

GENERAL AGENT *Contracting List*



Dear Agent/Agency,

To become contracted to sell **North American**, please return the following documents to Insurance Advisors Direct:

- Contract Application
- Assignment of Commissions (if needed)
- Direct Deposit
- Advancing Addendum
- License, Void check, E&O

Please send your contracting paperwork to:

Email: htalley@iadinsures.com

Fax: (248)946-4645 Attn: Licensing

Mail: Insurance Advisors Direct | 39555 Orchard Hill Place, Ste 203 | Novi, MI 48375

If you have any questions, please call IAD at (248)946-4640 x105 and ask for Heather Talley.

Thank you for your interest in **North American**, we look forward to working with you.



Insurance Advisors Direct

Agency, LLC

39555 ORCHARD HILL PLACE ,SUITE 203, NOVI, MI 48375
800.381.0977 | WWW.INSURANCEADVISORSDIRECT.COM



CONTRACT APPLICATION

COMPLETE ALL QUESTIONS.

FIRST NAME		MI	LAST NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	NATIONAL PRODUCER NUMBER
TYPE OF APPOINTMENT		CONTRACT TYPE				TAXPAYER ID NUMBER	CRD NUMBER
<input type="checkbox"/> LIFE <input type="checkbox"/> ANNUITY <input type="checkbox"/> LLC* <input type="checkbox"/> PARTNERSHIP* <input type="checkbox"/> SOLE PROPRIETORSHIP* <input type="checkbox"/> CORPORATION* <input type="checkbox"/> INDIVIDUAL							
RESIDENCE ADDRESS – STREET, CITY, STATE, ZIP					RESIDENCE TELEPHONE ())		
BUSINESS NAME					BUSINESS TELEPHONE ())		
BUSINESS ADDRESS – STREET, CITY, STATE, ZIP					BUSINESS FAX ())		
PREFERRED MAILING <input type="checkbox"/> RESIDENCE ADDRESS <input type="checkbox"/> BUSINESS ADDRESS					CELL PHONE ())		
E-MAIL ADDRESS					PREFERRED CONTACT <input type="checkbox"/> RES. PHONE <input type="checkbox"/> BUS. PHONE <input type="checkbox"/> CELL PHONE <input type="checkbox"/> E-MAIL		
BROKER/DEALER NAME					PROFESSIONAL DESIGNATION <input type="checkbox"/> CLU <input type="checkbox"/> CHFC <input type="checkbox"/> LUTCF <input type="checkbox"/> CFP SECURITIES LICENSES <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 63 <input type="checkbox"/> RIA		
BROKER/DEALER ADDRESS – CITY, STATE					BROKER/DEALER CRD # (IF KNOWN)		

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

- Yes No Have you ever been convicted, pled guilty or nolo contendere, or do you have pending charges to a felony or misdemeanor? If yes, attach copy of court records.
- Yes No Have you ever had any regulatory action taken against you, or had your insurance or securities license denied, suspended, terminated or revoked by an insurance department, FINRA or any other regulatory agency?
- Yes No Have you ever had a complaint filed or do you anticipate a complaint being filed against you by a consumer, an insurance department, FINRA or any other regulatory agency?
- Yes No Has your contract or appointment ever been terminated involuntarily by an insurer or FINRA member firm?
- Yes No Has any claim ever been made against you, your surety company or errors and omissions insurer arising out of insurance and/or securities sales?
- Yes No Are you currently involved or ever been involved in litigation?
- Yes No Do you have past due financial obligations, unsatisfied judgments or liens, including any delinquent state or federal tax obligations?
- Yes No Have you ever filed bankruptcy?
- Yes No Does any person or entity claim any indebtedness from you as a result of any insurance transaction or business?
- Yes No I will conform to the procedures outlined in the "Compliance Manual" and all company product guides.

