

Product Selection:

Grid for product selection

Tax Status

Nonqualified, Roth IRA, SEP IRA, IRA, TSA/403(b), Inherited IRA, Other

Premium Contract funded by:

Check - amount, Direct Transfer - amount, 1035 Exchange - amount, Qualified Rollover - amount, Salary Reduction

For multiple transfers issue contract with: First money received or Last money received*

*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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Beneficiary Designation Form

Optional- This form is to be used if the space on the application is not sufficient to reflect all primary beneficiaries and/or contingent beneficiaries. Please mark on the application "see attached". If more space is needed, please use an additional form.

Owner's Primary Beneficiary Designation

In the event of the owner's death, death benefit proceeds are payable to the owner's primary beneficiary. If there are joint owners, the death benefit is payable upon the first death. If there are joint owners, the surviving joint owner, if any, will be the designated primary beneficiary unless otherwise specified below.

First Name <input style="width:100%; height: 20px;" type="text"/>	MI <input style="width:20px; height: 20px;" type="text"/>	Last Name <input style="width:100%; height: 20px;" type="text"/>	Date of Birth <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> / <input style="width:40px; height: 20px;" type="text"/>
Social Security Number <input style="width:20px; height: 20px;" type="text"/> - <input style="width:20px; height: 20px;" type="text"/> - <input style="width:40px; height: 20px;" type="text"/>	Relationship <input style="width:100%; height: 20px;" type="text"/>	Percentage <input style="width:20px; height: 20px;" type="text"/> %	
First Name <input style="width:100%; height: 20px;" type="text"/>	MI <input style="width:20px; height: 20px;" type="text"/>	Last Name <input style="width:100%; height: 20px;" type="text"/>	Date of Birth <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> / <input style="width:40px; height: 20px;" type="text"/>
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First Name <input style="width:100%; height: 20px;" type="text"/>	MI <input style="width:20px; height: 20px;" type="text"/>	Last Name <input style="width:100%; height: 20px;" type="text"/>	Date of Birth <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> / <input style="width:40px; height: 20px;" type="text"/>
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Other (non-living entity, e.g., trust, corporation, estate, etc.) <input style="width:100%; height: 20px;" type="text"/>			Trust Date <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> / <input style="width:40px; height: 20px;" type="text"/>
Tax Identification Number <input style="width:20px; height: 20px;" type="text"/> - <input style="width:20px; height: 20px;" type="text"/> - <input style="width:40px; height: 20px;" type="text"/>	Relationship <input style="width:100%; height: 20px;" type="text"/>	Percentage <input style="width:20px; height: 20px;" type="text"/> %	

Owner's Contingent Beneficiary Designation

If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the death benefit proceeds.

First Name <input style="width:100%; height: 20px;" type="text"/>	MI <input style="width:20px; height: 20px;" type="text"/>	Last Name <input style="width:100%; height: 20px;" type="text"/>	Date of Birth <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> / <input style="width:40px; height: 20px;" type="text"/>
Social Security Number <input style="width:20px; height: 20px;" type="text"/> - <input style="width:20px; height: 20px;" type="text"/> - <input style="width:40px; height: 20px;" type="text"/>	Relationship <input style="width:100%; height: 20px;" type="text"/>	Percentage <input style="width:20px; height: 20px;" type="text"/> %	
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Social Security Number <input style="width:20px; height: 20px;" type="text"/> - <input style="width:20px; height: 20px;" type="text"/> - <input style="width:40px; height: 20px;" type="text"/>	Relationship <input style="width:100%; height: 20px;" type="text"/>	Percentage <input style="width:20px; height: 20px;" type="text"/> %	
Other (non-living entity, e.g., trust, corporation, estate, etc.) <input style="width:100%; height: 20px;" type="text"/>			Trust Date <input style="width:20px; height: 20px;" type="text"/> / <input style="width:20px; height: 20px;" type="text"/> / <input style="width:40px; height: 20px;" type="text"/>
Tax Identification Number <input style="width:20px; height: 20px;" type="text"/> - <input style="width:20px; height: 20px;" type="text"/> - <input style="width:40px; height: 20px;" type="text"/>	Relationship <input style="width:100%; height: 20px;" type="text"/>	Percentage <input style="width:20px; height: 20px;" type="text"/> %	



NORTH AMERICAN TENSM

ANNUITY DISCLOSURE STATEMENT

 **North American Company**
PO Box 79905
Des Moines, IA 50325-0905

The **North American TenSM** is a flexible premium deferred fixed annuity that offers a 10 percent premium bonus on all premiums received in the first five years. It also accumulates interest in the following ways: A) based on the change in the Index Accounts during each contract year, without the risk of losing premium due to market volatility, and/or B) a traditional Fixed Account.

