



Contracting Checklist for North American

Please submit the following information and documents to **SMiG** when licensing with NA:

- Completed and Signed Contract Application
- Completed and Signed EFT Direct Deposit Form with Voided Check (Required)
- Copy of E&O Coverage
- State Specific Suitability CE Requirements as Applicable
- Copy of AML Certification
- Include copies of current license(s), individual and corporate
- Completed and Signed W-9

(Online Training will be required)

STATE LICENSING FEES MAY APPLY!!!

Send the above information to SMiG:

By Email: contracts@smig-inc.com

By Fax: 314-685-8013

By Mail: Senior Marketing Insurance Group
712 N 2nd St, Suite 310
Saint Louis, MO, 63102

The licensing process cannot begin until all of the above items have been received!!! If you have any questions, please call us at: 1-866-345-0109.

North American Company for Life and Health Insurance® Contracting Checklist



This checklist is intended to provide you with a list of steps to help have a successful appointment with North American.

Follow these easy steps to get an agent contracted:

- Complete a Contract Application (6798Z) in its entirety**
 - If you are contracting your corporation, include your name and Social Security Number as well as the corporation's name and Taxpayer ID Number.
 - If you have a Broker/Dealer, include their information.
 - If you are a resident of California, Minnesota or Oklahoma, the Credit Authorization form is required (9043Z-A).
- Transmittal Form (0-2682)**

This form will need to be completed by your supervising entity, FMO or MGA office.
- Include proof of current Errors and Omissions (E&O) coverage (declaration page).**

North American requires coverage of \$1 million aggregate and \$1 million per occurrence. Typically this comes in the form of a declaration page from the contract. If you do not have E&O coverage, AON provides a discount for North American agents. Please contact them at 800-621-0711 for details.
- State-Specific Suitability CE Requirement as applicable**

Please be sure to check with your state's department of insurance for any suitability requirements that are required to sell annuities. The state-specific suitability requirement is for both residents and non-residents alike to be completed as the states deem necessary before soliciting annuity business.
- Anti-Money Laundering (AML)**

This is a USA PATRIOT ACT requirement. Please complete the required training for Anti-Money Laundering. Your username and password will be established when you are assigned your agent ID number. For previously contracted agents, this information will be the same. You will receive your information within 5-7 business days from when your contracting is processed.

 - If you have completed an AML course through another provider, please provide a copy of your certificate for the course completed.
- It is required to have your commissions deposited directly into your bank account. Send a completed Direct Deposit Authorization form (8960Z) along with a voided check. Please be sure to complete the form in its entirety.**
- Read the procedures outlined in the Compliance Manual (Life - L-2891; Annuity - 8943Z).**

Required for Annuity Agents ONLY

- Annuity Certification**

The Annuity Service Center requires that all agents take our product certification test to familiarize you with our product line. Once you receive notification that you can take the test, visit our website at <http://nacolah.agentcertification.com>.

 - Your username and password will be supplied to you by email when your agent ID number is established.
 - **This certification must be completed before North American will process any pending annuity business.**
 - **Certification may also be required to be completed BEFORE the solicitation of annuity business as deemed necessary by the specific state you are writing business in.**
- Read the procedures outlined in Understanding Your Client's Needs Fixed Annuity Product Guide (8942Z).**
- You may fax or mail these required documents to Agent Contracting Services:**

Annuity Service Center
4350 Westown Parkway
West Des Moines, IA 50266
Phone: 866-322-7068
Fax: 866-322-7072

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

Note: If you are submitting a New Business application, please complete the above requirements prior to meeting with the client. This will help your future business process efficiently.



CONTRACT APPLICATION

COMPLETE ALL QUESTIONS.

FIRST NAME	MI	LAST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	SOCIAL SECURITY NUMBER	NATIONAL PRODUCER NUMBER
TYPE OF APPOINTMENT <input type="checkbox"/> LIFE <input type="checkbox"/> ANNUITY		CONTRACT TYPE <input type="checkbox"/> LLC* <input type="checkbox"/> PARTNERSHIP* <input type="checkbox"/> SOLE PROPRIETORSHIP* <input type="checkbox"/> CORPORATION* <input type="checkbox"/> INDIVIDUAL			TAXPAYER ID NUMBER	CRD NUMBER
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?

COMPLIANCE

- 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 Division or Annuity Service Center 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
 Annuity Service Center: P.O. Box 79905, Des Moines, Iowa 50325-0905 • Phone: 866-322-7068 • Fax: 866-322-7072





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

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	SIGN HERE	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,