

North American Company of Life & Health Contracting Instructions

Some of these forms will be used for some situations and not for others. Please follow the instructions below that pertain to your situation, and remember, "required" means that the forms must be submitted for your contract to be processed.

Individual Contract – a contract in which commissions get paid directly to an agent.

- Fill out and sign "Producer Contract Application & Agreement" (Form# 0-2622; R10/03) (Required)
- Fill out and sign "EFT Authorization" (Form# 0-2619) (Required)
- Fill out and sign the Assignment of Commission Form (#O-1343; R2 3/90) (Optional)
- Submit proof of current Errors & Omissions Insurance (Required)
- Complete/sign the Deferred Compensation Forms (Form # O-2717) (HIGHLY RECOMMENDED!)
- Send in a copy of individual license – for all states submitting business (Required)
- For Agents wanting to sell North American's Annuity products, the Annuity Certification Exam must be taken (available on website).

Corporate Contract- a contract in which all commissions get paid to the company and the company distributes commissions within.

- Fill out and sign "Producer Contract Application & Agreement" (Form# 0-2622; R10/03) (Required)
- Fill out and sign "EFT Authorization" (Form# 0-2619) (Required)
- Fill out and sign the Assignment of Commission Form (#O-1343; R2 3/90) (Required)
- Submit proof of current Errors & Omissions Insurance (Required)
- Complete/sign the Deferred Compensation Forms (Form # O-2717) (HIGHLY RECOMMENDED!)
- Send in a copy of individual and corporate licenses – for all states submitting business (Required)
- For Agents wanting to sell North American's Annuity products, the Annuity Certification Exam must be taken (available on website)

Licensed Only Contract – a contract in which the corporation receives all the commissions and credits from every sale. The agent will not be paid by the home office.

- Please call for instructions on how to complete forms.

Transfers – Agents wanting to change hierarchies must be contracted with their current IMC for at least 12 months and must not have produced any business for the past 12 months, otherwise a release will be needed. Agents are allowed to have one contract on the MGA side and one on the IMC side. All new contracting forms will be required to transfer.

ADDITIONAL CONTRACTING REQUIREMENT: SEE FOLLOWING PAGE.

Please forward all necessary forms to:

**THE RECRUITING ENTITY WHO SUPPLIED
YOU WITH THESE DOCUMENTS**

ADDITIONAL CONTRACTING REQUIREMENTS

Agents must take and pass the North American Annuity Agent Certification before any annuity business will be issued.

Agents are sent their username and password by North American that will be used to login to the website.

The website is : <http://nacolah.agentcertification.com>.

Once The agent has successfully completed the training, North American's New Business department will "unsuspend" the annuity application, backdate the issue date to the appropriate date and issue the case.

******* THIS TRAINING MUST BE DONE ON AN ANNUAL BASIS *******

Please forward all necessary forms to:

**THE RECRUITING ENTITY WHO SUPPLIED
YOU WITH THESE DOCUMENTS**



PRODUCER CONTRACT APPLICATION AND AGREEMENT

Agent Number _____
 (Home Office Use Only)

All Questions Must Be Completed.

Full Name _____			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
(First Name)	(Middle Name)	(Last Name)	
Business Name _____			
Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			
Check box for desired mailing address			
<input type="checkbox"/> Resident Address _____			
(Street, City, State, County, ZIP Code)			
<input type="checkbox"/> Business Address _____			
(Street, City, State, County, ZIP Code)			
Resident Phone (____) _____		Business Phone (____) _____ Fax (____) _____	
E-Mail Address _____		License # _____ (attach Photocopy)	
Date of Birth _____		Social Security # _____ or Taxpayer ID # _____	

PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. IF YOU ANSWER "YES" TO ANY QUESTIONS, YOU MUST ATTACH AN EXPLANATION WITH ALL RELEVANT INFORMATION AND SUPPORTING DOCUMENTS.