Fixed Account: The initial premium allocated to this account will earn the initial premium interest rate. This rate will be guaranteed for one contract year. The Fixed Account interest rate will be declared for subsequent premiums and future durations. This rate will never fall below the minimum guaranteed Fixed Account interest rate. Ask your sales representative for both the current and minimum interest rates.

Index Accounts: The initial premium allocated to the Index Accounts will earn an interest credit that is based on changes in the available index(es) for the following options:

- Annual Point-to-Point with Cap
- Hindsight Index StrategySM (Multi-Index APP with Cap Crediting Method)
- Monthly Average with Cap
- Monthly Point-to-Point with Cap

Review your **North American TenSM** product brochure for specific details regarding the Index Account options.

Index Cap Rate: An Index Cap Rate, or upper limit, is applied to each of the Index Account options. This rate, which is based on current economic conditions, is declared on each contract anniversary and is guaranteed for the next contract year. Upon issue, the minimum Index Cap Rate will be guaranteed for the entire term of your contract. At no time will the Index Cap Rate ever fall below the following guaranteed minimum rates:

- 3% (Monthly Average and Annual Point-to-Point)
- 1% (Monthly Point-to-Point)

Ask your sales representative for current Index Cap Rates.

Subsequent Premiums: All subsequent premiums will be credited a Fixed Account interest rate until the end of the contract year. This interest rate will be declared at the time the subsequent premium is received. On each contract anniversary, the Company will allocate any premiums received since the prior contract anniversary among the fixed account and index accounts according to your most recent instructions.

Accumulation Value: Your Accumulation Value is the sum of the Index Account values plus the Fixed Account value.

Minimum Guaranteed Contract Value: The MGCV equals 100% of the premiums (excluding premium bonus), less any withdrawals (before any Interest Adjustment or reduction for applicable surrender charges), accumulated at the MGCV Interest Rate, less surrender charges (as calculated in the contract). The MGCV Interest Rate is based on the issue date of your contract and is guaranteed for the entire term of your contract. Your contract's Surrender Value is guaranteed to be greater than or equal to the MGCV. See your sales representative for current rate information.

Surrender Charges: Surrender charges allow the Company to invest your money on a long-term basis. A surrender charge will be assessed in the event of a full or partial surrender exceeding any penalty-free partial surrender amount. This allows the Company to credit higher yields as compared to a similar annuity of a shorter term. However, surrender charges and Interest Adjustments on IRS-Required Minimum Distributions that exceed the available penalty-free or enhanced penalty-free amount are waived by current Company practice. **Please keep in mind that a surrender during the surrender charge period may result in a loss of premium.**

Interest Adjustment: The **North American TenSM** includes an Interest Adjustment, which generally allows the Company to credit higher interest rates than on products without an Interest Adjustment. It is applied only during the Interest Adjustment period to full surrenders and to any partial surrender in excess of the applicable penalty-free partial surrender amount. This adjustment may increase or decrease the Surrender Value depending on the change in interest rates during the period since you purchased your **North American TenSM** annuity. See the "Understanding the Interest Adjustment" brochure for more information. **Note: Not applicable in all states.**

Transfer Options: You may transfer values among the Fixed Account and the Index Accounts, as well as transferring among any available index(es) within each Index Account, on each contract anniversary. Transfers are subject to minimums; please see your annuity contract for details.

Death Benefit: North American will pay out, as the Death Benefit, the full Accumulation Value to your beneficiary upon the death of the owner or annuitant. **Note:** If joint annuitants are named in the annuity, the Death Benefit will be paid at the second death. If joint owners are named in the annuity, the Death Benefit will be paid at the first death.

