



Annuity

New Business Procedures

Annuity Agent Training



At North American, we're dedicated to seeking new and better ideas to make writing annuity business with North American easier for our agents.

One way is to give examples of the forms used to write a piece of annuity business. These example forms are filled out as if this were a real case, with added tips, to help you understand how to fill out the forms accurately.

Please note that the following forms may change from time to time. It's important to contact North American Annuity Service Center or visit our website at www.NorthAmericanCompany.com to make sure you are using the most up-to-date forms. **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. For a list of additional New Business Guidelines, refer to the New Business Checklist (12143Z for Deferred Annuities) and/or (12144Z for Immediate Annuities).

We appreciate your annuity business and look forward to working with you in the future.

Helpful Annuity Division Phone Numbers

SALES SUPPORT

866-322-7066

CLIENT SERVICES

866-322-7069

SUITABILITY

877-858-1364

LICENSING AND COMMISSION

866-322-7068

NEW BUSINESS

866-322-7067

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- Fixed Annuity Application (19933Z)
- Fixed Index Annuity Allocation Forms (21583Z and 22677Z)
- Annuity Disclosure Form (Disclosure Forms vary by product choice and state)
- The example shown is for the NAC RetireChoice®, the forms may vary by product and state
- Replacement of Life or Annuities (6779Z)
- Transfer Form (6780Z)
- Deferred Annuity Suitability Form (20124Z). Florida also requires Suitability Questionnaire (21240Z).

Compliance Regulations

ANNUITY APPLICATION

North American has developed a standard annuity application; however, there may be a state-specific version in the state its signed in. State specific applications can be found on the state approval chart (6746Z) located on the North American website, www.NorthAmericanCompany.com. This is due to requirements by the state's insurance department, where specific language is required.

STATE COMPLIANCE FORM

For single premium deferred annuities, the following states require the owner to complete and sign an additional form at the time an application is written.

Kansas (6778Z-KS)

Ohio (6778Z-OH)

Accredited Investor form in Florida 14558Z, is required for applicants age 65 and older who are applying for any Annuity Products with a surrender charge period longer than 10 years and/or whose surrender charge percentage is higher than 10% in the first contract year.

The Disclosure for Persons Residing in California Age 65 or Older 7572Z, is required in California for all products if the annuitant is 65 or older.

REPLACING ANOTHER ANNUITY

When the client is replacing an annuity or life contract, the Replacement Form is required. Replacement refers to the discontinuation of a life insurance policy or annuity for purposes of issuing another annuity with those proceeds. A replacement also occurs when a client takes a penalty-free withdrawal from another contract to fund an annuity with North American.

It is important to remember the Replacement Form is required if the client currently owns a life or annuity product and resides in a state that has adopted the newest Replacement Model Regulation. In these NAIC states, if the client owns life or annuity policies (even if they aren't being replaced at this time), the replacement form is required.

With all proposed replacement transactions, the Company expects that you are able to explain and document how the proposed replacement provides a clear benefit to the consumer given his or her current goals and objectives. To assist you with this, the Company makes available an additional disclosure and comparison form (15852Z) and strongly encourages its use and submission with all proposed replacement applications. You may be asked for the form or additional information regarding the replacement transaction during our suitability review as individual facts and circumstances dictate. There currently are four states where an additional disclosure and comparison form is required for each annuity-to-annuity replacement. Those states include: Florida (21241Z), Nevada (12339Z-NV), Arkansas (12339Z-AR) and California (13733Z-04).

Please see the state approval chart (6746Z) for this information.

Reference North American's New Business Checklist (Deferred Annuities – 12143Z; Immediate Annuities – 12144Z) for details regarding the above forms or call Sales Support at (866) 322-7066 for additional information.

Completing the Annuity Application

The proper completion of an annuity application will speed up the process considerably. To assist you in completing the application, an explanation of each section and specific examples are provided.

North American has developed a nationwide annuity application; however, there may be versions where specific language is required by a state insurance department. State-specific applications can be found on the New Business Forms Chart, 7372Z, located on the North American website, www.NorthAmericanCompany.com. If a state-specific application is required for the state in which you are writing business, it must be used.

ANNUITANT

The annuitant must be an individual. Issue ages vary by state and product. Refer to the Annuities At A Glance (6744Z) for issue age limits.

Additional benefits are also available on various annuities and will be automatically added to the contract at no cost. Other riders are available for an additional cost. Nursing Home¹ and Terminal Illness Rider² benefits are available if both the joint annuitants and owners are under age 76 at issue. The Guaranteed Minimum Withdrawal Benefit Rider is available for owners and annuitants age 40 and above. Unemployment Rider benefits are available if both the joint annuitants and owners are under age 66. Not all riders are available in every state or with every product. Refer to the State Availability Chart (6746Z) for current information.

APPLICATION EXAMPLE																									
Annuitant Gender:		<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	U.S. Citizen		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																		
First Name			MI	Last Name			Social Security Number																		
J	o	h	n	L	D	o	e	1	2	3	4	5	6	7	8	9									
Street Address (P.O. Boxes are not allowed)*										Birth Date (mm/dd/yyyy)															
1	5	4	6	A	n	y	w	h	e	r	e	S	t	0	5	/	2	1	/	1	9	5	7		
City				State	Zip	Phone																			
A	n	y	t	o	w	n	I	A	5	0	0	7	3	5	5	5	-	5	5	5	-	4	2	1	3

JOINT ANNUITANT

Nonqualified annuities allow for a maximum of two annuitants, which must be spouses. Joint annuitants are not available on qualified annuities. Premium restrictions and commissions are based on the oldest of the annuitant or owner.

APPLICATION EXAMPLE																			
Joint Annuitant (if applicable must be spouse of annuitant)																			
Gender:		<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	U.S. Citizen:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No												
First Name			MI	Last Name			Social Security Number												
J	a	n	e	L	D	o	e	9	8	7	-	6	5	-	4	3	2	1	
<input checked="" type="checkbox"/> Address and Phone Number Same as Annuitant																			
Street Address (P.O. Boxes are not allowed)*										Birth Date (mm/dd/yyyy)									
										0	8	-	2	1	-	1	9	5	7
City				State	Zip	Phone													

1. In states where rider is approved. If joint annuitants are named on the annuity, rider will apply to the first annuitant who qualifies for the benefit.
 2. Length of time may vary by state. Refer to the policy for details.

