



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)
- ☐ VectorOne Debit-Check Agent/ Agency Authorization Form
- ☐ Individual State License(s)
- ☐ Corporate State License(s) (If Applicable)
- ☐ Credit Authorization for: California, Minnesota and Oklahoma Residents [9043Z-A] (If Applicable) *(Required for any agents who reside in CA, MN, or OK.)*
- ☐ Advance Addendum [O-2844] (OPTIONAL)
- ☐ Business Entity Certification [O-2839] (If Applicable) *(Required if setting up an agency.)*

SEND TO:

Email: lifesubmission@absgo.com

Mail: Attention: Life Licensing
American Brokerage Services
803 East Willow Grove Avenue
Wyndmoor, PA 19038



Contracting Cover Sheet

Date: _____

Carrier: _____

Agent's Name: _____

Agency's Name (if applicable): _____

New Business Being Submitted with Contracting?

(Yes) (No)

Client Name: _____

Client DOB: _____

Date/State Signed: _____

Product Name: _____

Are you affiliated with a Broker Dealer or RIA?

(Yes) (No)

*If yes, complete the fields listed below.

CRD #: _____

Broker Dealer: _____

RIA: _____

SEND TO:

Email:

lifesubmission@absgo.com

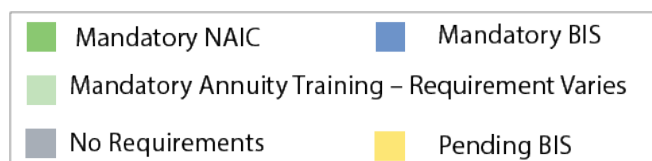
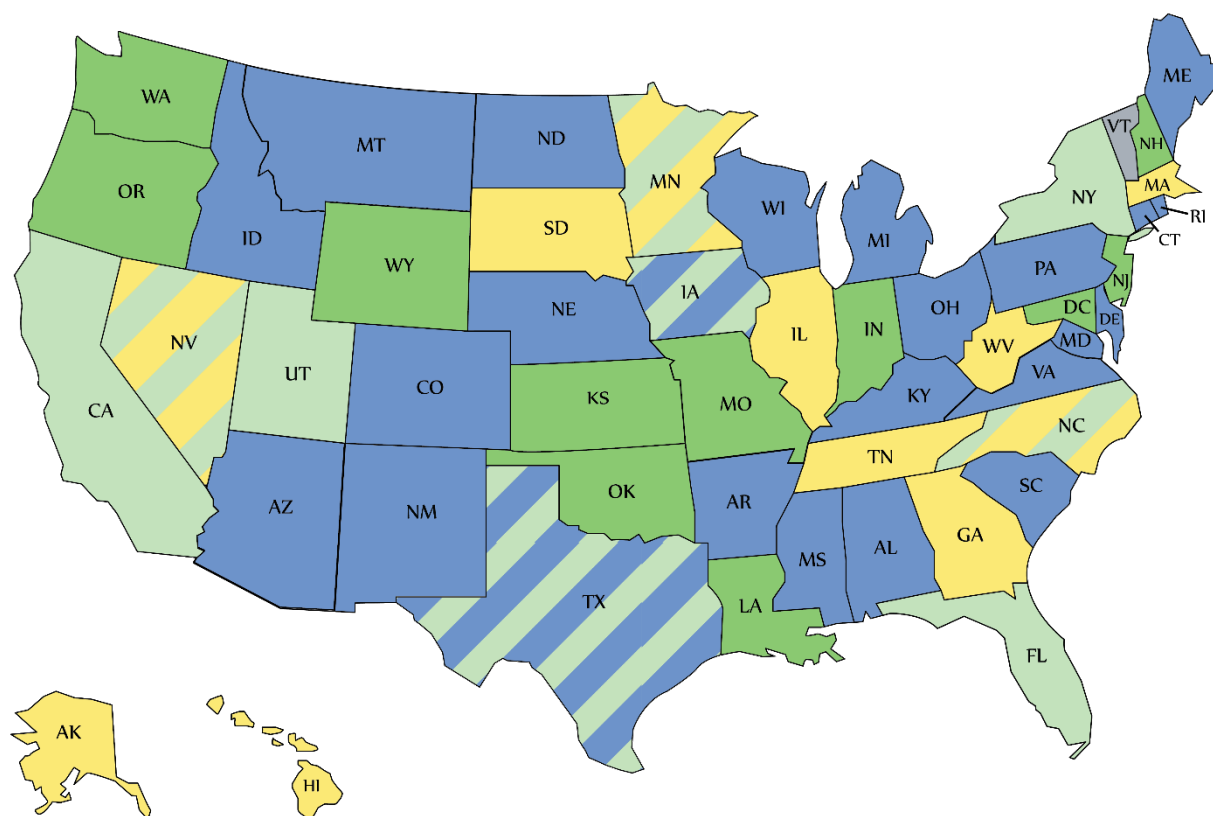
Mail:

