

North American Company for Life and Health Insurance

Cary A. Levinson & Associates, Inc
Life Brokerage Services
5551 N. University Drive, Suite 201
Coral Springs, FL 33067
800-375-2279



FIRST NAME		MI	LAST NAME		DATE OF BIRTH	SOCIAL SECU	JRITY NUMBER	NATIONAL PRODUCER NUME	3ER
TYPE OF APPOIN		CONTRACT TYPE				TAXPAYER ID		CRD NUMBER	
(SELECT ONE)				RIFTORSHIP*			, nomber		
	NUITY								
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BUSINESS NAME						BUSINESS TE			
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BROKER/DEALER	R NAME (IF	REGISTERED REP OR	AFFILIATED WITH BD)			ILO. I HONE			
BROKER/DEALER	R ADDRES	S – CITY, STATE				BROKER/DEA	LER CRD # (IF KNO	WN)	
PLEASE RESP	OND TO	ALL QUESTIONS F	OR YOU PERSONALL	Y AND ANY OR	GANIZATION OVER W	HICH YOU H	AVE EXERCISE	O CONTROL. IF YOU ANS	SWER
			TTACH AN EXPLANA						
								es, attach copy of court reco	ords.
□Yes □No	2. Have insura	you ever had any reg ince department, FINF	ulatory action taken again RA, or any other regulator	ist you, or had you y agency?	ir insurance or securities	s license denied	d, suspended, ter	minated or revoked by an	
□Yes □No	3. Have regula	you ever had a comp atory agency?	laint filed or do you anticip	pate a complaint b	eing filed against you by	a consumer, a	an insurance depa	artment, FINRA or any other	
□Yes □No	-		ntment ever been terminat	ted involuntarily by	an insurer or FINRA m	ember firm?			
			ade against you, your su				of insurance and	/or securities sales?	
□Yes □No	6. Are yo	ou currently involved o	or ever been involved in lit	tigation?		-			
□Yes □No	7. Do yo	u have past due finan	icial obligations, unsatisfie	ed judgments, or lie	ens, including any deline	quent state or fe	ederal tax obligati	ons?	
		you ever filed bankru	•	, , , , , , , , , , , , , , , , , , , ,			0		
□ Yes □ No COMPLIANCE		any person or entity of	laim any indebtedness fro	om you as a result	of any insurance transa	action or busine	ess?		
		form to the procedure	es outlined in the "Complia	ance Manual" and	all company product gu	ides.			
be entered into be addendums, which binding on me with be made available information and ar a consumer repor living. I further auth or their duly author record of such his any of its affiliates in effect during the have not been pro- personal examina indirectly, by Sam AGENT AUTHOR am not subject to backup withholdin U.S. citizen or oth	etween my: h includes i hout furthe e to me by nswers to o t may be o horize Nort brized repre- tory, status to release e term of m by bided by N tion of proo- mons Fina RIZATION - backup wil g as a resu er U.S. pe	self and North American applicable commission s applicable commission s ar action required on my North American by elect questions are true and c btained which may inclu h American or its affiliate esentatives to contact an s, or activities and (b) her information about any do ny contract. North America North American must be duct provisions and rates ncial Group, Inc. I will no – 1. The number shown thholding because (a) I a ult of a failure to report a	Company for Life and Healt chedule(s), and further agree part. Thereafter, such contra- ronic delivery. I agree not to omplete. I understand the Fa de information bearing on m s' to obtain a consumer repo- y organization or individual w reby authorize the release of ebit balance I may incur to Vi- can has the right to obtain su approved by North Americar s. A photocopy of this authori ot sell or solicit North Americar on this form is my correct ta am exempt from backup with all interest or dividends, or (c pt from Foreign Account Tax	h Insurance® (North e that upon authorizal act, supplements, ar solicit business until air Credit Reporting a y credit worthiness, of rt and Vector One rep who has knowledge of such information by ector One, it's succes bsequent consumer n prior to their use. I ization shall be as va an annuity products i uxpayer identification sholding, or (b) I hav) the IRS has notifie	American). I agree to be b tion to solicit business by N ad addendums shall govern I have been notified by No act requires North America credit standing, credit capa bort in connection with this of my employment history, such organization or indivi ssors, or any organization reports and/or investigative understand that any specir lid as the original, regardle n NY. number (or I am waiting f e not been notified by the d me that I am no longer s	ound by all of the orth American, su n my relationship rth American thain n to notify me that city, character, gu contract application credit history, fina dual in connection designated to rep e consumer repoin nen sales brochui ss of the date it is or a number to b Internal Revenue	e terms and condition uch contract, supple with North America t I am authorized to at, as a routine part eneral reputation, a on. I further authoriz ancial status, or rec n with this application lace Vector One. The ts on an as needed ures and material I h s signed. 'Affiliate m e issued to me), ard e Service that I am withholding, and; 3	subject to	nts and e legally ch shall that all ication, node of ffiliates obtain a rican or alid and s which for my
AGENT SIGNATUR	E		OFFICER SIGNATURE*				DATE	ω	
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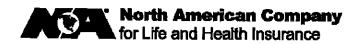
I have reviewed the above application and I hereby recommend this agent contr	act for consideration by Nor	th American.
DISTRIBUTOR SIGNATURE	CODE	DATE

*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.



