



IMC Contract Transmittal

Contract Type:

Regional Manager Producer License Only Producer Contract Change

Commission Level:

Regional Manager: _____ (ONE LEVEL FOR ALL PRODUCTS)

Indicate Contract Types / Commission Levels:

Producers: Life _____ Term _____ Annuities _____

Producer Name _____

Hierarchy (reports to):

IMC Name and number _____

Regional Manager Name and Number _____

Producer Name and Number _____

Regional Manager / Producer Requirements: <input type="checkbox"/> RM 2621 <input type="checkbox"/> Producer 2622 <input type="checkbox"/> Copy of license(s) (resident/non-resident) <input type="checkbox"/> Copy of Errors & Omissions Declaration Page* <input type="checkbox"/> Entire hierarchy must be licensed/appointed** <input type="checkbox"/> Non-resident Appointment Fees <input type="checkbox"/> Additional Forms Included: <input type="checkbox"/> Deferred compensation Agreement <input type="checkbox"/> Assignment of Commissions Form (Include license) <input type="checkbox"/> EFT – Electronic Transfer Form <input type="checkbox"/> Commission Annualization Agreement <input type="checkbox"/> Licensing Requirement to write annuity business needs Online Agent Certification, go to http://nacolah.agentcertification.com	License Only Producer Requirements: <input type="checkbox"/> LOP 2623 <input type="checkbox"/> Copy of license(s) (resident/non-resident) <input type="checkbox"/> Copy of Errors & Omissions Declaration Page* <input type="checkbox"/> Entire hierarchy must be licensed/appointed*** <input type="checkbox"/> Non-resident Appointment Fees <input type="checkbox"/> Licensing Requirement to write annuity business needs Online Agent Certification, go to http://nacolah.agentcertification.com
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* E & O coverage limits required: \$1,000,000/\$1,000,000.

** Entire hierarchy is required to be appointed in the following state: CA, CO, FL, GA, KY, LA, MA, MS, MT, NC, NM, PA, SC, TN, TX, UT, VA, WA, WI.

*** The individual or agency receiving the compensation from the License Only Producer production must always be licensed/appointed in every State the Producer is licensed/appointed. In addition, the entire hierarchy must be appointed in the states indicated above.

Completed contracting should be forwarded to:

North American Company for Life and Health Insurance
 Attention: Agency Services
 525 West Van Buren
 Chicago, IL 60607

Phone: 312.648.7600 Ext 10865 (Purple Team)
 Email: teampurple@nacolah.com

IMC Authorized Signature _____ **Code #** _____ **Date** _____

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)
- 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)
- 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 REQUIREMENT

Agents must pass an Online Index Annuity Exam before NACOLAH will issue an Annuity.

- **Agent submits the required contracting forms as explained in the Contracting Instructions**
- **The annuity application will be suspended until you have successfully completed the Online Index Annuity Exam.**
- **An Agent Number will be assigned to the agent.**
- **When the agent has received their agent number, then must go to the www.nacolah.com website, under the Producer's InfoNet page, go to the tab labeled, "NEW BUSINESS", click on "Agency Services" then Contracting/Licensing. Scroll all the way to the bottom and in the last sentence, click on the "Click here" link. This will take them to the exam.**
- **Once the agent has successfully completed the exam, the New Business department will "un-suspend" the annuity application, backdate the issue date to the appropriate date (typically the date received in the Home Office) and issue the case.**



Anti-Money Laundering Training

Training must be completed by January 1, 2007

In accordance with regulations stated under the USA PATRIOT Act, North American Company has established an anti-money laundering (AML) training program that requires all agents submitting business to complete by January 1, 2007.

Agents and brokers submitting business must complete appropriate anti-money laundering training through one of the following methods:

- AML training course provided by LIMRA International, Inc. You may participate in training by accessing their website, at <http://aml.limra.com>. If we did not have a record of your training, your user name and password were provided to you in a personalized letter from North American. The training process is approximately 45 minutes. If you are unable to locate your user name and password please contact LIMRA at 1-866-364-2380. Our Agency Services and New Business departments will automatically be notified when you complete your AML training through LIMRA. You **need not** notify North American of your training completion.
- For agents who are appointed with other insurance companies and have completed LIMRA training, we will receive a record of this training and therefore, you will not have to take the training again.
- If you have completed another insurance company's AML training program that is not associated with LIMRA, North American may accept a signed certification from the AML Compliance Officer of that company. The signed certification must state that the company has an AML program and that you have received AML training in accordance with that program. North American's acceptance of AML training from another carrier is contingent on approval from our AML Compliance Committee. You may fax or e-mail your AML training certification to our Agency Services department at 1-877-595-8256 or teampurple@nacolah.com.

Quick Hints on AML Training

Here are some details about AML Training and how it'll reflect your business submissions in 2007.

- If a policy submitted in 2007 is split between multiple agents, all agents on the case must be AML certified.
- If a policy is submitted and an agent has not completed AML training, the agent will have 30 days after the submit date to complete the AML training.
 - In anticipation of the agent completing AML training, our New Business department will continue with the underwriting process on the policy.
 - AML training is a requirement for the Temporary Insurance Agreement (TIA) acceptance. If the agent has not completed AML training within 48 hours of receipt of the TIA, the TIA will be considered void and the check with an off risk letter will be returned to the policyowner.



525 W Van Buren
Chicago IL 60607
We're Here for Life®



- When a policy is submitted and the agent does not have the proper AML training (and a TIA is not involved), Agency Services will attempt to contact the agent via phone and email within one business day after the policy has been submitted.
- If agent has not completed AML training seven calendar days after our first attempt to contact them, another attempt will be made. This process will continue two more times, every seven calendar days, if the agent does not complete AML training.
- Then, if the agent on the case has not completed AML training within 30 days after the policy submit date, the policy will be closed out and the agent's contract with North American will be closed out/terminated.
- AML training will be an annual requirement.

North American understands the importance of diligently monitoring our business and proudly works with our industry leaders to comply with government regulations. We hope you will join us in our endeavors.

For additional information regarding North American's Anti-Money Laundering Program please feel free to contact our AML Compliance Committee at 1-866-384-0384.



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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.