The **North American TenSM** is not a registered security and does not directly participate in stock or equity investments. Past index performance is not intended to predict future performance and the Index does not include dividends. Refer to contract for complete details. The use of living trusts with the sale of an annuity product can, in the appropriate circumstances, be a valuable planning device. North American strongly encourages you to consult your tax or legal advisor before establishing a living trust or purchasing any financial product in connection with utilizing a living trust. Neither North American, nor any agents acting on its behalf, should be viewed as providing legal, tax or investment advice. Consult with and rely on a qualified advisor.

LIQUIDITY PROVISIONS:

Penalty-Free Partial Surrenders: Once per year after the first contract anniversary, you may withdraw, without surrender charges or Interest Adjustment, up to 10% of your Accumulation Value. Certain withdrawals prior to age 59 1/2 may be subject to an IRS penalty.

Annuitization Benefit: By current Company practice, proceeds may be converted to an annuity pay-out option after year one. Income payments will be based on the Accumulation Value if a Life, Life and Certain or Joint Life option is selected, or if the annuity has been in force for at least five years and payments are received over at least a five-year period.

Required Minimum Distributions: By current Company practice, Required Minimum Distributions that exceed the available penalty-free partial surrender amount may be withdrawn without a surrender charge or Interest Adjustment.

Nursing Home Confinement Waiver: As an added benefit, we will increase the penalty-free partial surrender amount by 10% of the contract's Accumulation Value each year while the annuitant is confined to a qualified nursing home facility. This benefit begins after the first contract anniversary and the annuitant must be confined for a period of at least 90 consecutive days. This enhanced feature is automatically included with your annuity at no additional cost and is available for issue ages 75 and younger.

These liquidity provisions are suitable for my financial needs, such as cash for living and other related expenses. This contract is suitable for my financial needs.

Payment of Commissions: North American will pay compensation to the sales representative(s) for the sale of this annuity. Incentive compensation may also be paid to the sales representative. Commission amounts are not deducted from the submitted premium. One hundred percent (100%) of any premium payments will be applied to this annuity.

Note: Before purchasing an annuity for use in a qualified plan, you should obtain competent tax advice, both as to the treatment and suitability of such an annuity contract. An annuity is not required for tax deferral in qualified plans.

Owner(s)
Initials
Above:
REQUIRED

I understand that the **North American TenSM** annuity is a **long-term contract with substantial penalties** for early surrenders. A surrender charge is assessed, as listed below, on any amount withdrawn, whether as a partial withdrawal or full surrender, that is in excess of the penalty-free amount applicable. The surrender charges are for 10 years and decline as follows:

Year	1	2	3	4	5	6	7	8	9	10
Surr. Charge	18%	15%	14%	14%	13%	13%	12%	12%	11%	11%

Surrender charges allow the Company to invest long-term, and in turn, generally credit higher yields.

APPLICANT: I have received a copy of the product brochure and Company disclosure material for this contract. I understand that any values shown, other than the guaranteed minimum values, are not guarantees, promises or warranties.

Annuitant/Owner's Signature	Date Signed (mm/dd/yyyy)
Joint Owner's Signature	

AGENT: I certify that the product brochure and Company disclosure material have been presented to the applicant. A copy was provided to the applicant. I have made no statements which differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any non-guaranteed elements.

Agent's Signature	Date Signed (mm/dd/yyyy)
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The **North American TenSM** is issued in California by North American Company for Life and Health Insurance, West Des Moines, IA on form LS160A04 (individual contract), LR424A04, LR426A, LR427A, LR428A, LR430A, LR431A04, LR433A04, LR441A04, LR442A04, and LR447A04 (endorsement/riders). The tax-deferred feature is not necessary for a tax-qualified plan. In such instances, you should consider whether other features, such as the Death Benefit, lifetime annuity payments and optional riders make the contract appropriate for your needs. Before purchasing this annuity contract, you should obtain competent tax advice both as to the tax treatment of the contract and the suitability of the investment.



NOT FDIC INSURED. NO BANK GUARANTEE.