American Brokerage Services, 803 East Willow Grove Avenue, Wyndmoor, PA 19038

NAIC ANNUITY SUITABILITY AND BEST INTEREST STANDARD STATE TRAINING REQUIREMENTS

The following states have adopted some version of the NAIC Suitability in Annuity Transactions Model Regulation, 4-Hour Annuity Training and/or the revised regulation, Best Interest Standard (BIS). For states that have implemented the Best Interest Standard, all licensed producers are required to take either a 1-hour supplementary training or a new 4-hour training that includes the Best Interest Standard.

Training must be taken through a state-approved vendor prior to soliciting business. Please provide a copy of your training certificate to ABS (lifesubmission@absgo.com). For further information, refer to the tables on the following page or contact your state's Department of Insurance.



Mandatory Annuity Training - Requirement Varies:

Interpretation of the state ruling can vary by insurer

CALIFORNIA	Resident and non-resident agents soliciting annuities in CA must complete an initial 8-hour CA state specific course along with 4-hour refresher course every two years prior to license renewal. CA does not allow reciprocity for the annuity training between states.
FLORIDA	Resident and non-resident agents are not required to take any version of the 4-Hour NAIC Annuity Training to sell annuities in FL. The 5-hour "Law and Ethics Update" course covers the senior suitability requirement. FL resident agents soliciting cross border sales will be required to take a one-time 4-hour annuity training course in states that have implemented the NAIC guidelines.
IOWA	In addition to the 4-Hour NAIC Annuity and BIS courses, agents selling indexed annuities in IA must take a one-time 4-hour course specific to indexed annuity products.
MINNESOTA	The state of MN is requiring an additional course topic that is not covered in NAIC Model Reg #275. Resident and non-resident producers must take a 1 or 4-hour course that specifically includes "the recognition of indicators that a prospective insured may lack the short-term memory or judgment to knowingly purchase an insurance product". The MN course is titled "Best Interest Standards of Conduct for Annuity Sales". Reciprocity amongst other states will be allowed, provided the course includes additional course topic.
NEVADA	BIS requirement pending legislation. No specific hourly requirements have been implemented for NAIC.
NEW YORK	Effective 8/1/19 for Annuities and 2/1/20 for Life, NY has amended Regulation 187 (Suitability and Best Interests) to include agent training. NY has not instituted an hourly CE requirement; however, resident and non-resident agents are required by the insurer to take an undefined hourly vendor training specific to "Suitability & Best Practices in Life Insurance & Annuity Transactions" prior to soliciting new business or servicing in-force policies originally issued in NY. Training taken for the state of NY is specific to the state of NY, reciprocity is not allowed.
N. CAROLINA	BIS requirement pending legislation. No specific hourly requirements have been implemented for NAIC.
TEXAS	Resident and non-resident agents must complete a one-time 4-hour annuity CE course. In addition, resident agents must take 8 hours of ongoing CE specifically relating to annuities each license period. Licensees that are exempt from CE are not exempt from the initial 4-hour annuity training or Best Interest Standard. Exemptions apply to the ongoing 8 hours of CE required each license period. TX will accept most annuity courses taken in other states.
UTAH	No specific hourly requirements have been implemented. Solicitation of annuity products in the state of UT will not be allowed until the agent has taken a product specific training provided by the insurer.