- Yes No Have you ever had your insurance license or securities license suspended or revoked or have you ever had an application for an insurance license denied by any insurance department?
- Yes No Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency, or do you anticipate one being filed?
- Yes No Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales or practices or have you been refused surety bonding?
- Yes No Has your contract or appointment ever been terminated involuntarily by an insurer?
- Yes No Are you at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
- Yes No Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
- Yes No Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?
- Yes No Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business?
- Yes No Are you currently licensed in your resident state? If yes, please attach a copy of your resident license.
- Yes No Are you currently licensed as a non-resident in any state? If yes and you would like to be appointed in that state, attach a copy of that license, and appointment fees.
- Yes No I certify that I have received, understand and will conform with the procedures outlined in the brochures Partnering with You on Compliance Matters.
- Yes No Do you have Errors & Omissions coverage? (Required by North American Company)

PLEASE PROVIDE COPY OF DECLARATION PAGE.

Please indicate other companies with which you are currently licensed: _____

Do you have a NASD license? Yes No If yes, who is your Broker-Dealer? _____

What products do you sell? Life Variable LTC Group Disability Senior Small Business 403(b)

Annual Earnings: _____



CONDITIONS AND AGREEMENTS—By signing this application, I hereby acknowledge I have read a specimen copy of the proposed Contract and all applicable supplements and addendums thereto to be entered into between myself and North American Company for Life and Health Insurance (North American). If this application is approved by North American, I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, the terms of which are incorporated into this application by reference. I agree not to solicit business until I have been notified by North American that I am authorized to do so either by mail or North American's Solicitation Guidelines.

Any marketing materials which have not been provided by North American must be approved by North American prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

I understand that the Fair Credit Reporting Act requires North American to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. I authorize North American or any of its affiliates¹ to obtain a consumer report and Vector One report in connection with this application. I further authorize North American or any of its affiliates or their duly authorized representative to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity in order to obtain a record of such history, status or activities; and I hereby authorize the release of such information by such organization or individual about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. I understand that by providing the fax/mail information above, I hereby consent to receive communications sent by or on behalf of Sammons Financial Group.

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

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

Signature _____ Date _____

Distributor:/Producer

Printed Name: _____ Agent Number _____

By: _____
(Authorized Signature)

North American Company for Life and Health Insurance Approval:

By: _____
(Authorized Signature)

Title: _____

Effective Date of Agreement: _____

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

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

Retain pages 3 through 8 for your records.



O26231

LICENSED ONLY PRODUCER CONTRACT APPLICATION AND AGREEMENT

Agent Number _____

(Home Office Use Only)

All Questions Must Be Completed.

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

Business Name _____

Contract Type: Individual Corporation Other _____

Check box for desired mailing address
 Resident Address _____
 (Street, City, State, County, ZIP Code)
 Business Address _____
 (Street, City, State, County, ZIP Code)

Resident Phone (____) _____ Business Phone (____) _____ Fax (____) _____

E-Mail Address _____ License # _____ (attach Photocopy)

Date of Birth _____ Social Security # _____ or Taxpayer ID # _____

PLEASE RESPOND TO ALL QUESTIONS FOR YOU PERSONALLY AND ANY ORGANIZATION OVER WHICH YOU HAVE EXERCISED CONTROL. IF YOU ANSWER "YES" TO ANY QUESTIONS, YOU MUST ATTACH AN EXPLANATION WITH ALL RELEVANT INFORMATION AND SUPPORTING DOCUMENTS.