LIQUIDITY PROVISIONS:

Penalty-Free Partial Surrenders: Once per year after the first contract anniversary, you may withdraw, without surrender charges or Interest Adjustment, up to 10% of your Accumulation Value. Certain withdrawals prior to age 59 1/2 may be subject to an IRS penalty.

Annuitization Benefit: By current Company practice, proceeds may be converted to an annuity pay-out option after year one. Income payments will be based on the Accumulation Value if a Life, Life and Certain or Joint Life option is selected, or if the annuity has been in force for at least five years and payments are received over at least a five-year period.

Required Minimum Distributions: By current Company practice, Required Minimum Distributions that exceed the available penalty-free partial surrender amount may be withdrawn without a surrender charge or Interest Adjustment.

Nursing Home Confinement Waiver: As an added benefit, we will increase the penalty-free partial surrender amount by 10% of the contract's Accumulation Value each year while the annuitant is confined to a qualified nursing home facility. This benefit begins after the first contract anniversary and the annuitant must be confined for a period of at least 90 consecutive days. This enhanced feature is automatically included with your annuity at no additional cost and is available for issue ages 75 and younger.

These liquidity provisions are suitable for my financial needs, such as cash for living and other related expenses. This contract is suitable for my financial needs.

Payment of Commissions: North American will pay compensation to the sales representative(s) for the sale of this annuity. Incentive compensation may also be paid to the sales representative. Commission amounts are not deducted from the submitted premium. One hundred percent (100%) of any premium payments will be applied to this annuity.

Note: Before purchasing an annuity for use in a qualified plan, you should obtain competent tax advice, both as to the treatment and suitability of such an annuity contract. An annuity is not required for tax deferral in qualified plans.

Owner(s)
Initials
Above:
REQUIRED

I understand that the **North American TenSM** annuity is a **long-term contract with substantial penalties** for early surrenders. A surrender charge is assessed, as listed below, on any amount withdrawn, whether as a partial withdrawal or full surrender, that is in excess of the penalty-free amount applicable. The surrender charges are for 10 years and decline as follows:

Year	1	2	3	4	5	6	7	8	9	10
Surr. Charge	18%	15%	14%	14%	13%	13%	12%	12%	11%	11%

Surrender charges allow the Company to invest long-term, and in turn, generally credit higher yields.

APPLICANT: I have received a copy of the product brochure and Company disclosure material for this contract. I understand that any values shown, other than the guaranteed minimum values, are not guarantees, promises or warranties.

Annuitant/Owner's Original Signature	Date Signed (mm/dd/yyyy)
Joint Owner's Original Signature	

AGENT: I certify that the product brochure and Company disclosure material have been presented to the applicant. A copy was provided to the applicant. I have made no statements which differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any non-guaranteed elements.

Agent's Original Signature	Date Signed (mm/dd/yyyy)
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The **North American TenSM** is issued in California by North American Company for Life and Health Insurance, West Des Moines, IA on form LS160A04 (individual contract), LR424A04, LR426A, LR427A, LR428A, LR430A, LR431A04, LR433A04, LR441A04, LR442A04, and LR447A04 (endorsement/riders). The tax-deferred feature is not necessary for a tax-qualified plan. In such instances, you should consider whether other features, such as the Death Benefit, lifetime annuity payments and optional riders make the contract appropriate for your needs. Before purchasing this annuity contract, you should obtain competent tax advice both as to the tax treatment of the contract and the suitability of the investment.



NOT FDIC INSURED. NO BANK GUARANTEE.

Fixed Index Annuity Allocation Form

Mail to P.O. Box 79905, Des Moines, IA 50325-0905



The total of all Account Allocations (including Fixed Account) and Crediting Methods must equal 100%

INSTRUCTIONS: 1) Complete section 1 or 2 for appropriate product. 2) Complete section 3 for ALL products. *Note: Not all Indices and/or crediting methods are available on all products. Please refer to your product brochure for details.*

Section 1 Index Allocation & Crediting Methods - NA PrecisionSM, NA CharterSM, Freedom ChoiceSM, Formula Choice[®], Formula Select[®], NA ClassicSM, and NA Classic PlusSM

INDEX TYPE	DAILY AVERAGE	ANNUAL POINT-TO-POINT	MONTHLY POINT-TO-POINT
Standard & Poor's 500 Index [®]	[][] %	and/or [][] %	and/or [][] %
Dow Jones Industrial Average Index SM	[][] %	and/or [][] %	and/or Not Applicable
Standard & Poor's MidCap 400 Index [®]	[][] %	and/or [][] %	and/or Not Applicable
Russell 2000 Index [®]	[][] %	and/or [][] %	and/or Not Applicable
NASDAQ-100 [®]	Not Applicable	and/or [][] %	and/or [][] %
Dow Jones EuroSTOXX 50 [®]	Not Applicable	and/or [][] %	and/or Not Applicable
Lehman Brothers U.S. Aggregate Index	Not Applicable	and/or [][] %	and/or Not Applicable
Hindsight Index Strategy (NA Precision & NA Charter only)	Not Applicable	and/or [][] %	and/or Not Applicable
Fixed Account	[][] %		

Section 2 Index Allocation & Crediting Methods - NA Paramount Choice TenSM, NA TenSM, PrizmSM & Prizm PlusSM

INDEX TYPE	MONTHLY AVERAGE	ANNUAL POINT-TO-POINT	MONTHLY POINT-TO-POINT
Standard & Poor's 500 Index [®]	[][] %	and/or [][] %	and/or [][] %
Dow Jones Industrial Average Index SM	[][] %	and/or [][] %	and/or Not Applicable
Standard & Poor's MidCap 400 Index [®]	[][] %	and/or [][] %	and/or Not Applicable
Russell 2000 Index [®]	[][] %	and/or [][] %	and/or Not Applicable
NASDAQ-100 [®]	Not Applicable	and/or [][] %	and/or [][] %
Dow Jones EuroSTOXX 50 [®]	Not Applicable	and/or [][] %	and/or Not Applicable
Lehman Brothers U.S. Aggregate Index	Not Applicable	and/or [][] %	and/or Not Applicable
Hindsight Index Strategy (NA Ten only)	Not Applicable	and/or [][] %	and/or Not Applicable
Fixed Account	[][] %		

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Section 3 Signatures

Owner Signature: _____ / /
Date

Joint Owner's Signature: _____ / /
Date

Agent's Signature: _____ / /
Date

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North American Company for Life and Health Insurance

Annuity Service Center
P.O. Box 79905, Des Moines Iowa 50325
(866) 322-7065

NOTICE REGARDING REPLACEMENT

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or an annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

Applicant's Signature	Date
Agent's Signature	Date

–A copy of this completed form must be provided to the applicant, company, and agent–

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH
ANNUITY SERVICE CENTER
P.O. BOX 79905 • DES MOINES, IA 50325-0905
Phone: (866) 322-7065 • Fax: (866) 322-7075



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.



C. REPLACEMENT

Not applicable - not replacing or changing an existing life insurance or annuity contract to fund this purchase (skip to D).

1. What is the remaining surrender charge associated with the existing contract?

(Please attach an additional sheet if more than three contracts will be replaced.)

a. % Company Name _____

b. % Company Name _____

c. % Company Name _____

2. Are you using a penalty free withdrawal from your existing contracts to purchase this annuity? Yes No

3. Are you required to annuitize (elect a series of scheduled payments) your existing contract in order for you or your beneficiary to receive the full accumulation value without surrender charges? Yes No

4. I agree that my agent has explained how the existing and new contracts compare concerning surrender charges, interest rates, company ratings and all other benefits and features. Yes No

5. Replacement Reason (required) - My reason(s) for choosing this replacement contract *(attach an additional sheet if necessary)*.

Company Rating of North American Interest Rates/Index Credit Potential Penalty-free Death Benefit

Change in Financial Objective Enhanced Benefits Increased Liquidity Multiple Index Options

Other - Please Explain _____

6. Is your current agent the same agent who recommended the purchase of the existing annuity or life insurance contract? Yes No

D. APPLICANT / OWNER SIGNATURE

By signing below, I certify that: 1) to the best of my knowledge and belief, the information provided to my agent, and shown above is true and complete; 2) the annuity meets my financial needs and objectives; and 3) this annuity is suitable for me.

