

Product Selection:

Grid for product selection

Tax Status

Nonqualified, Roth IRA, SEP IRA, IRA, TSA/403(b), Inherited IRA, Other. Complete, if applicable - Contribution intended for the Tax Year

Premium Contract funded by:

Check - amount, Direct Transfer - amount, 1035 Exchange - amount, Qualified Rollover - amount, Salary Reduction. Includes dollar amounts and examples.

For multiple transfers issue contract with: First money received or Last money received* (Flexible Premium contract only)

*I understand that, this annuity is being funded with more than one premium. I understand that if final funds are received within 60 days of receipt of first funds, that my interest will be credited from the date the contract becomes effective, such date being the date the most recent premium is received in the Home Office.

Replacement (must be completed)

- 1) Do you have any existing or pending life insurance or annuity contracts?
2) Will this annuity replace or change any existing life insurance or annuity contracts?

If you answered "yes" to #2, please provide details, including company name and contract number, below.

Company Name:

Contract Number:

Your agent is required to leave with you the original or a copy of all written or printed sales material used in the sale of this product. Please retain all such copies for future reference.

Fraud Warnings and Other Disclosures

AR, DC, KY, LA, ME, NM, OH, OK PA, TN and VA Residents: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

WA Residents: It's a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. FL Residents: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Financial Institution Disclosure: Insurance policies and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association.

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Deferred Annuity Suitability Form

Thank you for your interest in a North American Annuity. Before we can process your application and issue your contract, we would like to confirm that your annuity purchase suits your current financial situation and long-term goals.

Please note that if this form is not completed in full, signed, and dated, we are unable to consider your application.

Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality. Applicant/Owner's First Name MI Last Name North American Contract Number (if assigned) Joint Applicant/Owner's First Name MI Last Name

A. FINANCIAL AND TAX STATUS

- 1. Annual household income: \$.00
2. Federal Income Tax Bracket (estimated): 0% 10% 15% 25% 28% 33% 35%
3. Net Worth: \$.00 (exclude primary residence)
4. Source of Funds for the purchase of this annuity (check all that apply): Stocks/Bonds/ Mutual Funds Pension Annuity Checking/Savings Life Insurance Bank CD Other
5. Did your agent review your net worth, financial and tax status, investment objectives, and financial objectives before recommending this annuity?
6. After considering your net worth, source of funds, liquidity needs, and time horizon do you believe this deferred annuity contract is suitable for your financial situation and objectives?

B. FINANCIAL OBJECTIVES

- 1. My financial objective(s) for purchasing this annuity (check all that apply): Tax Deferral Guarantees provided Long-term growth, followed by income Long-term growth, with a transfer of assets to beneficiary at death Immediate annuity (Complete form 11796Z instead). Other
2. Do you have sufficient funds available for monthly living expenses, medical expenses and emergencies other than the funds planned for this annuity or any other annuities already owned?
3. An annuity is a long-term contract with substantial penalties for early surrenders and/or withdrawals. Other than penalty-free withdrawals, do you currently anticipate taking any other withdrawals during the surrender charge period?
4. Do you understand that if you take money out of this annuity, in excess of the penalty-free withdrawal, during the surrender charge period, that you will incur a surrender charge and interest adjustment (if applicable)?
5. Will a trust be named as the Owner or Beneficiary of this annuity contract?
6. I understand that the purchase of this annuity contract is in no way required in conjunction with the establishment of a Trust and that any fees, costs and/or expenses associated with the establishment or maintenance of the Trust are independent of any premium paid for the purchase of this annuity.



CUSTOMER IDENTIFICATION PROGRAM NOTICE

USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, the U.S. government passed the USA PATRIOT Act, requiring financial institutions, including insurance companies, to obtain, verify and record information that identifies persons who engage in certain transactions with or through our company.

This means we will need to obtain certain information that allows us to verify your identity. The following information is required for all individuals who are listed as an owner and/or joint owner on an insurance or annuity application, ownership change request, or who will be signing on behalf of a legal entity.

- Name
- Residential/Street Address (P.O. Box not accepted; APO/FPO accepted)
- Date of Birth
- Social Security Number (SSN), Employer Identification Number (EIN) or Tax Identification Number (TIN)

We require our representative to review and verify a current government issued photo ID for each owner listed on the insurance or annuity application or ownership change request. The type of identification used (one required), number and expiration date must be recorded and may be used to further verify the customer's identity using third party sources.