- Yes No Have you ever had your insurance license or securities license suspended or revoked or have you ever had an application for an insurance license denied by any insurance department?
- Yes No Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency, or do you anticipate one being filed?
- Yes No Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales or practices or have you been refused surety bonding?
- Yes No Has your contract or appointment ever been terminated involuntarily by an insurer?
- Yes No Are you at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
- Yes No Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
- Yes No Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?
- Yes No Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business?
- Yes No Are you currently licensed in your resident state? If yes, please attach a copy of your resident license.
- Yes No Are you currently licensed as a non-resident in any state? If yes and you would like to be appointed in that state, attach a copy of that license, and appointment fees.
- Yes No I certify that I have received, understand and will conform with the procedures outlined in the brochures Partnering with You on Compliance Matters.
- Yes No Do you have Errors & Omissions coverage? (Required by North American Company)

PLEASE PROVIDE COPY OF DECLARATION PAGE.

Please indicate other companies with which you are currently licensed: _____

Do you have a NASD license? Yes No If yes, who is your Broker-Dealer? _____

What products do you sell? Life Variable LTC Group Disability Senior Small Business 403(b)

Annual Earnings: _____



O26232

CONDITIONS AND AGREEMENTS—By signing this application, I hereby acknowledge I have read a specimen copy of the proposed Contract and all applicable supplements and addendums thereto to be entered into between myself and North American Company for Life and Health Insurance (North American). If this application is approved by North American, I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, the terms of which are incorporated into this application by reference. I agree not to solicit business until I have been notified by North American that I am authorized to do so either by mail or North American’s Solicitation Guidelines.

Any marketing materials which have not been provided by North American must be approved by North American prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates.

I understand that the Fair Credit Reporting Act requires North American to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. I authorize North American or any of its affiliates¹ to obtain a consumer report and Vector One report in connection with this application. I further authorize North American or any of its affiliates or their duly authorized representative to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity in order to obtain a record of such history, status or activities; and I hereby authorize the release of such information by such organization or individual about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. I understand that by providing the fax/mail information above, I hereby consent to receive communications sent by or on behalf of Sammons Financial Group.

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

Any compensation due under the terms of this Contract shall be paid to:

Please Print _____ (The name appearing here must have an active Producer’s Contract with NACOLAH.)

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

Signature _____ Date _____

Distributor:/Producer

Printed Name: _____ Agent Number _____

By: _____
(Authorized Signature)

North American Company for Life and Health Insurance Approval:

By: _____
(Authorized Signature)

Title: _____

Effective Date of Agreement: _____

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

Return pages 1 and 2 for approval by North American. North American will return an executed copy to you upon approval. Retain pages 3 through 7 for your records.



**North American Company for Life and Health Insurance Non-Qualified
Deferred Compensation Plan for the Independent Marketing Company
Distribution Channel's Producers, Independent Marketing Companies, and
Regional Managers**

Participant Commission Deferral Agreement

The parties agree to defer payment of certain compensation pursuant to the North American Company for Life and Health Insurance Non-Qualified Deferred Compensation Plan for the Independent Marketing Company Distribution Channel's Producers, Independent Marketing Companies, and Regional Managers (the "Plan"). A copy of the Plan has been made available to the Participant and sets forth terms which are incorporated herein by reference. Capitalized terms and terms not defined herein shall have the meaning ascribed to such terms in the Plan.

Part I. Deferral Rules

If a properly completed and signed copy of this Participant Commission Deferral Agreement (the "Agreement") is not received by the Company at its home office in Chicago as of December 31, 2005, the Participant will be deemed to have elected to defer zero percent of his/her commissions earned in 2006, if any, and the Participant will not earn a Qualified Year of Participation for the 2006 Plan Year.

This Agreement supersedes any previous Agreements relating to the Plan for all future Plan Years.

The deferral election in this Agreement shall remain in effect for all future Plan Years unless and until the Participant validly completes a new Agreement. A new Agreement shall take effect on the 1st of January following the Company's receipt of such Agreement. In other words, the deferral election in this Agreement shall become irrevocable for a Plan Year as of the 31st of December of the preceding Plan Year.

