

Atlantic Financial

Life • Annuity • Long Term Care

IMPORTANT

*ALL LICENSING AND CONTRACTING APPOINTMENT
PAPERWORK IS TO BE FAXED TO 860-331-8551 ATTENTION:
CONTRACTING*

Include:

1. Contract
2. Proof of Errors & Omissions coverage
3. Attach copies of all active insurance licenses
4. Voided Check

For faster processing please use this form as your cover page

Or MAIL to:
Atlantic Financial
171 Market Square
Suite 106
Newington, CT 06111

Sincerely,

The Atlantic Financial Team

North American Life Ins. Co. - Annuity Division

New Agent Name: _____

Appointing Agent: _____

Appointing Agent Contracted? If **Yes**, give Agent Code # _____
If **No**, please attach contracts and license(s)

New Agent Commission Level: _____ State(s) to be licensed in: _____
(Attach license copies)

Appointment Checklist

- Complete and Sign Contract Application
If Corp: Also Include Business Name and Tax ID
- If CA resident: Review and Sign CA Authorization for background check
- REQUIRED:** Complete Online Certification (see additional checklist attached)
- REQUIRED:** Proof of AML Training (see additional checklist attached)
- REQUIRED:** Complete Commission Direct Deposit Form and **attach void check**
- REQUIRED:** Attach current E&O Coverage Certificate
- Include a copy of Resident State Life License

COMMUNICATION AUTHORIZATION

Beginning July 1st, 2005, FCC regulations require us to obtain a written consent from all our clients enabling us to utilize fax or email communications. Without express written consent, we will not be allowed to send you any form of communication by fax or email. The following authorization acknowledges that Oak Tree Life and Annuity Brokerage may send fax and/or email communications to the numbers/addresses listed below.

Select the method(s) of communication you will allow. (You may select both.)

Fax Fax Number: _____

Email Email Address: _____



x _____
Authorized Signature Date

This authorization will remain in effect and have no expiration date, unless revoked in writing.

North American Company For Life And Health Contracting Checklist



This checklist is intended to provide you with a list of steps to have a successful appointment with North American.

- Complete a Contract application in its entirety.**
 - If you are contracting your corporation, include your personal 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 even if you wish to contract for fixed annuities only
 - A completed transmittal (6821Z) from your MGA
 - If you are a California resident, we are required by the state of CA to request a separate CA Authorization form in order to request background information
- Include proof of Errors and Omissions (E&O) coverage (declaration page).**

We currently require coverage in the amounts of \$1 million aggregate and \$1 million per claim.
- Annuity Certification**

The Annuity Division requires that all agents take our product certification test to familiarize you with our product line. Once you receive notification that you can take the test, visit our website at:

 - <http://nacolah.agentcertification.com>
 - Your username is your agent code with five zeroes. (ex. 000001X123)
 - Your password will be supplied by email and mail.
 - ***This certification must be completed before North American will process any pending annuity business.***
- Anti-Money Laundering (AML)**

This is a Patriot Act requirement. Please complete the required training for Anti-Money Laundering. Visit <https://aml.limra.com/LimraLogin.aspx> to obtain your user id and password. You will need to enter your North American assigned agent number and SSN/TIN. You will then be directed to a LIMRA sponsored website to complete the AML training. North American will be notified once the training is successfully completed.

 - Your username is your agent code with five zeros (eg. 000001X1234).
 - Your password is your tax id number.
- Download and read the procedures outlined in the Compliance Manual and Understanding Your Client's Needs Guide.**

Agents in Texas will need to read the Texas-specific version: Understanding Your Client's Needs Guide.
- Electronic Fund Transfer**

It is required to have your commissions deposited directly into your bank account. Please send a completed Commission Direct Deposit Authorization form (6772Z) along with a voided check for us to set this up for you.

Please mail information to:

North American Company For Life And Health
P.O. Box 79905
Des Moines, IA 50325-095

Overnight to:
4601 Westown Parkway, Suite 300
West Des Moines, Iowa 50266



North American Company for Life and Health Insurance Annuity Service Center A Member of the Sammons Financial Group PO Box 79905 Des Moines IA 50325-0905 Toll-free: (866) 322-7068 • Fax: (866) 322-7072 • Web site: www.nacolah.com

CONTRACT APPLICATION

COMPLETE ALL QUESTIONS.