OWNER

The owner of an annuity may be an individual, trust or corporation. In the case of individual ownership, the owner must be age 18 or the Age of Majority according to the laws of the state in which the application was signed.

On IRA, Roth-IRA, SEP-IRA and TSA – IRC Section 403(b) annuities, the owner and the annuitant must be the same person. While it is not a policy issue requirement, it is our preference that a W-9 form be submitted for each owner at the time of application. For corporate-owned annuities, interest income is not tax-deferred. It is the corporation's responsibility to report the interest earnings when filing their tax return. North American will not issue an IRS Form 1099-INT.

APPLICATION EXAMPLE

Owner (if different than annuitant)

Gender: Male Female

First Name

S a m

MI

L

Last Name

D o e

Birth Date (mm/dd/yyyy)

0 6 - 2 1 - 1 9 7 9

If the owner is a Trust you must complete and submit the Certificate of Trust Agreement form (10112Z) with this application.

Trust/Corporation Name (Annuitant must be the Grantor of the trust)

Trust Date (mm/dd/yyyy)

Street Address (P.O. Boxes are not allowed)*

4 5 4 4 A n y w h e r e

SSN/Tax/Employee ID No.

1 2 3 8 7 8 7 8 7

City

A n y t o w n

State

I A

Zip

5 0 0 7 3

Phone

5 5 5 - 5 5 5 - 1 7 4 9

JOINT OWNER

Joint ownership is only acceptable for nonqualified annuities. North American does not assume joint ownership when joint annuitants are listed unless signing as joint owner. The joint ownership section must be completed for joint ownership to occur. An annuity may have an unlimited number of owners. Contingent ownership is not allowed on North American policies.

APPLICATION EXAMPLE

Joint Owner (if different than joint annuitant)

Gender: Male Female

First Name

G r a c e

MI

L

Last Name

D o e

Social Security Number

1 2 3 - 6 5 - 4 5 6 7

Address and Phone Number Same as Owner

Street Address (P.O. Boxes are not allowed)*

Birth Date (mm/dd/yyyy)

0 7 - 1 4 - 1 9 7 9

City

State

Zip

Phone

Joint Owner – This section should always be completed if there is a joint owner. The Death Benefit is paid out upon the first death. Surviving spouse or surviving owner should be the Beneficiary if they are to receive the payout.

TRUST AS OWNER

In order for a trust to own an annuity, the trust must be established for the benefit of the grantor. The Certification of Trust Agreement Form (10112Z) must accompany the application. The Tax ID number of the trust is placed in the Social Security Number field.

APPLICATION EXAMPLE

Owner (if different than annuitant)

Gender: Male Female

First Name

MI

Last Name

Birth Date (mm/dd/yyyy)

If the owner is a Trust you must complete and submit the Certificate of Trust Agreement form (10112Z) with this application.

Trust/Corporation Name (Annuitant must be the Grantor of the trust)

J o h n D o e T r u s t

Although the application says the Annuitant must be the Grantor of the trust, we don't require it anymore.

Trust Date (mm/dd/yyyy)

Street Address (P.O. Boxes are not allowed)*

1 4 5 3 A n y w h e r e

SSN/Tax/Employee ID No.

1 2 3 8 7 8 7 8 7

City

A n y t o w n

State

I A

Zip

5 0 0 7 3

Phone

5 5 5 - 5 5 5 - 9 2 1 8

BENEFICIARY

The beneficiary section of the application must be completed with the following information: the full name, date of birth, social security number, percentage, mailing address and the relationship of each beneficiary to the owner or annuitant. An annuitant's beneficiary must be named if the owner and annuitants are different.

The primary beneficiary receives the annuity proceeds upon death. A contingent beneficiary may also be named and will receive proceeds only if the primary beneficiaries' death has preceded the death of the insured.

North American policies are owner driven. Payout occurs upon the first death of the owner or death of last surviving annuitant.

When joint owners are listed on the policy, the surviving owner can be listed as the primary beneficiary with additional beneficiaries listed as contingent. Payout does not automatically pay to the surviving owner, rather, to the individual(s) listed as the primary beneficiary. If a trust is the named beneficiary, the Certificate of Trust Agreement Form (10112Z) is required.

A Beneficiary Form (8014Z) is available for additional beneficiaries.

APPLICATION EXAMPLE									
Owner's Beneficiary Designation* - In the event of the owner's death, death benefit proceeds are payable to the owner's primary beneficiary. If there are joint owners, the death benefit is payable upon the first death. If there are joint owners, the surviving joint owner, if any, will be the designated primary beneficiary unless otherwise specified below. Note: Complete the Owner's Primary Beneficiary Section if you want to name someone other than the surviving owner to receive 100% of the death benefit. If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the death benefit proceeds.									
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent									
First Name			MI	Last Name			Birth Date (mm/dd/yyyy)		
Stacey			L	Johnson			04 - 08 - 1982		
Social Security Number (SSN)			Relationship to Owner			Phone Number			
456 - 78 - 9123			Daughter			555 - 555 - 4567			
Beneficiary's Mailing Address (must be completed)								Percentage**	
7986 Anywhere St								100 . 00 %	
City					State	Zip Code			
Anytown					IA	50073			
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent									
First Name			MI	Last Name			Birth Date (mm/dd/yyyy)		
Samuel			L	Johnson			06 - 11 - 2010		
Social Security Number (SSN)			Relationship to Owner			Phone Number			
789 - 78 - 8888			Grandson			555 - 555 - 4567			
Beneficiary's Mailing Address (must be completed)								Percentage**	
7986 Anywhere St								100 . 00 %	
City					State	Zip Code			
Anytown					IA	50073			
*In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.									
Complete the Annuitant's Beneficiary Designation section if the owner(s) and annuitant(s) are not the same.									

PRODUCT SELECTION

Indicate the product to be issued:

APPLICATION EXAMPLE									
Product Selection: NAC RetireChoice									

If an immediate annuity is requested:

- Complete a Payout Election Form (11953Z);
- State the desired settlement option;
- State the frequency of payments; and
- Provide proof of age if Life Contingency Option is selected. Examples of proof of age include a copy of the individual's driver's license or copy of their birth certificate.