Mandatory - Best Interest Standard:

EXISTING PRODUCERS have the option to complete either a new 4-hour training that includes BIS or a 1-hour supplementary training specific to BIS. Most states allow EXISTING PRODUCERS a 6-month grace period for completion - *grace period allowance can vary by insurer*. The 1-hour course will no longer be available after the EXISTING PRODUCER release date. NEW PRODUCERS must complete a full 4-hour training that includes BIS.

STATE	NEW PRODUCERS	EXISTING PRODUCERS	STATE	NEW PRODUCERS	EXISTING PRODUCERS
ALABAMA	1/1/2022	6/30/2022	MISSISSIPPI	1/1/2022	6/30/2022
ARIZONA	1/1/2021	6/30/2021	MONTANA	10/1/2021	4/1/2022
ARKANSAS	1/1/2022	1/1/2022	NEBRASKA	7/1/2021	12/31/2021
COLORADO	11/1/2022	5/1/2023	NEW MEXICO	10/1/2022	4/1/2023
CONNECTICUT	3/1/2022	9/1/2022	NORTH DAKOTA	1/1/2022	6/30/2022
DELAWARE	8/1/2021	2/1/2022	OHIO	2/14/2021	8/14/2021
IDAHO	7/1/2021	2/1/2022	PENNSYLVANIA	6/22/2022	12/22/2022
IOWA	1/1/2021	7/1/2021	RHODE ISLAND	4/1/2021	10/1/2021
KENTUCKY	1/1/2022	6/30/2022	SOUTH CAROLINA	11/27/2022	5/27/23
MARYLAND	10/8/2022	4/8/2023	TEXAS	1/1/2022	1/1/2022
MAINE	1/1/2022	7/1/2022	VIRGINIA	9/1/2021	3/1/2022
MICHIGAN	6/29/2021	12/29/2021	WISCONSIN	10/1/2022	4/1/2023

Pending – Best Interest Standard:

STATE	NEW PRODUCERS	EXISTING PRODUCERS
ALASKA	TBD – Pending Legislation	TBD – Pending Legislation
GEORGIA	TBD – Pending Legislation	TBD – Pending Legislation
HAWAII	1/1/2023	7/1/2023
ILLINOIS	TBD – Pending Legislation	TBD – Pending Legislation
MASSACHUSETTS	TBD – Pending Legislation	TBD – Pending Legislation
MINNESOTA	1/1/2023	6/30/2023
NEVADA	TBD – Pending Legislation	TBD – Pending Legislation
NORTH CAROLINA	TBD – Pending Legislation	TBD – Pending Legislation
SOUTH DAKOTA	1/1/2023	7/1/2023
TENNESSEE	TBD – Pending Legislation	TBD – Pending Legislation
WEST VIRGINIA	TBD – Pending Legislation	TBD – Pending Legislation

REVISED: 9/30/2022
Subject to change



805 E. Willow Grove Avenue-Suite 2B
Wyndmoor, PA 19038
WWW.ABSGO.COM
Phone: 215.233.9410
Fax: 215.233.9416

States Requiring Income Tax Withholding for Non-Resident Commissions

- California – 7 percent applies to Individuals and Corporations
- Nebraska – 6 percent applies to Individuals and Entities where at least 80% of shareholders are performing the services
- Pennsylvania – 3.07 percent applies to individuals only

Three states currently require withholding of income taxes on non-resident commissions paid for sales in those states. This pertains to Life business.

Withheld state taxes for the current tax year will be reflected at year-end on the agent's IRS Form 1099.

The tax applies to producers who are not residents of those states but receive commissions for sales within the state. We recommend that you consult with your tax advisor if you have any questions. Non-resident agents are responsible for reporting all commissions for business in these states in accordance with respective state laws.

