings will be reported on the Tax ID in which they are earned, regardless of the payee/account to which they are paid.

In the event you incur a commissions debt to North American we will not debit your account without prior permission from you.

This agreement will remain in effect until I have cancelled/changed it in writing.

I authorize North American and the financial institution listed above to automatically deposit my payable and net amounts earned.

Agent/principal signature

Date

**Mail, fax, or email this completed form along with a voided check  
on a separate page using the appropriate information below.**

## VOIDED CHECK REQUIRED

4350 Westown Parkway, West Des Moines, IA 50266  
Phone: (866) 322-7068 • Fax: (866) 322-7072 • Email: [nacontracting@sfgmembers.com](mailto:nacontracting@sfgmembers.com)



## ASSIGNMENT OF EARNINGS

For value received, but subject to all the terms and provisions of any and all contracts and agreements and any amendments, schedules, addenda and supplements thereto, at any time, whether heretofore or hereafter, entered into by and between me ("Assignor") and North American Company for Life and Health Insurance® (the "Company") and whether now in full force and effect (collectively, the "Contracts") or not, I hereby assign and transfer unto

\_\_\_\_\_ Name  
herein called "Assignee," whose address is \_\_\_\_\_  
Street City State Zip

all compensation becoming due me under the following code(s) ("Earnings") \_\_\_\_\_  
Code Code Code

after the Effective date of this Assignment, and otherwise due me, subject to any offset by the Company for any indebtedness incurred under the Contracts. The Company is hereby authorized and directed to pay all such Earnings to 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 Contracts. I shall indemnify and hold the Company harmless from and against any and all claims resulting or arising out of this Assignment of the payment of Earnings to Assignee as set forth herein.

This Assignment shall remain in full force and effect until released in writing by Assignee. Payment to Assignee of the Earnings herein assigned shall fully discharge the Company 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 the Company, and there at the Company's discretion, processed and accepted by the Company, and I fully recognize that the acceptance of this Assignment if it does become effective, shall relate only to Earnings becoming payable by the Company after the Effective Date.

Executed at: \_\_\_\_\_ on \_\_\_\_\_  
City State Month Day Year

Assignor (Please Print Name and Code) \_\_\_\_\_ Assignor (Signature) \_\_\_\_\_

The foregoing Assignment is hereby accepted, subject, however, to all the terms and provisions of any and all Contracts. The Company, however, assumes no responsibility for the validity of this Assignment; provided, however, the Assignment shall not be operative while any indebtedness to the Company under the Contracts remains unsatisfied and this Assignment shall be subject to any existing or future indebtedness of Assignor to the Company under such Contracts

**IMPORTANT NOTICE**

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

**FOR OFFICE USE ONLY**

Processed and Accepted by the Company:

By: \_\_\_\_\_

Date: \_\_\_\_\_  
("Effective Date")

**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, Assignee hereby relinquishes all interest in said Assignment. This release shall be considered effective upon receipt by the Company.

In witness hereof, Assignee hereby executes this Release.

Assignee Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Receipt by the Company:

By: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** If Earnings are assigned to a Corporation, LLC, Sole Proprietorship or Partnership an officer must sign the Release.

Credit Authorization For:  
**California, Minnesota and Oklahoma Residents**

Thank you for completing an application for appointment with North American.

Under state law we must inform you that we utilize Business Information Group, 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 Business Information Group, Inc., its successors, or any organization designated to replace Business Information Group, 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 Business Information Group, Inc., its successors, or any organization designated to replace Business Information Group, 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 Business Information Group, 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.

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Signature

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SSN

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Date

*Completed form should be forwarded to the appropriate address below.*



**BUSINESS ENTITY CERTIFICATE**

This Certificate is delivered to North American Company for Life and Health Insurance® (the "Company"), pursuant to the contract application on behalf of \_\_\_\_\_ [name of entity], a \_\_\_\_\_ [State of entity's domicile; insert type of entity: corporation; limited liability company; partnership; sole proprietorship] to be a Producer or Distributor of the Company (the "Contract Applicant").

The undersigned, on behalf of the Contract Applicant, and not in his or her individual capacity, hereby certifies to the Company as follows:

1. The undersigned is authorized to execute and deliver this Certificate on behalf of the Contract Applicant.
2. The Federal Tax I.D. of the Contract Applicant is: \_\_\_\_\_.
3. The officers of the Contract Applicant are (attach additional pages of necessary) *(Required for Corporations and LLC's; only required for other entity types if applicable):*

Name	Office
	President
	Vice President
	Secretary
	Treasurer

4. The directors or managers of the Contract Applicant are (attach additional pages if necessary) *(Required for Corporations and manager-managed LLC's; only required for other entity types if applicable):*

Name	Director/Manager

5. The four (4) largest stockholders, members or partners of the Contract Applicant are *(Required of all entity types):*