TAX STATUS

This section is designated for the tax status of the funds for the policy applied for with North American. If funds are being rolled over from a qualified IRC Section 403(b) plan to an IRA, please check "IRA" as the tax status. It is important not to indicate within the Tax Status section the current tax status of the funds at the transferring institution. North American assumes the current tax year unless otherwise indicated.

APPLICATION EXAMPLE	
Tax Status	
<input type="checkbox"/> Non-Qualified <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> IRA <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> Inherited IRA (MGDO form 8103Z required)	
Complete if applicable - Contribution intended for the Tax Year:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
For IRA Contributions be sure to fill in the tax year.	

TAX STATUS TERMS

Nonqualified

A nonqualified annuity is funded with after-tax dollars. The interest earnings are tax deferred until distribution. If the annuity is corporate owned tax deferral does not occur.

Roth IRA

An individual retirement account which permits account holder's capital to accumulate tax free under certain conditions. Individuals can invest up to \$5,500 or \$6,500 if age 50 or older per year, subject to income limitations. Catch-up provisions may apply based upon the client's age. Withdrawals of principal and earnings are tax free after age 59½ as long as the assets have remained in the IRA for at least five years after the first contribution.

SEP IRA

A Simplified Employee Pension IRA is an employer-sponsored retirement savings plan that small business owners may offer to their employees. On SEP IRAs a single individual must be named as the owner and annuitant.

IRA

An IRA is funded with dollars that are tax deductible from earned income. North American does not accept nondeductible IRA contributions into our IRA policies. In 2015, the maximum contribution allowed is \$5,500 or \$6,500 if age 50 or older unless the contribution represents rollover or direct transfer funds or catch-up provisions. In order for contributions to be accepted for the previous tax year, they must be post-marked no later than April 15th of the current tax year. Distributions from an IRA are 100% taxable income to the owner in the tax year distributed.

TSA/403(b)

A TSA is a deferred tax arrangement (pre-tax dollars) whereby an employee can exclude from his/her gross income the premium paid on an annuity that will provide a retirement annuity. To qualify for a TSA, an individual must be employed by a nonprofit organization or public school system. The Billing Supplement Form (9099Z) is required when establishing regular premiums with North American.

The client may also elect to transfer funds currently held in a TSA/403(b) account. The 403(b) Exchange and Acknowledgement Form (11907Z) is required when transferring funds to North American. All TSA funds must come from a rollover / transfer or from an employer - not directly from the individual. Verify North American is an approved vendor prior to selling TSA/403(b) business.

Inherited IRA (MGDO Form 8103Y required)

An IRA that becomes the property of someone from the deceased owner of the IRA. They are subject to special regulations. It can also be paid as an annuity or in periodic installments not extending beyond the beneficiary's life expectancy (Not available for non-qualified funds). Inherited IRAs are not available on Guaranteed Lifetime Withdrawal Benefit (GLWB) rider or every product. Not all riders are available in every state or with every product. Refer to the State Availability Chart (6746Z) for current information.

PREMIUM DETAILS

Premium is accepted in the form of a check made payable to or endorsed over to North American. Additional deposits of \$25 or more can be made into our flexible premium annuities. The maximum premium accepted from any one annuitant and/or owner is \$3,000,000. Maximum premium limit is based on current company practice and is subject to change. The minimum premium amounts vary according to tax status and product choice.

Commission will be held during the free-look period for contracts of \$500,000 or more. A delivery receipt must be signed in order to enact the free-look period.

Deposits are also accepted via EFT (Electronic Funds Transfer) or salary reduction program (used for funding TSAs). If deposits are to be automatically withdrawn from the owner's bank account via EFT, complete and submit the below required information.

Requirements

EFT Form (9564Z)

Voided Check for the owner's account

SECTION 1035(A) EXCHANGE

A Section 1035(a) exchange is an IRS-approved method of transferring funds from one institution to another as a non-taxable event. The Authorization to Transfer Funds Form (6780Z) is required. 1035 Exchanges are applicable only on non-qualified annuities. To effect a Section 1035(a) Exchange, the life insurance policy or annuity must be absolutely assigned in full or as a partial 1035 Exchange to North American by the owner. The Company will instruct the institution to send the life insurance or annuity proceeds directly to our office. Upon receipt of the proceeds, the new annuity will be issued as requested.

PLEASE NOTE: All Section 1035(a) Exchanges are required to keep the same annuitants and owners.

DIRECT ROLLOVER

A Direct Rollover is an IRS-approved method of transferring, tax-free, any part of a taxable portion of an "eligible rollover distribution" from a tax qualified pension plan under Section 401(a), or a TSA under Section 403(b), to another qualified plan, annuity or IRA.

Distributions not eligible for Rollover include minimum required distributions or one of a series of substantially equal payments made: (1) over the life (or joint life expectancies) of the participant and other beneficiaries; or (2) over a specified period of 10 years or more.

Once the Authorization to Transfer Form (6780Z) has been submitted, North American will send a "letter of acceptance", along with transfer paperwork, to the institution requesting the funds be sent directly to our office. Upon receipt of the funds, the annuity will be issued as requested.

DIRECT TRANSFER

A Direct Transfer is an IRS-approved method of transferring funds from one institution to another as a non-taxable event. It is applicable to qualified funds only. The IRS does not require that the full balance of the annuity or account be transferred. Partial transfers also qualify as non-taxable events.

Once the Authorization to Transfer Form (6780Z) has been submitted, North American will send a "letter of acceptance", along with transfer paperwork, to the institution requesting the funds be sent directly to our office. Upon receipt of the funds, we will issue the annuity as requested.

Requirements

Completion of requirements outlined in the Tax Status Section on page 7.

1035/Direct Transfer/Rollover Form (6780Z) must be completed and signed by the owner of each annuity.

Attach the original annuity or life contracts to be exchanged. If the contract(s) is/are lost or destroyed, it should be duly noted on Form 6780Z.

State-Approved Replacement Form (6779Z-StateAbbr) must be completed and signed by the soliciting agent and owner.

REPLACEMENTS

The replacement form is also required if the client resides within an NAIC state and owns life or annuity policies (even if they aren't being replaced at this time). Indicate whether this annuity will replace an existing life insurance policy or annuity. The replacement form is required when replacing in full or part of a life or annuity policy.

Please contact Sales Support at 866-322-7066 for assistance.