Please refer to the individual state revenue department websites for further advice.

California Franchise Tax Board
<https://www.ftb.ca.gov/>

Nebraska Department of Revenue
<https://revenue.nebraska.gov/>

Pennsylvania Department of Revenue
<https://www.revenue.pa.gov/>



Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) _____ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) _____ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____ **Date:** _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY COMPANY:

Name of Company: _____

Signature: _____

Name and Title: _____



Training Requirements Acknowledgement

ABS is dedicated in aiding our agents in the ability to provide their clients with the best possible service. In order to provide the best quality services in the simplest and timeliest manner, we request that our agents complete all necessary training listed below. Failure to complete these requirements may result in CARRIER rejection of business or require resubmission of newly dated client applications.

Agents are responsible for any/all necessary:

❖ **CARRIER specific training.**

❖ **STATE product training.**

Each state handles these requirements differently. If your state (or the state you are writing business in) requires product training, NO new business applications can be dated/submitted prior to completing the necessary training.

❖ **ANNUITY CE (Continuing Education) CREDIT requirements.**

❖ **AML (Anti-Money Laundering) TRAINING requirements.**

If you are unsure of any necessary training/requirements, call your ABS Sales Representative immediately.

I, _____, verify that I understand the above requirements. I also verify that I am aware that incompleteness of any of the above may result in interruption/rejection (by the CARRIER) in any business I may submit. I acknowledge that I may also be required to personally provide proof of above said training/requirements, should the CARRIER request.

Signature

Date

Life Contract transmittal



Agent name (please print):		Agent code (if known):
Issue state of pending business	Client name	Policy number

Choose the Contract type and commission level for the agent/agency:

Contract type: ☐ License only producer ☐ Producer ☐ General agency ☐ Contract change (agent signature required)

Commission level: _____

Please indicate the appropriate hierarchy below:

Immediate upline name* _____ Code _____


Top level upline name* _____ Code _____

*Required field

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.

MGA/Distributor signature: 	MGA/Distributor code:	Date (mm/dd/yyyy):
Agent signature (if applicable):	Agent code:	Date (mm/dd/yyyy):



O2682

Annuity Contract transmittal form



Agent name: _____ Agent code (if known): _____

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

Issue state of pending business	Client name	Policy/Contract number
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Choose the contract type and level for the agent/agency

Contract type: ☐ License only producer ☐ Producer ☐ Distributor ☐ Contract change (Agent signature required)

Commission level

Indicate the appropriate hierarchy below


Immediate upline name*	Code
Top level upline name*	Code

* Required field

Comments or special instruction

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.

Distributor signature 	Distributor number	Date (mm/dd/yyyy)
Agent signature (if applicable)	Agent code	Date (mm/dd/yyyy)

Contract application

Complete all questions



P.O. Box 14432, Des Moines, IA 50306-3432

Name (first, middle initial, last)

Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth (mm/dd/yyyy)	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 Identification number	CRD number
Residence address (street, city, state, ZIP)				Residence phone number
Business name (DBA)				Business phone number
Business address (street, city, state, ZIP)				Business fax number
Preferred mailing <input type="checkbox"/> Residence address <input type="checkbox"/> Business address				Cell phone number
E-mail address (required)			Preferred contact <input type="checkbox"/> Residence phone <input type="checkbox"/> Business phone <input type="checkbox"/> Cell phone <input type="checkbox"/> E-mail	
Broker/dealer name (if Registered Representative or affiliated with Broker/dealer)				
Broker/dealer address (street, city, state, ZIP)				Broker/dealer CRD number (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?

E&O Policy carrier: _____ E&O Policy number: _____ According to the Individual Agent/Master Distributor Contract, you are responsible for keeping your E&O coverage current for the duration of your relationship with North American.

Compliance

☐ Yes ☐ No

I will conform to the procedures outlined in the "Compliance Manual" and all company product guides.