If the owner of the account is a Trust, Corporation or other entity, we will need:

- Name of Entity
- Residential or Business Street address (P.O. Box will not be accepted)
- Corporate Resolution and certified Articles of Incorporation
- Partnership or trust certification with date of incorporation or trust date
- Social Security Number (SSN), Employer Identification Number (EIN) or Tax Identification Number (TIN)

What happens if I don't provide the information requested or my identity can't be verified?

Our Company may not be able to accept your application for life insurance or an annuity.

We thank you for your patience and hope that you will support the financial industry's efforts to deny terrorists and money launderers access to America's financial system.

Verification of Identity Form



A Owner #1

Name (owner, custodian, trustee, or entity) _____ SSN, EIN, TIN _____ Date of Birth _____ / _____ / _____

1) U.S. Citizen (please proceed to #2)

<input type="checkbox"/> Resident Alien	Country of Citizenship:	Current Occupation:	
Employer for past 5 years*		Your Address for past 5 years*	
Name	Yrs.	Address	From: To:
Name	Yrs.	Address	From: To:

2) Natural Person/ Trust Accounts (info of trustee) Representative: Please indicate the form of ID presented and used to verify this owner's identity.

Driver's License State-issued ID Military ID Passport Alien Registration Card

State/Country: _____ Number: _____ Exp. Date: _____ / _____ / _____

3) Non-Natural/Business or Corporation

Trust Agreement Certificate of Incorporation Business License

State/Country: _____ Tax ID Number: _____ Date: _____ / _____ / _____

B Owner #2

Name (owner, custodian, trustee, or entity) _____ SSN, EIN, TIN _____ Date of Birth _____ / _____ / _____

1) U.S. Citizen (please proceed to #2)

<input type="checkbox"/> Resident Alien	Country of Citizenship:	Current Occupation:	
Employer for past 5 years*		Your Address for past 5 years*	
Name	Yrs.	Address	From: To:
Name	Yrs.	Address	From: To:

2) Natural Person/ Trust Accounts (info of trustee) Representative: Please indicate the form of ID presented and used to verify this owner's identity.

Driver's License State-issued ID Military ID Passport Alien Registration Card

State/Country: _____ Number: _____ Exp. Date: _____ / _____ / _____

3) Non-Natural/Business or Corporation

Trust Agreement Certificate of Incorporation Business License

State/Country: _____ Tax ID Number: _____ Date: _____ / _____ / _____

C Owner(s) Signatures: All owners must sign. Attach additional pages if necessary.

By signing this form, I certify that the information provided is accurate. I understand that North American for Life and Health Insurance Company will use this information only to attempt to verify my identity. North American is requesting a copy of the articles of incorporation, partnership documents, trust certification or other similar documents solely for the purpose of attempting to verify my identity as required by federal law. North American is not assuming any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of those documents.

Signatures:

X _____ Date: _____ / _____ / _____

X _____ Date: _____ / _____ / _____

D Agent's Signatures:

I attest to the fact that I have viewed the above identified documentation. I also attest that the document did not appear altered and the picture identification supplied appeared to be that of the owner(s).

Agent's Name	Agent's Number
Agent's Signature	Date _____ / _____ / _____

*If additional room is needed, please attached another piece of paper.

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**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of an annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new contract. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	POLICY OR CONTRACT#	ANNUITANT OR INSURED	REPLACED (R) OR FINANCING (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____.

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name	Date
Producer's Signature and Printed Name	Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

Producer's Statement

I certify that only sales materials approved by North American Company for Life and Health (NACOLAH) were used in conjunction with this transaction, and copies of all sales materials including this Important Notice were left with the applicant. If applicable, electronically presented sales materials shall be provided in printed form to the applicant no later than at the time of policy or contract delivery.

Producer's Signature and Printed Name	Date
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A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older--are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

RIGHT TO EXAMINE POLICY - It is important to us that you are satisfied with your policy and that it meets your insurance goals. Read it carefully. If you are not satisfied with it, you may return it to our Executive Office or to your agent within 30 days after you receive it. We will then void it and refund all premiums paid including any policy fees or charges. In the case of a variable or market value adjustment policy, we will refund the Policy Fund plus the sum of all charges deducted from your premiums, the Policy Fund and the Investment Divisions.

