

Annuity Application

Annuitant

Gender: Male Female U.S. Citizen: Yes No
First Name M.I. Last Name Social Security no./TIN
Street Address(P.O. Boxes are not allowed) Birth Date (mm/dd/yyyy)
City State Zip Phone

Joint Annuitant (if applicable must be spouse of annuitant)

Gender: Male Female U.S. Citizen: Yes No
First Name M.I. Last Name Social Security no./TIN
Address and Phone Number same as Annuitant
Street Address(P.O. Boxes are not allowed) Birth Date (mm/dd/yyyy)
City State Zip Phone

Owner (if different than Annuitant)

Gender: Male Female
First Name M.I. Last Name Birth Date (mm/dd/yyyy)
If the owner is a Trust you must complete and submit the Certificate of Trust Agreement form with this application.
Trust/Corporation Name Trust Date (mm/dd/yyyy)
Street Address(P.O. Boxes are not allowed) SSS/TIN/Employee ID No.
City State Zip Phone

Joint Owner (if different than Joint Annuitant)

Gender: Male Female
First Name M.I. Last Name SSS No./TIN
Address and Phone Number same as Owner
Street Address(P.O. Boxes are not allowed) Birth Date (mm/dd/yyyy)
City State Zip Phone

Owner's Beneficiary Designation

Primary	Contingent	|	Per Stirpes	Per Capita	
First Name	M.I.		Last Name	Social Security no./TIN	
Birth Date (mm/dd/yyyy)	Relationship to Owner			Phone Number	
Beneficiary's Mailing Address (must be completed)				Percentage	%
City			State	Zip	
Email Address					

Primary	Contingent	|	Per Stirpes	Per Capita	
First Name	M.I.		Last Name	Social Security no./TIN	
Birth Date (mm/dd/yyyy)	Relationship to Owner			Phone Number	
Beneficiary's Mailing Address (must be completed)				Percentage	%
City			State	Zip	
Email Address					

Primary	Contingent	|	Per Stirpes	Per Capita	
First Name	M.I.		Last Name	Social Security no./TIN	
Birth Date (mm/dd/yyyy)	Relationship to Owner			Phone Number	
Beneficiary's Mailing Address (must be completed)				Percentage	%
City			State	Zip	
Email Address					

If electing Optional Benefit Riders an additional form(s) may be required.

Tax Status

Non-Qualified
 Roth IRA
 SEP IRA
 IRA TSA/403(b)
 Inherited IRA (form required)
 Non-Qualified Stretch (form required)

Complete if applicable - Contribution intended for the Tax Year:

Premium Contract funded by:

<p>Check Amount \$</p> <p><small>Must be payable to North American Company for Life and Health Insurance®</small></p> <p>1035 Exchange - Amount \$</p> <p><small>Must be payable to North American Company for Life and Health Insurance</small></p> <p>Salary Reduction - Amount \$</p>	<p>Direct Transfer Amount \$</p> <p><small>(Example: Qualified funds - IRA to IRA, Non-Qualified funds-CD or Mutual Fund to a North American Annuity.)</small></p> <p>Qualified Rollover - Amount \$</p> <p><small>(Example: Qualified funds - 401(k) or qualified pension plan to a North American IRA Annuity.)</small></p> <p>per pay period (example: TSA)</p>
--	--

Transfers Involving Multiple Checks

I have recently applied for a North American annuity with the plan type reflected above. This annuity is being funded with more than one premium either through a personal check, Section 1035 Exchange, Qualified or Non-Qualified transfer.

Please check one

Issue with first funds (must still meet minimum premium requirements): I would like my contract issued with the first funds received. If the annuity is index linked, the initial index will be set on the effective date of the annuity. I understand that any additional deposits after issue will be applied to the fixed account until the contract anniversary. (This option is not available for single premium contracts or Inherited IRAs.)

Issue with last funds: I would like my contract issued with the last funds received. I understand that my interest will be credited from the date the annuity becomes effective. If the annuity is index linked, the initial index will be set on the effective date of the annuity.

Replacement (Must be completed) If you have existing life insurance or annuity contract, please complete any state required replacement forms. Your agent is required to leave with you the original copy of all written or printed sales material used in the sale of this product. Please retain all such copies for future reference

1. Do you have any existing or pending life insurance or annuity contracts? Yes No
2. Will this annuity replace or change any existing life insurance or annuity contracts? Yes No

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

Company Name:
 Contract Number:

Consumer Profile Form



Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality.
Note: If this form is not completed in full, signed, and dated, we are unable to consider your application.