Please list all relatives who are currently licensed to sell life insurance, including annuities

Name _____	Relationship _____	SSN _____
Name _____	Relationship _____	SSN _____

CONDITIONS AND AGREEMENTS – By signing this application, I hereby acknowledge I have read a specimen copy of the proposed contract and all applicable supplements and addendums thereto to be entered into between myself and North American Company for Life and Health Insurance® (North American). I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, which includes applicable commission schedule(s), and further agree that upon authorization to solicit business by North American, such contract, supplements and addendums shall be legally binding on me without further action required on my part. Thereafter, such contract, supplements and addendums shall govern my relationship with North American, a personalized copy of which shall be made available to me by North American by electronic delivery. I agree not to solicit business until I have been notified by North American that I am authorized to do so. I represent and warrant that all information and answers to questions are true and complete. I understand the Fair Credit Reporting act requires North American to notify me that, as a routine part of processing my contract application, a consumer report may be obtained which may include information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, and personal characteristics or mode of living. I further authorize North American or its affiliates' to obtain a consumer report and Vector One report in connection with this contract application. I further authorize North American or any of its affiliates or their duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity to (a) obtain a record of such history, status or activities and (b) hereby authorize the release of such information by such organization or individual in connection with this application and (c) authorize North American or any of its affiliates to release information about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. This authorization shall remain valid and in effect during the term of my contract. We reserve the right to obtain subsequent consumer reports and/or investigative consumer reports on an as needed basis. Any Marketing materials which have not been provided by North American must be approved by North American prior to their use. I understand that any specimen sales brochures and material I have received are provided only for my personal examination of product provisions and rates. A photocopy of this authorization shall be as valid as the original, regardless of the date it is signed. *Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.

AGENT AUTHORIZATION – Under penalties of perjury, I certify that: 1) The Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

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

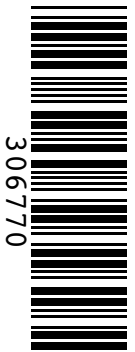
DISTRIBUTOR SIGNATURE	CODE	DATE
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***If Officer of a Corporation, LLC, Partnership, or Sole Proprietorship please sign both as Agent and Officer.**

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

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE®

Life Division: PO Box 5088, Sioux Falls, SD 57117-5088 • Phone: 877-872-0757 • Fax: 877-595-8254





ASSIGNMENT OF EARNINGS

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

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

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

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

This Assignment shall remain in full force and effect until released in writing by Assignee. Payment to Assignee of the Earnings herein assigned shall fully discharge the Company of all liability with respect to the Earnings so paid.

I recognize and acknowledge this Assignment shall not become effective until it is properly executed by me and delivered to the Company, and there at the Company's discretion, processed and accepted by the Company, and I fully recognize that the acceptance of this Assignment if it does become effective, shall relate only to Earnings becoming payable by the Company after the Effective Date.

Executed at: _____ on _____
City State Month Day Year

Assignor (Please Print Name and Code) _____ Assignor (Signature) _____

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

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

FOR OFFICE USE ONLY
Processed and Accepted by the Company:
By: _____
Date: _____
(*Effective Date*)

This section to be completed only when obligation has been completed.

RELEASE

The consideration for which the above Assignment was made having been fully satisfied, Assignee hereby relinquishes all interest in said Assignment. This release shall be considered effective upon receipt by the Company.

In witness hereof, Assignee hereby executes this Release.

Assignee Signature _____ Title _____ Date _____

FOR OFFICE USE ONLY
Receipt by the Company:
By: _____
Date: _____

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



Commission Direct Deposit Authorization Form

This authorization gives North American Company for Life and Health Insurance and your financial institution the authority to deposit your compensation directly to your account. Please allow approximately 30 days upon delivery of this form before the first Direct Deposit is processed. To take advantage of this service, all you need to do is:

1. Complete the requested information below about you, your financial institution, and your account.
2. Return this form to Agency Services.

Note: Be sure to sign the form. You may fax to 877-595-8256.

To Cancel/Change Direct Deposit: If you desire to cancel the direct deposit please notify Agency Services, Attn: Licensing and Contracting, of your request in writing, by email, fax or mail. If you desire to change the direct deposit due to a change in banks, or otherwise, please notify Agency Services, Attn: Licensing and Contracting, of your request and resubmit an updated Commission Direct Deposit Authorization Form.