APPLICATION EXAMPLE

Replacement (Must be completed) If you are replacing an existing life insurance or annuity contract, please complete any state required replacement forms. Your agent is required to leave with you the original copy of all written or printed sales material used in the sale of this product. Please retain all such copies for future reference.

1. Do you have any existing or pending life insurance or annuity contracts? Yes No
2. Will this annuity replace or change any existing life insurance or annuity contracts? Yes No

Must match Agent's Certification on page 7 of the application.

If you answered "yes" to #2, please provide company name and contract number below.

Company Name: ABC Company

Contract Number: 12345678

The soliciting agent(s) must sign the annuity application. Please print your name legibly and provide your agent number and telephone number where requested. The agent must be licensed in the state where the application was signed. **This section must be filled out, even if no replacement exists. Client and agent answers to the replacement information questions must match. Ensuring the agent number is indicated on the application avoids delays in processing.**

Contact our Licensing Department at 866-322-7086 for assistance.

APPLICATION EXAMPLE

Agent's Certification (completed by agent only)

Replacement Does the applicant have any existing or pending life insurance or annuity contracts? Yes No

Information Will this annuity replace or change any existing life insurance or annuity contracts? Yes No

If yes, please provide the name of the company: ABC Company

I certify that I have reviewed this application, determined that all questions are answered fully, completely and accurately as supplied by the applicant and recorded full details as required. I understand that any subsequent modification or additions made to the application after it is submitted must be initialed by the client. This application is being submitted after an examination of the interests of the Applicant and an assessment of the stated goals of the Applicant. I have discussed this product with the Applicant and have not made any statements which contradict the disclosure materials provided to the Applicant. I have not made any promises or given any assurances about future values of any non-guaranteed elements.

North American Writing Agent

License ID Number

1 2 3 4 5 6 7 8 9 0

Agent Number

9 8 7 6 5 4 3 2 1

Percentage

1 0 0 . 0 0 %

[For Agent Use Only*
 A B C]

Date Signed

0 2 - 0 8 - 2 0 1 1

Agent/Broker's Full Name (please print)

Agent/Broker's Signature

Phone Number

Agent's Email Address

WRITING BUSINESS SUCCESSFULLY

In addition to Fixed Annuity Application, below is a list of forms necessary to write annuity business with North American. For a full list of forms, use the New Business Checklist (12143Z). Please refer to the State Availability Chart, 6746Z, for a list of approved products by state. The state availability chart will also list state specific applications and replacement forms required in each state.

Fixed Annuity Application – 19933Z

Fixed Index Annuity Allocation Form – 21583Z or 22677Z (The Fixed Index Annuity Allocation Form varies by product, see New Business Checklist for details.)

Deferred Suitability Form – 20124Z

Immediate Suitability Form – 20189Z
(The Suitability Form varies by product. Either the Deferred Suitability Form or the Immediate Suitability Form is required.)

Product Specific Disclosure Form
Check Disclosure Forms chart (7372Z) for appropriate state variations.

Annuity Replacement Form – 6779Z

Required if this annuity will be replacing or changing a life insurance or annuity contract. Also, some 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 additional forms.

Transfer Form – 6780Z

Required if a transfer is involved. Include the estimated premium amount on the application.

See pages 13-23 for an explanation of how to fill out these forms to better understand how to fill out the forms accurately.

Completing other Forms Used to Write Business Successfully

FIXED INDEX ANNUITY ALLOCATION FORM

North American has a variety of index account options your clients can allocate their premium into. There are different allocation forms for various North American products. Following is an example of an allocation form for the North American Charter®, North American Precision Series®, Freedom Choice®, North American Ten®, Prizm Plus® and Performance Choice®. Please be sure to utilize the correct allocation form and fill out the appropriate section for the fixed index annuity you are selling. Reference the New Business Checklists for more detail (12143Z).

FIXED INDEX ANNUITY ALLOCATION FORM EXAMPLE	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 80%;"> <h3 style="margin: 0;">Fixed Index Annuity Allocation Form</h3> <p style="margin: 0;">North American Precision Series®, North American Charter®, Freedom Choice®, North American Ten®, Prizm Plus®, and Performance Choice®</p> <p style="margin: 0; font-size: small;">Mail to: P.O. Box 79905, Des Moines, IA 50325-0905</p> </div> <div style="width: 15%; text-align: right;"> <p style="margin: 0; font-size: small;">North American Company for Life and Health Insurance</p> </div> </div> <div style="background-color: #fff9c4; padding: 5px; margin-top: 10px;"> <p>INSTRUCTIONS: Select one product, make sure all allocations equal 100%, and complete all applicable signatures on page 2.</p> </div> <div style="margin-top: 10px;"> <p><input type="checkbox"/> North American Precision Series</p> <p><input type="checkbox"/> Freedom Choice <input type="checkbox"/> North American Charter</p> </div> <div style="margin-top: 10px;"> <p>Daily Average*</p> <p>S&P 500® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>DJIA® <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>S&P MidCap 400® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Russell 2000® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Monthly Point-to-Point</p> <p>S&P 500® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Nasdaq-100® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Annual Point-to-Point</p> <p>S&P 500® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>DJIA® <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>S&P MidCap 400® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Russell 2000® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Nasdaq-100® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>EURO STOXX 50® <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Hindsight Index Strategy*** (North American Precision Series and North American Charter only) <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Fixed Account <input type="text"/> <input type="text"/> <input type="text"/> %</p> </div>	<div style="margin-top: 10px;"> <p><input checked="" type="checkbox"/> North American Ten <input type="checkbox"/> Prizm Plus</p> </div> <div style="margin-top: 10px;"> <p>Monthly Average</p> <p>S&P 500® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>DJIA® <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>S&P MidCap 400® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Russell 2000® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Monthly Point-to-Point</p> <p>S&P 500® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Nasdaq-100® Index <input type="text"/> 5 <input type="text"/> 0 %</p> <p>Annual Point-to-Point</p> <p>S&P 500® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>DJIA® <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>S&P MidCap 400® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Russell 2000® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Nasdaq-100® Index <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>EURO STOXX 50® <input type="text"/> 5 <input type="text"/> 0 %</p> <p>Hindsight Index Strategy*** (North American Ten only) <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Fixed Account <input type="text"/> <input type="text"/> <input type="text"/> %</p> </div>
<p style="font-size: small;">Allocation percentages must be whole numbers and equal 100%</p>	
<p style="font-size: x-small;">*Daily Average NOT available on Freedom Choice. **Index may not be available in all states.</p>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> <p style="margin: 0; font-size: small;">\$ 2 1 2 0 6 1</p> </div> <div style="width: 40%; text-align: right;"> <p style="margin: 0; font-size: x-small;">See reverse side for needed signatures.</p> <p style="margin: 0; font-size: small;">\$2120610</p> </div> </div>	
<p style="font-size: x-small;">21583Z</p>	<p style="font-size: x-small;">3-15</p>
<p style="font-size: x-small;">North American Company for Life and Health Insurance® Page 1 of 2</p>	