Applicant/Owner's first name MI Last name Contract number

Joint Applicant/Owner's first name MI Last name

A. Household financial information

1. Household disposable income:

A. Monthly household income \$.00 (i.e. Employment salary, pension, Social Security, investment, disability)

B. Monthly household expenses \$.00 (i.e. Cost of daily living, mortgage/rent, car, health/ltc/auto insurance, loan repayments)

C. Disposable monthly income \$.00 (A minus B)

2. Household net worth: assets - liabilities (debts).

Premiums for all household pending applications are to be included in the funding source(s) below.

Liquid assets – Does NOT include primary residence, personal possessions, cars, etc

Non-liquid assets – Does NOT include primary residence, personal possessions, cars, etc.

Current dollars invested			Current dollars invested		
A. Stocks/bonds	\$	.00	J. Real estate - (exclude primary home)	\$	.00
B. Annuities - (out of surrender period)	\$	.00	K. Annuities - (in surrender period)	\$	.00
C. Mutual funds - (excluding B shares)	\$	.00	L. Pension/401(k) - (under 59 1/2)	\$	.00
D. CDs	\$	.00	M. Limited partnership	\$	.00
E. Money market	\$	.00			
F. Checking/savings	\$	.00			
G. Pension/401(k) - (over 59 1/2)	\$	.00			
H. Net cash surrender value of life insurance	\$	.00			
(total of A through H)			(total of J through M)		
I. Total liquid assets	\$	.00	N. Total non-liquid assets	\$	.00

O. Total household assets \$.00 (total of I plus N)

P. Household liabilities: \$.00 (include debts and other obligations, exclude primary home mortgage)

Q. Total household net worth: \$.00 (O minus P)

3. Financial experience (number of years):

	Stocks	Bonds	Mutual funds	Fixed annuities
Variable annuities	Life insurance	CDs	Pension/401(k)/403(b) or, None	

4. Federal Income Tax Bracket: 10% 12% 22% 24% 32% 35% 37%

5. Tax filing status: Single Head of household Married filing jointly Married filing separately Widowed

(Section A continued) - Household financial information

6. Risk tolerance for this annuity: Low Moderate Moderate to high High Speculative
7. Are there any dependents within the household? Yes No
- 7a. If yes, list ages: Age Age Age
8. After considering your net worth, source of funds, liquidity needs, and time horizon, do you believe this annuity contract effectively addresses your financial situation, insurance needs and financial objectives over the life of the contract? Yes No
9. Excluding this transaction, has your producer previously sold you any other policies or annuity contracts? Yes No
10. Do you intend to apply for any means-tested government benefits and/or are you seeking qualification of any state or federal aid programs? (examples – medicaid, veterans aid and attendance benefit, etc.) Yes No
- If yes, please explain:

11. Do you have a reverse mortgage? Yes No
- 11a. If yes, is any of the premium intended for this annuity proceeds from a reverse mortgage? Yes No

B. Financial objectives/Insurance needs

1. My financial objective for purchasing this annuity (check all that apply): Liquidity Long-term growth Annuitize
- Guarantees provided Transfer of assets to beneficiaries Long-term growth, followed by income
- Preservation of principal Guaranteed death benefit Guaranteed lifetime withdrawal benefit
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? Yes No
3. Financial time horizon - years I plan to keep this annuity: years Lifetime
4. How do you anticipate taking distributions from this annuity? RMD Penalty free Annuitize
- Interest only withdrawal Lump sum Leave to Beneficiary Guaranteed lifetime withdrawal benefit
- Immediate income Immediate access to funds
5. An annuity is a long-term contract with substantial penalties for early surrenders and/or withdrawals. Do you understand that if you take money out of this annuity, in excess of the penalty-free surrender amount during the surrender charge period, that you will incur a surrender charge and market value adjustment (also referred to as an interest adjustment in some annuity contracts/endorsements) – if applicable? Yes No N/A (not applicable for single premium immediate annuities)
6. Do you anticipate a significant change in your future income or expenses during the surrender charge period? Yes No
- If yes, please explain: