



New Agent Name: _____

Appointing Agent: _____

Appointing Agent Contracted? If YES, give agent code # _____

If NO, please attach contracts and license(s)

Anti-Money Laundering (AML) Training Requirements:

_____ AML training was completed through LIMRA on: _____/_____/_____

_____ AML training was completed through an independent program:

COMPLETION CERTIFICATE ATTACHED

Fair Credit Reporting Act Notice/Communication Authorization:

I hereby authorize Oak Tree Financial, Inc., and any and all of its affiliates or subsidiary companies, to conduct a thorough background investigation regarding my qualifications for appointment and credit worthiness, including, but not limited to, periodic debit checks through Vector One. I also understand that Oak Tree Financial, Inc. reserves the right to report any outstanding debit balances to Vector One and to revoke or suspend commission advances at any time without prior notice. I further authorize Oak Tree Financial, Inc., and any and all of its affiliates or subsidiary companies, to communicate with me via mail, fax and/or email, unless a request is submitted by me in writing. I agree that a fax or photocopy of this authorization with my signature will be accepted with the same authority as the original. I have carefully read and understand these authorizations and by signing below, agree to all terms and conditions.

Signature of Agent: _____ Date: _____

***Please return to:
Oak Tree Life and Annuity Brokerage
11166 Fairfax Blvd, Ste 300
Fairfax, VA 22030
Ph.: 800-842-9124 /Fax: 800-586-7905
www.oaktreeus.com***

Annuity contract transmittal form



Agent name: _____ Agent code (if known): _____

If New Business is submitted with or prior to a contracting application or contract change please indicate below:

| | | |
|---------------------------------|-------------|-----------------|
| Issue state of pending business | Client name | Contract number |
|---------------------------------|-------------|-----------------|

Choose the contract type and level for the agent/agency:

Contract type: License only producer Producer Distributor Contract change (Agent signature required)

Commission level _____

Complete the reporting broker dealer information if registered or affiliated with BD:

| | | |
|---------------|------|------------|
| Broker dealer | Code | CRD number |
|---------------|------|------------|

Indicate the appropriate hierarchy below:

| | |
|------------------------|------|
| Immediate upline name* | Code |
| Top level upline name* | Code |

* Required field

Comments or special instructions:

Any pending business will be paid according to the agent contract (if any) in effect prior to receipt of this Transmittal form by North American Company for Life and Health Insurance®.

Certain states require a supervising agent/agency to be licensed to receive override commissions. If a license is not held in these states when business is written, override commissions will not be paid.

| | | |
|---------------------------------|--------------------|-------------------|
| Distributor signature | Distributor number | Date (mm/dd/yyyy) |
| Agent signature (if applicable) | Agent code | Date (mm/dd/yyyy) |

Contract application

Complete all questions



| | | | | | |
|---|---|---|--------------------------------|---|-------------------------------------|
| Name (first, middle initial, last) | | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date of birth (mm/dd/yyyy) | Social Security number | National producer number |
| Type of appointment (select one) <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 Identification number | | CRD number |
| Residence address (street, city, state, ZIP) | | | | | Residence phone number |
| Business name (DBA) | | | | | Business phone number |
| Business address (street, city, state, ZIP) | | | | | Business fax number |
| Preferred mailing <input type="checkbox"/> Residence address <input type="checkbox"/> Business address | | | | | Cell phone number |
| E-mail address (required) | | | | Preferred contact <input type="checkbox"/> Residence phone <input type="checkbox"/> Business phone <input type="checkbox"/> Cell phone <input type="checkbox"/> E-mail | |
| Broker/dealer name (if registered rep or affiliated with Broker/dealer) | | | | | |
| Broker/dealer address (street, city, state, ZIP) | | | | | Broker/dealer CRD number (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 1. 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 2. 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 3. 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 4. Has your contract or appointment ever been terminated involuntarily by an insurer or FINRA member firm?
- Yes No 5. 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 6. Are you currently involved or ever been involved in litigation?
- Yes No 7. Do you have past due financial obligations, unsatisfied judgments, or liens, including any delinquent state or federal tax obligations?
- Yes No 8. Have you ever filed bankruptcy?
- Yes No 9. Does any person or entity claim any indebtedness from you as a result of any insurance transaction or business?

E&O Policy carrier: _____ E&O Policy number: _____

According to the Individual Agent/Master Distributor Contract, you are responsible for keeping your E&O coverage current for the duration of your relationship with North American.

Compliance

Yes No I will conform to the procedures outlined in the "Compliance Manual" and all company product guides.

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 affiliates¹ 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. North American has 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. ¹Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc. I will not sell or solicit North American annuity products in NY.

AGENT AUTHORIZATION – 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 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, and; 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

| | | |
|-----------------|--------------------|-------------------|
| Agent signature | Officer signature* | Date (mm/dd/yyyy) |
|-----------------|--------------------|-------------------|

I have reviewed the above application and I hereby recommend this agent contract for consideration by North American.

| | | |
|-----------------------|------|-------------------|
| Distributor signature | Code | Date (mm/dd/yyyy) |
|-----------------------|------|-------------------|

*If Officer of a Corporation, LLC, Partnership, or Sole Proprietorship please sign both as Agent and Officer.



Credit authorization for: California, Minnesota and Oklahoma Residents



Thank you for completing an application for appointment with North American Company for Life and Health Insurance®.

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 designated to replace Business Information 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, 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.

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 | Social Security number | Date (mm/dd/yyyy): |
|-----------|------------------------|--------------------|

Business entity certificate



This Certificate is delivered to North American Company for Life and Health Insurance® (the "Company"), 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 (the "Contract Applicant").

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 (attach 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 |
|------|------|
| | |
| | |

6. 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_____.

Signature

Printed name _____

Title _____



02839

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. Please be advised, all active and terminated codes for each designated line of business will be updated per this request.

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.

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) |
| Routing number | Account number |

Authorization

Only one bank account per Social Security number (SSN) or Tax Identification number (Tax ID) is allowed for each line of business (Life/Annuity).

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 signature | Date (mm/dd/yyyy) |
|---------------------------|-------------------|

Voided check required

RegEd module product codes

| Product code | Product name |
|--------------|--|
| 20SFGNAC_01 | NAC VersaChoice SM (fixed index annuity) |
| 15SFGNAC_01 | NAC BenefitSolutions [®] (fixed index annuity) |
| 15SFGNAC_13 | NAC IncomeChoice [®] (fixed index annuity) |
| 15SFGNAC_11 | North American Charter [®] Plus (fixed index annuity) |
| 15SFGNAC_05 | North American Guarantee Choice SM (Multi-year guarantee annuity) |
| 15SFGNAC_18 | North American Income [®] (single premium immediate annuity) |
| 15SFGNAC_16 | Performance Choice [®] (fixed index annuity) |
| 18SFGNAC_19 | Strategic Design Annuity SM X (fixed index annuity) |

Call Sales Support with questions
866-322-7066

Sammons FinancialSM is the marketing name for Sammons[®] Financial Group, Inc.'s member companies, including North American Company for Life and Health Insurance[®]. Annuities and life insurance are issued by, and product guarantees are solely the responsibility of, North American Company for Life and Health Insurance.

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