Privacy Policy

☐ Yes ☐ No

I have reviewed and consent to the terms contained within the [Privacy Policy](#), which can be found on www.sammonsfinancialgroup.com.

*California Applicants: The Privacy Policy is intended to comply with the California Consumer Privacy Act (CCPA), as amended, and its Notice at Collection requirement.

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 affiliates¹ 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. 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. ¹Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc. I will not sell or solicit North American 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.

In addition to the above, by signing below, I hereby:

- (A) Authorize the company to use my information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, Contract, tenure, or other relationship with the company, utilizing Debit-Check.
- (B) Authorize the company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.
- (C) Authorize and direct Vector One to receive and process my information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the company.
- (D) Authorize the company to submit my information to the Debit-Check service in the event of termination or expiration of my engagement with the company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the company.
- (E) Authorize and direct Vector One to receive and process my information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing my information the results of my commission related debit balance screening, which will contain my information, to the extent a debit balance is owed.

Agent signature	Officer signature*	Date (mm/dd/yyyy)
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I have reviewed the above application and I hereby recommend this agent Contract for consideration by North American.

Distributor signature 	Code	Date (mm/dd/yyyy)
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*If Officer of a Corporation, LLC, Partnership, or Sole Proprietorship please sign both as Agent and Officer.



306770

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. Please be advised, all active and terminated codes for each designated line of business will be updated per this request.

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.

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)
Routing number	Account number

Authorization

Only one bank account per Social Security number (SSN) or Tax Identification number (Tax ID) is allowed for each line of business (Life/Annuity).

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 (mm/dd/yyyy)
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Voided check required

Credit authorization for: California, Minnesota and Oklahoma Residents

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

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. This report can be provided upon request.

Send this authorization back along with your completed Contract application 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.

Signature	Social Security number	Date (mm/dd/yyyy):
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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_____.

Signature

Printed name

Title



02839

Advance addendum



Distributor/Producer information

Distributor/Producer name (please print):

Distributor/Producer code:

In signing this advance addendum, I acknowledge I have read the applicable terms and conditions. I understand that advance amounts will be distributed in the same cycle as my standard compensation. I understand any amounts paid as advance commissions are loans. In the event I am no longer under Contract, any unearned advance 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 advance per annualized policy at \$ _____ ("Advance cap").

Signature of distributor/producer (required):	Date (mm/dd/yyyy):
Signature of distributor (required):	Date (mm/dd/yyyy):

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 "advance commission" is an annualization of a percentage of first year commissions on new business to you. Advance commissions are computed by multiplying the advance 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 "advance percentage" is the percentage of first year commissions that the company will pay you. The advance 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 advance 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 advance commissions" means advance commissions for which the first year commission on new business has not been earned.

2. Advance commission payment.

- a. The company will pay an advance commission to you on new business eligible for advance. The company reserves the right, in its sole discretion, to determine whether new business is eligible for advance under this addendum.
- b. An advance 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 advance commissions paid on annualized policies pursuant to the automatic commission withholding process set forth in section 3. Any remaining balance of first year commissions, after crediting those commissions against paid advance commissions, will be paid to you as earned.
- d. Commissions will not be paid outside of the regular cycle for advances.

- e. The advance addendum must be submitted with new contracting or before your first policy is placed in force. Advance is not eligible for retroactive commissions on any policy that is placed in force and has paid out.
- f. The maximum advance amounts allowed as a percentage of advance commissions shall be seventy-five percent (75%).
- g. The company reserves the right to determine the maximum amount of Advance commissions to be paid in any calendar month to you.
- h. The advance cap is the maximum amount of advanced 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 advance commissions and generate electronic funds transfers for amounts payable of \$50 or more.
- b. Advance 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 advance commissions under the advance 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 advance commissions paid for that annualized policy.
- d. If first year commissions earned on an annualized policy are insufficient to offset unearned advance commissions for that annualized policy, the company reserves the right to offset any unearned advance commissions from all first year and renewal commissions otherwise be payable to you.
- e. In the event an outstanding balance of unearned advance 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.



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