

|   |    |  |   |   |                        |                          |
|---|----|--|---|---|------------------------|--------------------------|
| FIRST NAME  | MI | LAST NAME  | GENDER<br><input type="checkbox"/> M <input type="checkbox"/> F | DATE OF BIRTH   | SOCIAL SECURITY NUMBER | NATIONAL PRODUCER NUMBER |
| TYPE OF APPOINTMENT<br><input type="checkbox"/> LIFE <input type="checkbox"/> ANNUITY                     |    | CONTRACT TYPE<br><input type="checkbox"/> LLC* <input type="checkbox"/> PARTNERSHIP* <input type="checkbox"/> SOLE PROPRIETORSHIP* <input type="checkbox"/> CORPORATION* <input type="checkbox"/> INDIVIDUAL |   |   | TAXPAYER ID NUMBER     | CRD NUMBER               |
| RESIDENCE ADDRESS – STREET, CITY, STATE, ZIP  |    |  |   | RESIDENCE TELEPHONE<br>( )  |                        |                          |
| BUSINESS NAME   |    |  |   | BUSINESS TELEPHONE<br>( )   |                        |                          |
| BUSINESS ADDRESS – STREET, CITY, STATE, ZIP   |    |  |   | BUSINESS FAX<br>( )   |                        |                          |
| PREFERRED MAILING<br><input type="checkbox"/> RESIDENCE ADDRESS <input type="checkbox"/> BUSINESS ADDRESS |    |  |   | CELL PHONE<br>( )   |                        |                          |
| E-MAIL ADDRESS  |    |  |   | PREFERRED CONTACT<br><input type="checkbox"/> RES. PHONE <input type="checkbox"/> BUS. PHONE <input type="checkbox"/> CELL PHONE <input type="checkbox"/> E-MAIL  |                        |                          |
| BROKER/DEALER NAME  |    |  |   | PROFESSIONAL DESIGNATION <input type="checkbox"/> CLU <input type="checkbox"/> CHFC <input type="checkbox"/> LUTCF <input type="checkbox"/> CFP<br>SECURITIES LICENSES <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 63 <input type="checkbox"/> RIA |                        |                          |
| BROKER/DEALER ADDRESS – CITY, STATE   |    |  |   | BROKER/DEALER CRD # (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 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 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 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 Has your contract or appointment ever been terminated involuntarily by an insurer or FINRA member firm?
- Yes  No 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 Are you currently involved or ever been involved in litigation?
- Yes  No Do you have past due financial obligations, unsatisfied judgments or liens, including any delinquent state or federal tax obligations?
- Yes  No Have you ever filed bankruptcy?
- Yes  No Does any person or entity claim any indebtedness from you as a result of any insurance transaction or business?

**COMPLIANCE**

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

**Please list all relatives who are currently licensed to sell life insurance, including annuities**

|            |                    |           |
|------------|--------------------|-----------|
| 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 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' 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 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. 'Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.

**AGENT AUTHORIZATION** – Under penalties of perjury, I certify that: 1) The Social Security Number or Taxpayer Identification 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.

|                 |                    |      |
|-----------------|--------------------|------|
| AGENT SIGNATURE | OFFICER SIGNATURE* | DATE |
|-----------------|--------------------|------|

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

|                       |      |      |
|-----------------------|------|------|
| DISTRIBUTOR SIGNATURE | CODE | DATE |
|-----------------------|------|------|

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

**Completed form should be forwarded to the appropriate Life Division or Annuity Service Center at the address below.**



## Commission Direct Deposit Authorization Form

It is the policy of North American 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. Submit a voided check for verification of all financial institution information.

### DIRECT DEPOSIT AUTHORIZATION - Please fill out and return to the Agency Services Dept.

Annuity     Life (Please check all that apply)

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

\_\_\_\_\_  
Agent/Agency Name and Number

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Agent/Principal Signature

\_\_\_\_\_  
Date

**Mail, fax, or email completed form along with a voided check to the appropriate address below.**

### VOIDED CHECK REQUIRED