Applicant/Owner Signature: _____ Date: / /

Joint Applicant/Owner Signature: _____ Date: / /

E. AGENT STATEMENT

- ACKNOWLEDGEMENT OF RESPONSIBILITY FOR SUITABILITY RECOMMENDATIONS

By signing below, I certify that:

- 1) I have completed a suitability and needs analysis review regarding the purchase of this annuity;
- 2) I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the Applicant/Owner; and
- 3) I agree to maintain records of the information provided by the Applicant/Owner and any other information used as the basis for my recommendation. I agree to make such records available for review upon request by North American or by any regulatory body as required.

Agent Signature: _____

Agent Number:

Date: / /





North American Contract Number:

(For Home Office use only.)

Authorization to Transfer Funds

1. Address of Company from which funds are coming

Company Name

Overnight Address (No P.O. Box)

Address (cont.)

City

State

Zip Code

Phone

Owner

First Name

MI

Last Name

Social Security Number

Other (Trusts, Corporations, and Estates)

Joint Owner

First Name

MI

Last Name

Social Security Number

Annuitant (if different than owner)

First Name

MI

Last Name

Social Security Number

Joint Annuitant (if different than owner)

First Name

MI

Last Name

Social Security Number

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified below.

2. Select only one box per group

1. My existing account is:

- Annuity - Replacement Form Required
- Life Policy - Replacement Form Required
- Mutual Fund
- Money Market
- Certificate of Deposit (CD)
- 401(k)/Pension Plan
- Brokerage Account
- Other _____

2. My account number is:

3. Please transfer:

- All
- Partial (\$ Amount or %) \$. or %

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2. Select only one box per group (continued)

4. My existing account is classified as:

- IRA Roth IRA TSA/403(b) Nonqualified SEP-IRA 457 Simple IRA
 Keogh 401(k)/Pension Plan Other _____

*401(k)/Pension Plans may require their own plan-specific forms to be completed. Clients must contact their former employer to initiate the transfer/rollover and to receive future status updates.

5. Please transfer:

- Immediately On _____ date (date referenced cannot exceed 30 calendar days from today's date.)

6. This transaction will be a:

- 1035 Exchange - Surrender a **nonqualified** policy/contract for the purchase of another **nonqualified** contract under Sec. 1035 of the Internal Revenue Code. (1035 Exchanges are not allowed from an annuity to a life insurance policy.)
- Transfer - Surrender of a **qualified** account established under Sec. 402 or 408 of the Internal Revenue Code for reinvestment in a **qualified** annuity contract established under the same section of the Internal Revenue Code. **If minimum distribution is required this year, process prior to the transfer.** Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.
- TSA/403(b) to TSA - This transaction is intended to qualify as a tax-free transfer under Rev. Rul. 90-24. Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.
- Direct Rollover - This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law. Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.
- TSA / 401(k) / 457 / 401(A) to IRA -
Qualifying Event
 Separated from service Age 59½ Termination of plan Disability Death
- Liquidation of Non-Qualified account(s).

3. Lost contract statement

- Contract is attached
- Certificate of lost contract-I/We certify that the above numbered contract has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.



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4. Assignment of ownership

I/We, the undersigned, hereby state that I/we am/are the owner of the life insurance, endowment, or annuity contract identified above. For the purpose of making an Internal Revenue Code Section 1035 Exchange of insurance or annuity contract, I/We hereby absolutely assign and transfer all rights, benefits, interests, and property I/we have in the above identified contract to the assignee identified above (hereafter "the Company").

This assignment and Section 1035 Exchange is conditioned upon the decision by the Company to issue, on the basis set forth in the application, an annuity contract. After acceptance of the application by the Company, this assignment will become absolute and the Company will issue to me an annuity contract in exchange for the full and complete surrender of the above listed contract and that the cash surrender value will be applied as an additional premium on the contract issued to me by the Company. The cash value received from the surrender of the contract(s) identified above will be credited to the contract issued by the Company upon receipt from the other Company. The Company assumes no liability for any delay by the other Company in processing the assignment of ownership, the request for surrender, or the payment of the cash surrender value. I/We understand that the contract values and terms of the above-identified contract may differ substantially from those in the contract issued by the Company.