SUITABILITY FORM

As a valued producer, you have an important role with assisting your client in determining which product(s) may best satisfy the client's financial objectives. Producers must have reasonable grounds for believing that an annuity recommendation is suitable. In accordance with the NAIC Suitability regulation, the producer must review 12 areas of client specific information. North American requires corresponding client disclosure of this information in the deferred annuity suitability form. Failure to complete this comprehensive form in its entirety could lead to unsuitable recommendations, declination of business, or additional follow up with the producer and client, resulting in a slow turn around to issue.

The following is an example of the North American Deferred Annuity Suitability form. For further information regarding North American's review of this form, please refer to the Frequently Asked Suitability Questions guide (11838Z).

SUITABILITY FORM EXAMPLE - PAGE 1

Deferred Annuity Suitability Form

Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality. **Please note that if this form is not completed in full, signed, and dated, we are unable to consider your application.**

North American Company
for Life and Health Insurance

Applicant/Owner's First Name

MI

Last Name

Contract Number

Joint Applicant/Owner's First Name

MI

Last Name

A. Household Financial Information

1. Household Disposable Income:

a. **Monthly Household Income** .00 (i.e. Employment Salary, Pension, Social Security, Investment, Disability)

b. **Monthly Household Expenses** .00 (i.e. Mortgage/Rent, Car, Health/LTC/Auto Insurance, Loan Repayments)

c. **Disposable Monthly Income** .00 (a minus b)

2. Household Net Worth: Assets - Liabilities (Debts).

Premiums for all household pending applications are to be included in the funding source(s) below.

Liquid Assets – Does **not** include primary residence, personal possessions, cars, etc.

	Current Dollars Invested	
a. Stocks/Bonds	\$ <input style="width: 100px;" type="text" value="10000"/>	.00
b. Annuities - Out of Surrender Period	\$ <input style="width: 100px;" type="text" value="0"/>	.00
c. Mutual Funds - Excluding B Shares	\$ <input style="width: 100px;" type="text" value="10000"/>	.00
d. CDs	\$ <input style="width: 100px;" type="text" value="10000"/>	.00
e. Money Market	\$ <input style="width: 100px;" type="text" value="0"/>	.00
f. Checking/Savings	\$ <input style="width: 100px;" type="text" value="5000"/>	.00
g. Pension/401K - (Over 59½)	\$ <input style="width: 100px;" type="text" value="0"/>	.00
h. Net Cash Surrender Value of Life Insurance	\$ <input style="width: 100px;" type="text" value="0"/>	.00
(total of a through h)		
i. Total Liquid Assets	\$ <input style="width: 100px;" type="text" value="25000"/>	.00

Non-liquid Assets – Does **not** include primary residence, personal possessions, cars, etc.

	Current Dollars Invested	
j. Real Estate - (Exclude Primary Home)	\$ <input style="width: 100px;" type="text" value="15000"/>	.00
k. Annuities - In Surrender Period	\$ <input style="width: 100px;" type="text" value="20000"/>	.00
l. Pension/401k - (Under 59½)	\$ <input style="width: 100px;" type="text" value="15000"/>	.00
m. Limited Partnership	\$ <input style="width: 100px;" type="text" value="0"/>	.00
(total of j through m)		
n. Total Non-liquid Assets	\$ <input style="width: 100px;" type="text" value="50000"/>	.00

o. Total Household Assets: \$.00 (total of i plus n)

p. Household Liabilities (Debts): \$.00 (Exclude Primary Home Mortgage)

q. Total Household Net Worth: \$.00 (o minus p)

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SUITABILITY FORM EXAMPLE - PAGE 2

(Section A continued - Household Financial Information)

3. Financial Experience (number of years): None Stocks 10 Bonds Mutual Funds 10 Fixed Annuities 15 Variable Annuities Life Insurance 10 CDs 10 Pension/401K/403(b) 30

4. Federal Income Tax Bracket: 0% 10% 15% 25% 28% 33% 35% > 35%

5. Tax Filing Status: Single Head of Household Married Filing Jointly Married Filing Separately Widowed

6. Risk Tolerance for this annuity: Low Moderate Moderate to High High Speculative

7. Number of Dependents (indicate ages): None Age 17 Age 15 Age

8. After considering your net worth, source of funds, liquidity needs, and time horizon, do you believe this deferred annuity contract is suitable for your financial situation and objectives? Yes No

B. Financial Objectives

1. My financial objective for purchasing this annuity (check all that apply): Liquidity Long-Term Growth Guarantees provided

Transfer of Assets to Beneficiaries Long-Term Growth, Followed by Income Preservation of Principal

Immediate Annuity (complete form 20189Z) Guaranteed Death Benefit Guaranteed Lifetime Withdrawal Benefit

2. Do you have sufficient funds available for monthly living expenses, medical expenses, and emergencies other than the funds planned for this annuity or any other annuities already owned? Yes No

3. Financial time horizon - Years I plan to keep this annuity: 15 years

4. How do you anticipate taking distributions from this annuity? RMD Penalty Free Annuitize Lump Sum

Interest Only Withdrawals Leave to Beneficiary Guaranteed Lifetime Withdrawal Benefit Immediate Income Immediate Access to Funds

5. An annuity is a long-term contract with substantial penalties for early surrenders and/or withdrawals. Do you understand that if you take money out of this annuity, in excess of the penalty-free withdrawal amount during the surrender charge period, that you will incur a surrender charge and Market Value Adjustment (also referred to as an Interest Adjustment in some contracts/endorsements) - if applicable? Yes No

6. Do you anticipate a significant change in your future income or expenses during the surrender charge period? Yes No If yes, please explain:

C. Funding Source and Replacements of Life or Annuity Contract(s)

1. Excluding this transaction, have you exchanged or replaced any other life policy or annuity contract within the last 5 years? Yes No If yes, please provide the transaction dates and corresponding companies: Company A to Company B in 2012

2. Source of Funds to purchase this annuity (Check all that apply): Money Market/Brokerage Account CDs Salary Reduction Death Claim Proceeds Reverse Mortgage/Home Equity Checking/Savings Pension/401k Stocks/Bonds/Mutual Funds Sale of Primary Residence Inheritance

*If one or more of the following are checked, continue to questions 3 through 7 on page 3. If not, proceed to section D on page 4.