REV 7-17

North American Company For Life And Health Insurance® + 4350 Westown Parkway + West Des Moines, IA 50266 Phone: (866) 322-7068 • Fax: (866) 322-7072 • www.NorthAmericanCompany.com • nacontracting@sfgmembers.com





BUSINESS ENTITY CERTIFICATE

This Certificate is delivered to North American Company for Life and Health Insurance[®] (the "<u>Company</u>"), pursuant to the contract application on behalf of ______ [name of entity], a ______ [State of entity's domicile; insert type of entity: corporation; limited liability company; partnership; sole proprietorship] to be a Producer or Distributor of the Company (<u>the "Contract Applicant")</u>.

The undersigned, on behalf of the Contract Applicant, and not in his or her individual capacity, hereby certifies to the Company as follows:

1. The undersigned is authorized to execute and deliver this Certificate on behalf of the Contract Applicant.

2. The Federal Tax I.D. of the Contract Applicant is:

3. The officers of the Contract Applicant are (altach additional pages of necessary) (Required for Corporations and LLC's; only required for other entity types if applicable):

Name	Office
	President
	Vice President
	Secretary
	Treasurer

4. The directors or managers of the Contract Applicant are (attach additional pages if necessary) (Required for Corporations and manager-managed LLC's; only required for other entity types if applicable):

Name	Director/Manager

5. The four (4) largest stockholders, members or partners of the Contract Applicant are (Required of all entity types):

Name	Name	

 As of the date of this Certificate, the following persons are those authorized to execute each document to which the Contract Applicant is or will be a party and who is authorized to act on behalf of the Contract Applicant. (Required for all entity types):

Name	Office

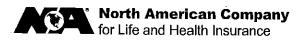
IN WITNESS WHEREOF,	the undersigned has executed this Certificate this _	day of	, 20
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Signed:	
Printed Name:	
Title:	

Completed form should be forwarded to the Contracting Department at the address below.

REV 6/14

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Credit Authorization For: California, Minnesota and Oklahoma Residents

Thank you for completing an application for appointment with North American.

Under state law we must inform you that we utilize Business Information Group, Inc., a consumer-reporting agency, to obtain records of employment history, credit history, financial status, or record of any illegal activity on applicants for appointments with our Company. Your signature on the Contract Application authorizes North American, or its duly authorized representative, to contact Business Information Group, Inc., its successors, or any organization designated to replace Business Information Group, Inc., in order to obtain a record of employment history, credit history, financial status, or record of any illegal activity on you; and also authorizes the release of such information by Business Information Group, Inc., its successors, or any organization Group, Inc, in connection with your application. In addition, your signature on the application authorizes North American to release information about any debit balance you may incur to Vector One, its successors, or any organization designated to replace Vector One.

With your signature below, we will obtain an employment-only credit check that does not include a credit score. An employment credit check will not negatively affect your credit score or status with the credit-reporting agencies.

Also, under state law, you are entitled to a copy of the record North American obtains from Business Information Group, Inc. Please indicate by checking the appropriate box whether or not you would like a copy of the report.

□ Yes, please send a report to the residence address I indicated on my application.

No, I do not wish to have a copy of the report sent to me.

Please send this authorization back along with your completed contract application, including your signature and report choice above in order to complete the processing of your application. Your agent contract will remain at a pending status and a consumer report will not be ordered until this requirement is satisfied. Thank you.

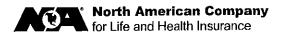
Signature

SSN

Date

Completed form should be forwarded to the appropriate address below.

Commission Direct Deposit Authorization Form



Instructions

It is North American's policy to deposit your commissions directly to an account of your choosing at any designated financial institution.

- 1. Mark the appropriate box specifying the line of business the direct deposit information applies to.
- 2. Mark the appropriate box specifying that your pay will be deposited to either your checking account or savings account.
- 3. Complete the requested information about you, your financial institution, and your account.
- 4. Submit a voided check for verification of all financial institution information.
- 5. Review and sign the completed form.

Please complete all fields below

Line of business (check all that apply)
Annuity
Life

Type of account (select one)

□ Checking account - VOIDED CHECK REQUIRED

□ Savings account - Provide account verification information on bank letterhead.

Financial institution's name	Financial institution account owner
Agent/Agency name	Agent/Agency code(s) - List all codes that apply
Routing number	Account number

Authorization

Should an incorrect deposit be made, the financial institution is authorized to debit my account and return the funds to North American.

Taxable earnings will be reported on the Tax ID in which they are earned, regardless of the payee/account to which they are paid.

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.

I authorize North American and the financial institution listed above to automatically deposit my payable and net amounts earned.

Agent/principal s	signature
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Date

Mail, fax, or email this completed form along with a voided check on a separate page using the appropriate information below.

VOIDED CHECK REQUIRED

4350 Westown Parkway, West Des Moines, IA 50266 Phone: (866) 322-7068 • Fax: (866) 322-7072 • Email: nacontracling@sfgmembers.com



North American Company

for Life and Health Insurance Since 1886



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	Processed and Accepted by the Company:		
For Income Tax purposes ALL Earnings paid will be reported to the Assignor's Taxpayer Identification Number (TIN)	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 US	EONLY
	Receipt by the Compa	ny:
	Due	
	By: Date:	

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

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