DIRECT DEPOSIT AUTHORIZATION

Please print and return the section below to Agency Services, Chicago.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my Checking/Savings Account each pay period. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to the Company the amount of any such overage. This authorization will remain in effect until I have cancelled it in writing.

Mark the appropriate box specifying the type of account.

Checking Account

Attach a voided check for verification of all financial institution information.

Savings Account

Attach letter from your financial institution verifying savings account number and routing number. We cannot accept a deposit slip in lieu of a letter from your financial institution.

FINANCIAL INSTITUTION'S NAME		YOUR NAME (PLEASE PRINT)	
BRANCH	YOUR ACCOUNT NUMBER	BANK ROUTING NUMBER	
CITY	STATE	FINANCIAL INSTITUTION PHONE NUMBER	
	NORTH AMERICAN CODE #	DATE	
YOUR SIGNATURE			

STAPLE VOIDED CHECK HERE



COMMISSION DIRECT DEPOSIT AUTHORIZATION FORM

It is the policy of North American to deposit your commissions directly to an account of your choosing at a designated financial institution.

1. Mark the appropriate box specifying that your pay will be deposited to either your checking account or savings account.
2. Complete the requested information about you, your financial institution and your account.
3. Submit a voided check for verification of all financial institution information.

DIRECT DEPOSIT AUTHORIZATION - Please fill out and return to the Agency Services Dept.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my:

- Checking Account
- Savings Account - **Note:** If choosing the Savings Account option, please supply the information on bank letterhead.

Should an incorrect deposit be made, the financial institution is authorized to process debit entries to my account and return to North American the amount of any such overage.

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

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

FINANCIAL INSTITUTION'S NAME	AGENT/AGENCY NAME AND NUMBER
BRANCH	ACCOUNT NUMBER
CITY	STATE
	ROUTING NUMBER
AGENT/PRINCIPAL SIGNATURE	DATE

Mail or fax completed form along with a voided check to the appropriate Life or Annuity Division at the address below.

VOIDED CHECK REQUIRED

North American Company for Life and Health Insurance®

Life Division: Agency Services • PO Box 5088 • Sioux Falls, SD 57117-5088
Phone: 877-872-0757 • Fax: 877-595-8254 • Email: teampurple@sfgmembers.com

Annuity Service Center: P.O. Box 79905 • Des Moines, Iowa 50325-0905
Phone: 866-322-7068 • Fax: 866-322-7072 • Email: annuitylicense@sfgmembers.com



Annualization Addendum

Distributor/Producer Name (please print): _____

Distributor/Producer Code: _____

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

Please set maximum amount of Annualization per Annualized Policy at \$ _____ ("Annualization Cap").

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

FOR OFFICE USE ONLY

Processed and Accepted by the Company: By: _____ Date: _____ ("Effective Date")
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Terms and Conditions

1. Definitions.

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

2. Annualized Commission Payment.

- The Company will pay an Annualized Commission to you on New Business eligible for annualization. The Company reserves the right, in its sole discretion, to determine whether New Business is eligible for annualization under this Addendum.
- An Annualized Commission will be reported as income for tax purposes at the time it is paid to and received by you
- The Company will credit first year commissions, as those commissions are earned, against the sum of Annualized Commissions paid on Annualized Policies pursuant to the Automatic Commission Withholding Process set forth in Section 3 below. Any remaining balance of first year commissions, after crediting those commissions against paid Annualized Commissions, will be paid to you as earned.

- The maximum annualization amounts allowed as a percentage of Annualized Commissions shall be seventy-five percent (75%), except the maximum annualization for annual policies, which shall be one hundred percent (100%).
- The Company reserves the right to determine the maximum amount of Annualized Commissions to be paid in any calendar month to you.
- The Annualization Cap is the maximum amount of Annualized Commissions to be paid on New Business. Such amount shall not exceed: \$10,000.

3. Automatic Commission Withholding Process.

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

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