Name	Name

6. As of the date of this Certificate, the following persons are those authorized to execute each document to which the Contract Applicant is or will be a party and who is authorized to act on behalf of the Contract Applicant.  
*(Required for all entity types):*

Name	Office

IN WITNESS WHEREOF, the undersigned has executed this Certificate this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed:	
Printed Name:	
Title:	

*Completed form should be forwarded to the Contracting Department at the address below.*



## Annualization Addendum

**Distributor/Producer Name (please print):**

**Distributor/Producer Code:**

In signing this Annualization Addendum, I acknowledge I have read the applicable terms and conditions. I understand any amounts paid as Annualization Commissions are loans and not advances. In the event I am no longer under contract, any Unearned Annualization Commission amounts paid to me are to be repaid to the Company on demand. The Company reserves the right to accept or reject this Addendum and I understand and acknowledge the Company may terminate this Addendum at any time and for any reason. This Addendum shall terminate automatically upon termination of my Contract with the Company.

**Please set maximum amount of Annualization per Annualized Policy at \$**

**(“Annualization Cap”).**

Signature of Distributor/Producer: (Required)	Date:	Signature of Distributor: (Required)	Date:
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Please retain a copy of this Addendum for your records and send the original to the Company.

Direct Upline's  
Signature

## Terms and Conditions

### 1. Definitions.

- a. All capitalized terms not otherwise defined in this Addendum shall have the meaning set forth in your contract with the Company (the “Contract”).
- b. An “Annualized Commission” is an advance of a percentage of first year commissions on New Business to you. Annualized Commissions are computed by multiplying the Annualization Percentage by the first year commission rate for New Business, as specified in the applicable commission schedule. Commissions will only be annualized in Year 1 of the Company Product.
- c. The “Annualization Percentage” is the percentage of first year commissions that the Company will pay you. The Annualization Percentage is identified above and may be modified from time to time by the Company upon written notice to you as set forth in the Contract.
- d. “Annualized Policy” means New Business for which an Annualized Commission has been paid to you.
- e. “New Business” means a life insurance policy issued by the Company for which the Company has received full payment of the first modal premium and all outstanding policy requirements. New Business does not include annuities or unscheduled or excess premiums on universal life products.
- f. “Unearned Annualized Commissions” means Annualized Commissions for which the first year commission on New Business has not been earned.

### 2. Annualized Commission Payment.

- a. The Company will pay an Annualized Commission to you on New Business eligible for annualization. The Company reserves the right, in its sole discretion, to determine whether New Business is eligible for annualization under this Addendum.
- b. An Annualized Commission will be reported as income for tax purposes at the time it is paid to and received by you.
- c. The Company will credit first year commissions, as those commissions are earned, against the sum of Annualized Commissions paid on Annualized Policies pursuant to the Automatic Commission Withholding Process set forth in Section 3 below. Any remaining balance of first year commissions, after crediting those commissions against paid Annualized Commissions, will be paid to you as earned.
- d. Commissions will not be paid outside of the regular cycle for annualization.

- e. The annualization addendum must be submitted with new contracting or before your first policy is placed in force. Annualization is not eligible for retroactive commissions on any policy that is placed in force and has paid out.
- f. The maximum annualization amounts allowed as a percentage of Annualized Commissions shall be seventy-five percent (75%), except the maximum annualization for annual policies, which shall be one hundred percent (100%).
- g. The Company reserves the right to determine the maximum amount of Annualized Commissions to be paid in any calendar month to you.
- h. The Annualization Cap is the maximum amount of Annualized Commissions to be paid on New Business. Such amount shall not exceed: \$10,000.

### 3. Automatic Commission Withholding Process.

- a. Agent shall be provided a commission statement via the Company’s website, which statement shall accumulate new available Annualized Commissions and generate electronic funds transfers for amounts payable of \$50 or more.
- b. Annualized Commissions will be deposited to your bank account on the second working day after a commission cut-off is completed.
- c. In consideration for receipt of Annualized Commissions under the Annualization Addendum, you authorize the Company to withhold first year commissions earned on an Annualized Policy until the sum of those first year commissions equals the amount of Annualized Commissions paid for that Annualized Policy.
- d. If first year commissions earned on an Annualized Policy are insufficient to offset Unearned Annualized Commissions for that Annualized Policy, the Company reserves the right to offset any Unearned Annualized Commissions from all first year and renewal commissions otherwise be payable to you.
- e. In the event an outstanding balance of Unearned Annualized Commissions exists despite (c) and (d) above, the Company reserves the right to seek repayment of that outstanding balance from you pursuant to the Contract.
- f. Any indebtedness incurred under this Addendum for which recovery cannot be made pursuant to (c), (d) or (e) of this Section 3 shall be governed by the terms for indebtedness included in the Contract.

### 4. The terms and conditions of the Contract are applicable to this Addendum.