Traditional Fixed Annuity* Fixed Index Annuity* Variable Annuity* Fixed Life Insurance* Variable Life Insurance*



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D. Applicant/Owner Signature

By signing this form, I certify that the information provided is accurate. I acknowledge and agree that during the purchase of this insurance contract North American, its employees, and any of its agents acting in their capacity as an independent agent of North American have not suggested that I liquidate securities, otherwise provided any investment advice, or made any representations regarding losses or gains in respect to my portfolio. I have been advised to discuss any liquidation of securities with a properly licensed securities advisor, and I acknowledge that anyone (including my agent if properly registered) who provided me any such advice with respect to this purchase was not doing so in his/her role as an agent of North American. By signing below, I certify that: 1) to the best of my knowledge and belief, the information provided to my agent, and shown above is true and complete; 2) the annuity meets my financial needs and objectives; and 3) this annuity is suitable for me.

DO NOT SIGN THIS FORM IF ANY REQUIRED QUESTION HAS BEEN LEFT BLANK.

Applicant/Owner Signature *Kenneth Sample* Date 9-14-2014

Joint Applicant/Owner Signature _____ Date _____

E. Agent Statement - Acknowledgment of Responsibility for Suitability Recommendations

By signing below, I certify that:

- 1) I have completed a suitability and needs analysis review regarding the purchase of this annuity;
- 2) I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the Applicant/Owner;
- 3) I understand that only properly registered investment advisors or registered representatives are allowed to recommend the sale of securities and if I am not properly security licensed, I did not make such a recommendation to the Applicant/Owner; and
- 4) I agree to maintain records of the information provided by the Applicant/Owner and any other information used as the basis for my recommendation. I agree to make such records available for review upon request by North American or by any regulatory body as required.

Agent Signature *John Doe* Agent Number 1234567 Date 9-14-2014

North American Company for Life and Health Insurance®
P.O. Box 79905, Des Moines, IA 50325-0905
Overnight to: 4350 Westown Parkway, West Des Moines, IA 50266



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ANNUITY DISCLOSURE STATEMENT

Each North American annuity product has a disclosure statement which explains the details of the annuity product. This page is where the owner of the annuity signs details in regard to the Surrender Charges, Interest Adjustment (also known as Market Value Adjustment), if applicable, and other features. The owner of the annuity **MUST** initial by the Surrender Charge section to acknowledge the contract's surrender charge penalties.

Following is a sample of the second page of the NAC RetireChoice® 14 disclosure. Please be sure to utilize the appropriate disclosure for the annuity product you are selling.

There may be versions where specific language is required by a state insurance department. State-specific disclosures can be found on the New Business Forms Chart (7372Z), located on the North American website, www.NorthAmericanCompany.com. If a state specific disclosure is required for the state in which you are writing business, it must be used.

ANNUITY DISCLOSURE STATEMENT EXAMPLE

Interest Adjustment (also known as Market Value Adjustment): The NAC RetireChoice 14 includes an Interest Adjustment, that is applied only during the surrender charge period to full surrenders and to any partial surrender in excess of the applicable penalty-free partial surrender amount. This adjustment may decrease or increase the Surrender Value depending on the change in interest rates during the period since you purchased your NAC RetireChoice 14 annuity. Lower interest rates at time of issue may result in less opportunity for a positive Interest Adjustment in future contract years. In certain rate scenarios at the time of issue, it may not be possible to experience a positive Interest Adjustment. See the "Understanding the Market Value Adjustment" brochure for more information. The Interest Adjustment is not available in Virginia.

Surrender Charges: By initialing below, I understand that the NAC RetireChoice 14 annuity is a **long-term contract with substantial penalties for early surrenders**. A surrender charge is assessed, as listed below, on any amount withdrawn, whether as a partial withdrawal or full surrender, that is in excess of the penalty-free amount applicable. Please keep in mind that a surrender during the surrender charge period may result in a loss of premium. However, surrender charges and Interest Adjustments on IRS-Required Minimum Distributions that exceed the 10% penalty-free amount are waived by current Company practice. The surrender charges are for 14 years and decline as follows:

YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
10%	10%	10%	10%	10%	9%	8%	7%	6%	5%	4%	3%	2%	1%	

Owner(s) Initials Above: REQUIRED Surrender charges allow the Company to invest long-term, and in turn, generally credit higher yields.

Premium Bonus Recapture: By initialing below, I understand that during the surrender charge period, withdrawals in excess of the penalty-free amount or a full surrender will incur a premium bonus recapture charge as outlined below. This charge is in addition to any applicable surrender charges and/or Interest Adjustments. The premium bonus is not recaptured in the event of death. No premium bonus recapture will occur on any penalty-free withdrawal amount, Required Minimum Distributions (by current Company practice) or under the Nursing Home Confinement Waiver.

YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
100%	95%	90%	85%	80%	75%	70%	65%	60%	50%	40%	30%	20%	10%	

Owner(s) Initials Above: REQUIRED

Optional Additional Benefit Rider Election (Owner(s) initials required): This rider can only be elected at issue.

<input type="checkbox"/> Decline OR <input type="checkbox"/> Elect	Check the "decline" or "elect" box and initial to authorize and acknowledge you either decline or elect the optional Additional Benefit Rider.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Additional Benefit Rider Features</th> <th style="text-align: left;">Rider Cost*</th> </tr> </thead> <tbody> <tr> <td>Additional Premium Bonus Additional Payout Benefit Enhanced Penalty-Free Withdrawals Return of Premium</td> <td>0.60%</td> </tr> </tbody> </table>	Additional Benefit Rider Features	Rider Cost*	Additional Premium Bonus Additional Payout Benefit Enhanced Penalty-Free Withdrawals Return of Premium	0.60%
Additional Benefit Rider Features	Rider Cost*					
Additional Premium Bonus Additional Payout Benefit Enhanced Penalty-Free Withdrawals Return of Premium	0.60%					

*Rider cost is 0.60% of the Accumulation Value at each contract anniversary during the surrender charge period.

