

New Business Checklist—Deferred Annuity

Client's Name: _____

Commonly Used Forms:

- Fixed Annuity Application (19933Z)** – Check New Business Forms Chart (7372Z) for appropriate state variations.
- Fixed Index Annuity Allocation Form (21583Z)** – Required for all North American Precision Series®, Freedom Choice®, North American CharterSM, North American Ten® and Performance Choice® fixed index annuity applications.
- Fixed Index Annuity Allocation Form (22677Z)** – Required for all NAC RetireChoice® 10 and 14, NAC IncomeChoiceSM 10, NAC BenefitSolutionsSM 10 and 14, NAC BenefitSolutionsSM II, and North American CharterSM Plus fixed index annuity applications.
- Suitability Form (20124Z)** – Required with each application except for 403(b)/TSA salary reduction only.
- Product Specific Disclosure Form** – Check Forms chart (7372Z) for appropriate state variations. Verify owner(s) have initialed next to the surrender charge option elected and declined.
- Annuity Replacement Form** – Required if this annuity will be replacing or changing a life insurance or annuity contract. Also, NAIC states require this form if your client has an existing or pending life insurance or annuity contract. Some states require additional replacement forms or comparison forms. See State Approval chart (6746Z) for details regarding state variations and Forms chart (7372Z) for additional forms.
- Transfer Form (6780Z)** – Required if a transfer is involved. Include the estimated premium amount on the application.

State-Specific Forms:

- AL Arbitration Agreement (12538Z-01)** – Required for all annuities in Alabama.
- AR Replacement Disclosure Comparison Statement (12339Z-AR)** – Required for all replacements.
- CA Disclosure Comparison Form (13733Z-04)** – Required in California for replacements age 65 or older.
- FL Accredited Investor Form (14558Z)** – Required in Florida for select annuities age 65 or older.
Required for products with surrender charges longer than 10 years or more than 10%. Accredited Investor Criteria: Net worth exceeding \$1,000,000 (excluding primary residence), or income exceeding \$200,000 in each of the two previous years, or joint income exceeding \$300,000 in each of the two previous years.
- FL Suitability Questionnaire (21240Z)** – Required in Florida for all clients, regardless of age.
- FL Disclosure and Comparison Form (21241Z)** – Required in Florida for annuity to annuity replacement transactions only.
- NV Replacement Disclosure Comparison Statement (12339Z-NV)** – Required for annuity to annuity replacements only.

New Business Guidelines:

- Original paperwork with wet signature is required to set up an application. Stamped signatures are not allowed.
- Ensure minimum premium requirements are met for product selected.
- Verify owner/annuitant does not exceed maximum issue age for product selected.
- Use most current state-specific forms.
- Review all forms for completeness.
- DO NOT USE WHITE OUT** or alter our forms. If you have a correction, cross it out and have the owner/annuitant initial the change.
- Beneficiaries must equal 100% and include the beneficiary's address and social security number. Ensures distributions at death are payable to the intended recipient. (Helpful Hint: Do not use 33.33% for three beneficiaries; one must be 33.34% to add up to 100%)
- When sending in corrections, write the policy number on all pages mailed or faxed to our office to ensure they are matched to the correct file. Fax New Business at 866-322-7073, or email New Business at NBProcessors@sfgmembers.com.
- Client's address on the application must be a street address. If the client uses a P.O. Box for mailing, please submit this on a separate sheet of paper.
- Make copies of all paperwork to keep on file for your records.

These forms are available on the web site at www.NorthAmericanCompany.com or call our Sales Support Team at 866-322-7066.

Overnight to:

North American Company for Life and Health Insurance®
4350 Westtown Parkway, West Des Moines, IA 50266

See Reverse For 403(b)/TSA Checklist Items And
Other Miscellaneous Forms You May Need



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(Continued)

Electing a Guaranteed Minimum Withdrawal Benefit rider (GMWB)?
<input type="checkbox"/> Income Pay® Plus Election Form (22082Z, North Carolina must use 22082Z-32; Texas must use 22082Z-42) – Required when electing the Income Pay Plus Rider.
<input type="checkbox"/> Income Pay® Election Form (California, Florida and Pennsylvania must use 23043Z, Missouri, Utah and Virginia must use 23044Z) – Required when electing the Income Pay rider.
Using a Trust?
<input type="checkbox"/> Certification of Trust Agreement (10112Z) – Required when a Trust is listed as an owner or beneficiary on the application.
Need More Room for Beneficiaries?
<input type="checkbox"/> Beneficiary Designation Form (8014Z) – Available to list additional beneficiaries.
Setting up an Inherited IRA?
<input type="checkbox"/> Multi-Generational Distribution Form (8103Z) – Required when setting up Inherited IRA.
403(b)/TSA Checklist:
<input type="checkbox"/> Confirm if client’s employer is an approved vendor. If not, North American will not be able to accept the business.
<input type="checkbox"/> A suitability form is not required for TSA premium reduction only. Form 20124Z is required when the source of funds is other than salary reduction.
<input type="checkbox"/> 403(b) Exchange Disclosure and Acknowledgement Form (11907Z) – Required if there is a transfer involved.
<input type="checkbox"/> Billing Supplement Form (9099Z) – Required if the contract is set up for salary reduction.
<input type="checkbox"/> TX Uniform Disclosure Form (8329Z) – Required in the State of Texas if the contract is set up for salary reduction. The Billing Supplement Form (9099Z) is also required.
<input type="checkbox"/> The employer’s 403(b) plan document and information sharing agreement provide key provisions under which the plan operates. An approved vendors list must also be included. If North American does not receive these documents, transfer paperwork cannot be mailed.

Special Instructions: _____

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