I/We understand that the Company will request the immediate surrender of the contract being assigned to them as part of the Section 1035 Exchange. If I/we elect to refuse the policy issued by the Company under the "free-look" provision, I/We recognize that the assigned contract may have already been surrendered for its cash surrender value. If I/we refuse the policy under the "free-look" provision, the Company has no liability beyond the return of the cash surrender value of the assigned contract. If no premium is paid with the application, coverage under the new policy issued by the Company becomes effective when coverage under the existing policy identified above ceases because the other insurer has processed the Company's request for surrender. I/We certify that no proceeding in bankruptcy or insolvency, voluntary or involuntary, is pending against me.

5. Transaction authorization

I/We am/are aware of any surrender/withdrawal penalties, which may apply, and I/we authorize the transaction described above. This transfer request also authorizes North American to receive information on the status of this transfer or exchange.

The undersigned represents and agrees that the Company is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that neither the Company, nor the officer, employee, agent, or any person acting on behalf of the Company warrants or represents the income tax consequences of this transaction. I/We have been advised by the Company, and/or its officers, agents, employees, or persons acting on the Company's behalf, that I/we should consult my/our own tax advisor regarding the tax consequences of this transaction. I/We have not relied on the Company or any agent of the Company for tax advice.

I/We agree to release, indemnify, and hold harmless North American, its directors, officers, employees, agents, parents, subsidiaries, and affiliates, and their directors, officers, employees, and agents (North American), as transfer agent, from and against any and all claims, liabilities, damages, costs, charges and expenses, including reasonable attorney fees, sustained or incurred by reason of any claim, litigation, arbitration or other proceeding arising as a result of North American's transfer of the above-referenced funds at my/our request. **Without limiting the foregoing, I/we specifically acknowledge and agree that North American shall not be responsible for any loss due to market fluctuations which I/we incur as a result of any delay in the transfer of such funds and acknowledge and agree that it is my/our responsibility to request the transferring company to transfer these funds to the fixed or general account of the annuity, mutual fund, or other investment product from which the exchange is being made pending the processing and completion of this request.**

Signature of Owner: _____

Date: _____

Signature of Joint Owner: _____

Date: _____

Spousal Signature: _____

Date: _____

If you reside in one of the following community property states, the spouse must also sign:
AK, AZ CA, ID, LA, NM, NV, TX, WA or WI.

Medallion Signature Guarantee



TO BE COMPLETED BY NORTH AMERICAN

6. Letter of acceptance

This is to certify that the above individual has established an annuity of the following tax status:

- Nonqualified, IRA, Qualified TSA/403(b), Roth, SEP, Tax-qualified, Other

Transfers/Rollovers

North American will accept this transaction and will assume full responsibility as trustee for the funds described above. Please withdraw and transfer/rollover on a fiduciary-to-fiduciary basis, all or part of the designated account/policy as instructed above.

1035 Exchanges

North American has accepted complete and absolute assignment of the above named policy in connection with an exchange under Section 1035 of the Internal Revenue Code. This letter will serve as North American's acceptance of the above referenced funds.

Cost Basis Requested:

In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please provide the cost basis information to North American.

Cost Basis Annuity/Life

Pre-Tefra (Prior to 8/14/1982)

Post-Tefra (On and after 8/14/1982)

Adjusted Cost Basis: \$

Adjusted Cost Basis: \$

Gain: \$

Gain: \$

Roth IRA Information Requested:

Date Established:

Cost Basis:

Please make checks payable to issuer/assignee

North American

for the benefit of: Owner(s)

Annuitant(s) If different than owner

Our contract number is:

By: Date: (Signature/Title)

Please return a copy of this form with the check and correspondence to:

North American Annuity Service Center PO Box 79905 Des Moines, IA 50325-0905

If shipping overnight, please send checks to:

North American Annuity Service Center 4601 Westown Parkway Suite 300 West Des Moines, IA 50266 866-322-7065



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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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