

# 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)
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## Voided check required

# Contract application

Complete all questions



P.O. Box 14432, Des Moines, IA 50306-3432

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 Representative 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.

## Privacy Policy

Yes  No

I have reviewed and consent to the terms contained within the [Privacy Policy](#), which can be found on [www.sammonsfinancialgroup.com](http://www.sammonsfinancialgroup.com).

\*California Applicants: The Privacy Policy is intended to comply with the California Consumer Privacy Act (CCPA), as amended, and its Notice at Collection requirement.

**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 affiliates<sup>1</sup> 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. 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. <sup>1</sup>Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc. I will not sell or solicit North American 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.

**In addition to the above, by signing below, I hereby:**

- (A) Authorize the company to use my information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, Contract, tenure, or other relationship with the company, utilizing Debit-Check.
- (B) Authorize the company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.
- (C) Authorize and direct Vector One to receive and process my information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the company.
- (D) Authorize the company to submit my information to the Debit-Check service in the event of termination or expiration of my engagement with the company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the company.
- (E) Authorize and direct Vector One to receive and process my information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing my information the results of my commission related debit balance screening, which will contain my information, to the extent a debit balance is owed.

Agent signature	Officer signature*	Date (mm/dd/yyyy)
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**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)
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**\*If Officer of a Corporation, LLC, Partnership, or Sole Proprietorship please sign both as Agent and Officer.**



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# Life contracting checklist



This checklist is intended to provide you with a list of steps to help have a successful appointment with North American Company for Life and Health Insurance.®

## Follow these easy steps to get an agent contracted:

### Complete a Contract application in its entirety.

- If you are contracting your corporation, include your name and Social Security number as well as the corporation's name and Taxpayer ID number.
- If you have a Broker/Dealer, include their information.
- If you are a resident of California, Minnesota or Oklahoma, the credit authorization form is required.

### Transmittal form

This form will need to be completed by your supervising entity, FMO, or MGA office.

### Include proof of current errors and omissions (E&O) coverage (declaration page).

North American requires coverage of \$1 million aggregate and \$1 million per occurrence. Typically this comes in the form of a declaration page from the Contract.

### Anti-Money Laundering (AML)

This is a USA PATRIOT ACT requirement. We have LIMRA training available to you or, if you have completed this through another source, please provide a copy of the certificate for the course completed.

### It is required to have your commissions deposited directly into your bank account. Send a completed direct deposit authorization form along with a voided check. Be sure to complete the form in its entirety.

### Read the procedures outlined in the Life Compliance guide.

**Note: If you are submitting a new business application, please complete the above requirements prior to meeting with the client. This will help your future business process efficiently.**



\*O2916\*

# Life Contract transmittal



Agent name (please print):		Agent code (if known):
Issue state of pending business	Client name	Policy number

Choose the Contract type and commission level for the agent/agency:

Contract type:  License only producer       Producer       General agency       Contract change (agent signature required)

Commission level: \_\_\_\_\_

Please 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.

MGA/Distributor signature:	MGA/Distributor code:	Date (mm/dd/yyyy):
Agent signature (if applicable):	Agent code:	Date (mm/dd/yyyy):



\*O2682\*