Please mark an "X" in the box to the left if your agent provided you with a North American illustration for the NAC RetireChoice 14.

Applicant: I have received a copy of the product brochure and Company disclosure material for this Contract, and I am aware that an Annuity Buyer's Guide is available on the Company website. I understand that any values shown, other than the guaranteed minimum values, are not guarantees, promises or warranties. These liquidity features are suitable for my financial needs, such as cash for living and other related expenses. This Contract is suitable for my financial needs.

Date Signed (mm/dd/yyyy)

Kenneth Sample
Annuitant's/Owner's Original Signature

Joint Owner's Original Signature

Date Signed (mm/dd/yyyy)

John Doe
Agent's Original Signature

Not FDIC/NCUA Insured May Lose Value	Not A Deposit Of A Bank Not Insured By Any Federal Government Agency	Not Bank Guaranteed
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Be sure to obtain initials of owner. If the policy has joint owners, both owners must initial.

Be sure to obtain initials of owner, even if declining.

Tear Apart Here



REPLACEMENT FORM

When the client is replacing an annuity, the Replacement Form is required. Replacement refers to the discontinuation of a life insurance policy or annuity for purposes of issuing another annuity with those proceeds. A replacement also occurs when a client takes a penalty-free withdrawal from another contract to fund an annuity with North American. It is important to remember the Replacement Form is also required if the client currently owns a life or annuity product, and resides in a state that has adopted the newest Model Replacement Regulation (even if the policy isn't replaced at this time).

REPLACEMENT FORM EXAMPLE



IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new contract. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Policy or Contract #	Annuitant or Insured Name	Replaced (R) or Financing (F)
1. Company XYZ	5025066	Kenneth Sample	R
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because

This policy is a replacement so must indicate reason.

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name <i>Kenneth Sample</i> Kenneth Sample	Date 9-14-2014
--	-------------------

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

Producer's Statement

I certify that only sales materials approved by North American Company for Life and Health Insurance were used in conjunction with this transaction, and copies of all sales materials including this Important Notice were left with the applicant. If applicable, electronically presented sales materials shall be provided in printed form to the applicant no later than at the time of policy or contract delivery.

I certify that the responses herein are, to the best of my knowledge, accurate:

Producer's Signature and Printed Name <i>John Doe</i> John Doe	Date 09-14-2014
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AGENT INSTRUCTION: Three Copies Needed.

Return this signed original to the Home Office, leave a signed copy with the Applicant and retain a permanent copy in your file.

6779Z

North American Company for Life and Health Insurance® • 4350 Westown Parkway, West Des Moines, IA 50266
Phone: (866) 322-7065 • Fax: (866) 322-7073 • www.NorthAmericanCompany.com

REV 7-14

TRANSFER FORM

A Transfer Form is needed when transferring funds from one account to another. There are specific steps you need to follow to correctly complete a transfer. Please view the Transferring Contract Checklist (13144Z) for further details on transferring funds.

Following is a sample Transfer Form.

TRANSFER FORM EXAMPLE - PAGE 1

North American Contract Number

 (For Home Office use only)

Authorization to Transfer Funds

1. Address of Company from which funds are coming

Company Name

Overnight Address (No P.O. Box)

Address (contd.)

City State Zip Code -

Phone - - Fax - -

Annuitant Must match new Contract

First Name MI Last Name Social Security Number - -

Joint Annuitant

First Name MI Last Name Social Security Number - -

Owner (if different from annuitant)

First Name MI Last Name Social Security Number - -

Joint Owner (if different from joint annuitant)

First Name MI Last Name Social Security Number - -

Other (Trusts, Corporations and Estates) TIN Number

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified below.


2. Select only one box per group

1. My existing account funds are held as:

<input checked="" type="checkbox"/> Annuity—Replacement Form Required	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> Life Policy—Replacement Form Required	<input type="checkbox"/> 401(k)/Pension Plan
<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Brokerage Account
<input type="checkbox"/> Money Market	<input type="checkbox"/> Checking/Savings Account

2. My account number is:

3. Please transfer: All Partial (\$ Amount or %) \$ or %

\$1118060  \$ 111806

NAC North American Company
for Life and Health Insurance

6780Z Page 1 of 4 REV 02-13

Owner Section must be completed and it must match registration at other company if coming from Non-Qualified annuity or life policy.

Be sure to check only one box for section 2, question 1. Brokerage accounts, mutual funds, and money market accounts must be liquidated by client prior to transfer company receiving North American transfer paperwork.

TRANSFER FORM EXAMPLE - PAGE 2

2. Select only one box per group (continued)

4. My existing account is classified as:

- IRA Roth IRA TSA/403(b) Nonqualified SEP-IRA 457 Simple IRA
 Keogh 401(k)/Pension Plan Inherited IRA

*401(k)/Pension Plans may require their own plan-specific forms to be completed. Clients must contact their former employer to initiate the transfer/rollover and to receive future status updates.

5. Please transfer (please mark one below):

- Immediately On - - date (date referenced cannot exceed 30 calendar days from today's date)

6. This transaction will be a:

- a. 1035 Exchange— Surrender a nonqualified policy/contract for the purchase of another nonqualified contract under Sec. 1035 of the Internal Revenue Code. (1035 Exchanges are not allowed from an annuity to a life insurance policy.)
- b. Liquidation of Non-Qualified account(s)
- c. Transfer— Surrender of a qualified account established under Sec. 402 or 408 of the Internal Revenue Code for reinvestment in a qualified annuity contract established under the same section of the Internal Revenue Code. If minimum distribution is required this year, process prior to the transfer. Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.
- d. Direct Rollover— This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law. Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.
- e. TSA/403(b) to TSA— This transaction is intended to qualify as a tax-free transfer under section 403(b) of the code. Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.
- f. IRA to Roth IRA— I understand this transaction is a taxable event, a 1099 will be issued by the rescinding company.
- g. SEP IRA to Roth IRA— I understand this transaction is a taxable event, a 1099 will be issued by the rescinding company.
- h. Simple IRA to Roth IRA— I understand this transaction is a taxable event, a 1099 will be issued by the rescinding company.
- i. TSA to IRA
- j. 401(k) to IRA
- k. 457 to IRA
- l. 401(A) to IRA
- m. Pension Plan to IRA

Assure a qualifying event is selected when transferring a TSA/403(b), 401(k), 457, 401(A), or pension plan to an IRA.