Licensing Requirement: You must complete the online Agent Certification (<http://nacolah.agentcertification.com>) before you solicit annuity business.

Full Legal Name _____
 (First Name) (Middle Initial) (Last Name)

Business Name _____
 (Check box for desired mailing address)

Resident Address _____
 (Street, City, State, County, ZIP Code)

* Business Address _____
 (Street, City, State, County, ZIP Code)

Resident Phone (_____) _____ Business Phone (_____) _____ Fax (_____) _____

E-Mail Address _____ License # _____ (attach photocopy)

Date of Birth _____ Social Security # _____ or Taxpayer ID # _____

Please indicate other companies with which you are currently licensed: _____

Do you have a NASD license? YES NO If yes, who is your Broker-Dealer? _____

What products do you sell? Life Variable LTC Group Disability Small Business 403(b)

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 Do you have Errors & Omissions coverage? (Required by North American Company.) **PLEASE PROVIDE PROOF OF E & O COVERAGE.**
 - Yes No Have you ever had your insurance license or securities license suspended or revoked or have you ever had an application for an insurance license denied by any insurance department?
 - Yes No Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency or do you anticipate one being filed?
 - Yes No Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales or practices or have you been refused surety bonding?
 - Yes No Are you at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
 - Yes No Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
 - Yes No Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?
 - Yes No Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business?
- I will conform with the procedures outlined in the brochures North American Company Product Guide and Compliance Manual.

Please list all relatives who are currently licensed to sell life insurance.

Name _____	Relationship _____	SSN _____
Name _____	Relationship _____	SSN _____

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 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, a personalized copy of which will be subsequently forwarded to me by North American. 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. We reserve 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 the 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.



AGENT'S SIGNATURE _____

DATE _____

IMPORTANT RESPONSE



We have received your application for Producer Appointment with North American Company for Life and Health Insurance, Annuity Division.

Under California law we must inform you that we utilize Trans Union, a consumer-reporting agency, to obtain records of employment history, credit history, financial status, or record of any illegal activity on applicants for producer appointments with our company. Your signature on the Producer Application authorizes North American Company, or its duly authorized representative, to contact Trans Union 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 Trans Union in connection with your application. In addition, your signature on the application authorizes North American Company to release information about any debit balance you may incur to Vector One, its successors, or any organization designated to replace Vector One.

Also, under California Law, you are entitled to a copy of the record North American Company obtains from Trans Union. Please indicate by checking the appropriate box whether you would like a copy of the report sent to you.

- Yes, please 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

Please send this letter back, with your signature and report choice from above, as soon as possible to complete your file. Your agent contract will remain at a pending status until this requirement is satisfied. Thank you.

Signature

SSN

Date



COMMISSION DIRECT DEPOSIT AUTHORIZATION FORM

It is the policy of North American Company Annuity Service Center to deposit your commissions directly to an account of your choosing at a designated financial institution.

- 1. Mark the appropriate box specifying that your pay will be deposited to either your checking account or savings account.
- 2. Complete the requested information about you, your financial institution and your account.
- 3. Attach a voided check for verification of all financial institution information.

DIRECT DEPOSIT AUTHORIZATION - Please fill out and return to the Licensing Department.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my:

- Checking Account
- Savings Account - **Note:** If choosing the Savings Account option, please supply the information on bank letterhead.

Should an incorrect deposit be made, the financial institution is authorized to process debit entries to my account and return to North American the amount of any such overage.

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.

_____ FINANCIAL INSTITUTION'S NAME		_____ YOUR NAME (PLEASE PRINT)	
_____ BRANCH		_____ YOUR ACCOUNT NUMBER	
_____ CITY	_____ STATE	_____ YOUR SIGNATURE	_____ NORTH AMERICAN CODE#
_____		_____ DATE	

ATTACH VOIDED CHECK HERE

North American Company for Life and Health Insurance • Annuity Service Center
P.O. Box 79905 • Des Moines, Iowa 50325-0905