If an individual becomes eligible to participate in the Plan during a Plan Year, this Agreement will apply to any eligible commissions the individual may earn after the date of execution of this Agreement if a properly completed and signed copy of this Agreement is received by the Company within 30 days of the date such individual becomes eligible to participate in the Plan. Otherwise, the Participant's deferral election will be zero percent with respect to any eligible commissions he/she may earn during the remainder of such Plan Year, regardless of the deferral percentage indicated below.

This Agreement, the Participant Disbursement Election Form, the Participant Beneficiary Designation, and the Plan document constitute the entire agreement between the Company and the Participant with respect to the Plan.

Part II. Identification

Plan Participant Name: _____

Social Security Number: _____

Producer/Distributor Number: _____



North American Company
 for Life and Health Insurance
 P. O. Box 87452 • Chicago, IL 60680-0452
 A Member of the Sammons Financial Group



O27201

North American Company for Life and Health Insurance Non-Qualified Deferred Compensation Plan for the Independent Marketing Company Distribution Channel's Producers, Independent Marketing Companies, and Regional Managers

Participant Beneficiary Designation

The undersigned is a Participant in the North American Company for Life and Health Insurance Non-Qualified Deferred Compensation Plan for the Independent Marketing Company Distribution Channel's Producers, Independent Marketing Companies and Regional Managers (the "Plan"). A copy of the Plan has been made available to the Participant and sets forth terms which are incorporated herein by reference. The Participant has read and understands this Participant Beneficiary Designation and the Plan. Capitalized terms and terms not defined herein shall have the meaning ascribed to such terms in the Plan.

This Participant Beneficiary Designation supersedes all previous Participant Beneficiary Designations relating to the Plan. This Participant Beneficiary Designation, all deferral agreements, the Participant Disbursement Election Form, the Plan document and any official Plan communications from the Company constitute the entire agreement between the Company and the Participant with respect to the Plan.

Part I. Identification

Plan Participant Name: _____
 (PLEASE PRINT)

Social Security Number: _____

Part II. Beneficiary Designation

The Participant names the following beneficiary or beneficiaries to receive the benefits, if any, provided under the Plan.

Primary Beneficiary(ies):

_____% _____
 Name, Relationship Address Social Security Number

_____% _____
 Name, Relationship Address Social Security Number

Contingent Beneficiary(ies):

_____% _____
 Name, Relationship Address Social Security Number

_____% _____
 Name, Relationship Address Social Security Number

This Participant Beneficiary Designation shall revoke and supersede all prior Participant Beneficiary Designations. Participants shall have the continuing right to change or revoke this Participant Beneficiary Designation. No change of Beneficiary will take effect until the request is filed in writing with the Company. This Beneficiary Designation Form and benefits, if any, shall be governed by the applicable provisions of the Plan.

Dated this _____ day of _____, 20____ Participant Signature _____

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE COMPANY

Received THE _____ DAY OF _____, 20____

By: _____

Title: _____



O27172

Part III. Deferral

Commission Deferral:

Notwithstanding anything in the base contract or the Plan to the contrary, following execution of this Agreement, the Participant's eligible commissions payable for each future Plan Year, if any, shall be retained by the Company and credited to the Participant's Account as provided in the Plan in the following percentage _____% (a Participant may elect to defer zero percent or any whole percentage, from 3 percent to 100 percent).

Part IV. Acknowledgements

I have read and understand the entirety of this Agreement and the terms of the Plan.

I understand that I am not required to participate in the Plan and that my participation is completely voluntary. I understand that I am not required to continue to defer any eligible commissions I may earn in all future Plan Years. I understand that by electing to defer the receipt of all or any portion of my commissions payable for a future Plan Year, I will generally not be entitled to such amount until such time as elected by me in the Participant Disbursement Election Form.

I understand and agree that this Agreement and the Plan shall be administered and construed according to any applicable federal law, including, without limitation, the American Jobs Creation Act of 2004.

Dated this ____ day of _____, 20____. Participant Signature_____

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Received THE ____ DAY OF _____, 20____.

By:_____

Title:_____