If a Qualifying Event (for transactions i through m), please mark one below:

- Separated from Service Age 59½ Termination of Plan Disability Death

3. Lost contract statement

- Contract is attached
- Certificate of lost contract-I/We certify that the above numbered contract has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.

Section 2, question 6: Assure only one transaction option is elected.

\$1118070



\$ 111807

6780Z

Page 2 of 4

REV 02-13

TRANSFER FORM EXAMPLE - PAGE 3

4. Assignment of ownership

I/We, the undersigned, hereby state that I/we am/are the owner of the life insurance, endowment, or annuity contract identified above. For the purpose of making an Internal Revenue Code Section 1035 Exchange of insurance or annuity contract, I/We hereby absolutely assign and transfer all rights, benefits, interests, and property I/we have in the above identified contract to the assignee identified above (hereafter "the Company").

This assignment and Section 1035 Exchange is conditioned upon the decision by the Company to issue, on the basis set forth in the application, an annuity contract or life insurance policy. After acceptance of the application by the Company, this assignment will become absolute and the Company will issue to me an annuity contract or life insurance policy in exchange for the partial or full and complete surrender of the above listed contract and that the cash surrender value will be applied as a premium on the contract issued to me by the Company. The cash value received from the surrender of the contract(s) identified above will be credited to the contract issued by the Company upon receipt from the other Company. The Company assumes no liability for any delay by the other Company in processing the assignment of ownership, the request for surrender, or the payment of the cash surrender value. I/We understand that the contract values and terms of the above-identified contract may differ substantially from those in the contract issued by the Company.

I/We understand that the Company will request the immediate surrender of the contract being assigned to them as part of the Section 1035 Exchange. If I/we elect to refuse the policy issued by the Company under the "free-look" provision, I/We recognize that the assigned contract may have already been surrendered for its cash surrender value. If I/we refuse the policy under the "free-look" provision, the Company has no liability beyond the return of the cash surrender value of the assigned contract. If no premium is paid with the application, coverage under the new policy issued by the Company becomes effective when coverage under the existing policy identified above ceases because the other insurer has processed the Company's request for surrender. I/We certify that no proceeding in bankruptcy or insolvency, voluntary or involuntary, is pending against me/us.

5. Transaction authorization

I/We am/are aware of any surrender/withdrawal penalties, which may apply, and I/we authorize the transaction described above. This transfer request also authorizes North American to receive information on the status of this transfer or exchange.

The undersigned represents and agrees that the Company is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that neither the Company, nor the officer, employee, agent, or any person acting on behalf of the Company warrants or represents the income tax consequences of this transaction. I/We have been advised by the Company, and/or its officers, agents, employees, or persons acting on the Company's behalf, that I/we should consult my/our own tax advisor regarding the tax consequences of this transaction. I/We have not relied on the Company or any agent of the Company for tax advice.

I/We agree to release, indemnify, and hold harmless North American, its directors, officers, employees, agents, parents, subsidiaries, and affiliates, and their directors, officers, employees, and agents (North American), as transfer agent, from and against any and all claims, liabilities, damages, costs, charges and expenses, including reasonable attorney fees, sustained or incurred by reason of any claim, litigation, arbitration or other proceeding arising as a result of North American's transfer of the above-referenced funds at my/our request. **Without limiting the foregoing, I/we specifically acknowledge and agree that North American shall not be responsible for any loss due to market fluctuations which I/we incur as a result of any delay in the transfer of such funds and acknowledge and agree that it is my/our responsibility to request the transferring company to transfer these funds to the fixed or general account of the annuity, mutual fund, or other investment product from which the exchange is being made pending the processing and completion of this request.**

Signature of Owner: Kenneth Sample Date:

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Signature of Joint Owner: _____ Date:

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Spousal Signature: _____ Date:

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If you reside in one of the following community property states, the spouse must also sign: AK, AZ, CA, ID, LA, NM, NV, TX, WA or WI.

Spouse must sign if in the following states.

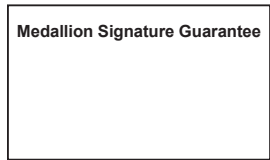
TSA/403(b) Employer/Administrator Authorization:

I hereby approve the above reference request:

Signature of Employer/Authorized Administrator: _____

Date: _____ Title: _____

Approval form/certificate attached



\$1118080



\$ 111808

COMPANY FINANCIAL STRENGTH

All North American tax-deferred annuities are backed by the financial strength of the Company's investment portfolio, which emphasizes high-quality bonds that provide safety, liquidity and competitive interest rates. In states where our products are approved, North American maintains reserves equal to those required by state regulation.

PORTRAIT OF FINANCIAL STABILITY

A.M. Best	A+ (Superior) [*] , [°]	2nd highest out of 15 categories	A.M. Best is a large third-party independent reporting and rating company that rates an insurance company on the basis of the company's financial strength, operating performance, and ability to meet its obligations to contract holders.
Standard & Poor's Corporation	A+ (Strong) [°] , §	5th highest out of 22 categories	Standard & Poor's Corporation is an independent third-party rating firm that rates on the basis of financial strength.

* A.M. Best rating affirmed on June 3, 2015. For the latest rating, access www.ambest.com.

[°] Awarded to North American as part of Sammons Financial Group, which consists of Midland National[®] Life Insurance Company and North American Company for Life and Health Insurance[®].

§ Standard and Poor's assigned its rating February 26, 2009 and affirmed on July 2, 2015.

Ratings shown reflect the opinions of the rating agencies and are not implied warranties of the company's ability to meet its financial obligations. Ratings are current as of the date of this brochure.



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www.NorthAmericanCompany.com

Not FDIC/NCUA Insured	Not a Deposit Of A Bank	Not Bank Guaranteed
May Lose Value	Not Insured By Any Federal Government Agency	