









# 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"/> %	
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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"/>
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# THE BOOMER ANNUITY<sup>SM</sup>

## NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE ANNUITY DISCLOSURE STATEMENT



The Boomer Annuity<sup>SM</sup> is a flexible premium, deferred fixed annuity that offers a five percent bonus on all premiums received in the first five contract years. It has an initial interest rate guarantee period of one year.

### Accumulation Value:

The Accumulation Value equals your premiums and any premium bonus, less partial surrenders (before Interest Adjustment or reduction for surrender charges), earning the current interest rate. The current interest rate will be guaranteed for the first contract year and will be declared annually thereafter. The rate will never fall below the minimum guaranteed interest rate. Ask your sales representative for the current interest rate(s).

### Long-Term Benefits:

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 the available penalty-free partial surrender limit. 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 5% penalty-free amount are waived by current Company practice. ***Please keep in mind that a surrender during the surrender period may result in a loss of principal.***

### Death Benefit:

North American Company 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 on the death of the second annuitant. If joint owners are named, the Death Benefit will be paid on the death of the first owner.

### Interest Adjustment:

The Boomer Annuity<sup>SM</sup> includes an Interest Adjustment, which generally allows the Company to credit higher interest rates than on an annuity without an Interest Adjustment. The Interest Adjustment is applied only during the surrender charge period to the portion of any full or partial surrender that exceeds the available penalty-free amount. This adjustment may increase or decrease the surrender value depending on the change in interest rates since you purchased **The Boomer Annuity<sup>SM</sup>**. See the "Understanding the Interest Adjustment" brochure for full details. **Note: Not applicable in all states.**

### Surrender Value:

The surrender value is the amount that is available at the time of surrender. The surrender value is equal to the Accumulation Value, subject to the Interest Adjustment, less applicable surrender charges and state premium taxes. The surrender value will never be less than the minimum requirements set forth by state laws at the time of issue in the state where the contract is delivered.

**LIQUIDITY PROVISIONS:**

**Annuity Payout Option:** Beginning in the contract year specified in your contract, proceeds may be converted to an annuity payout option and income payments will be based on the Accumulation Value. With the exception of the Life Annuity payment option, annuity payout options are for a minimum of ten years and a maximum of twenty years.

By current Company practice, proceeds may be converted to an annuity payout option after the first contract year. 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 year and payments are received over at least a ten-year period.

**Penalty-Free Withdrawals:** Once per year after the first contract anniversary, you may withdraw, without surrender charges or Interest Adjustment, up to 5% of your Accumulation Value. **Certain withdrawals prior to age 59½ may be subject to an IRS penalty.**

**Required Minimum Distributions:** By current company practice, Required Minimum Distributions that exceed the 5% penalty-free amount may be withdrawn without a surrender charge or Interest Adjustment.

**Nursing Home Confinement Rider:** This rider covers the annuitant and will be automatically added to your annuity in states where available. This rider is available to annuitants age 75 or younger on the issue date of the annuity. Please see **The Boomer Annuity<sup>SM</sup>** product brochure for specific details regarding this rider.

Owner(s)  
Initials  
Above:  
REQUIRED

I understand that **The Boomer Annuity<sup>SM</sup>** 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 ten years and decline as follows:

Year	1	2	3	4	5	6	7	8	9	10	11
Surr. Charge	15%	14%	13%	12%	11%	10%	8%	6%	4%	2%	0%

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

**LIQUIDITY STATEMENT:** The above 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 payment will be applied to this annuity.

**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.

*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.*

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

**AGENT:** I certify that the product brochure and Company disclosure materials 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)
-------------------	--------------------------

**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 Company 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 Company, nor any agents acting on its behalf, should be viewed as providing legal, tax or investment advice. Consult a qualified advisor.

The Boomer Annuity<sup>SM</sup> and Nursing Home Confinement Rider are issued by North American Company for Life and Health Insurance, Chicago, Illinois on forms LC158A (group certificate) or LS158A (individual contract), AR342A (rider) or appropriate state variation. 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 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.

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

**AGENT:** I certify that the product brochure and Company disclosure materials 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.

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NO BANK GUARANTEE.



# 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  %

\$1111580



## 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.



\$1111590

#### 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: (Signature/Title)

Date:

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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