



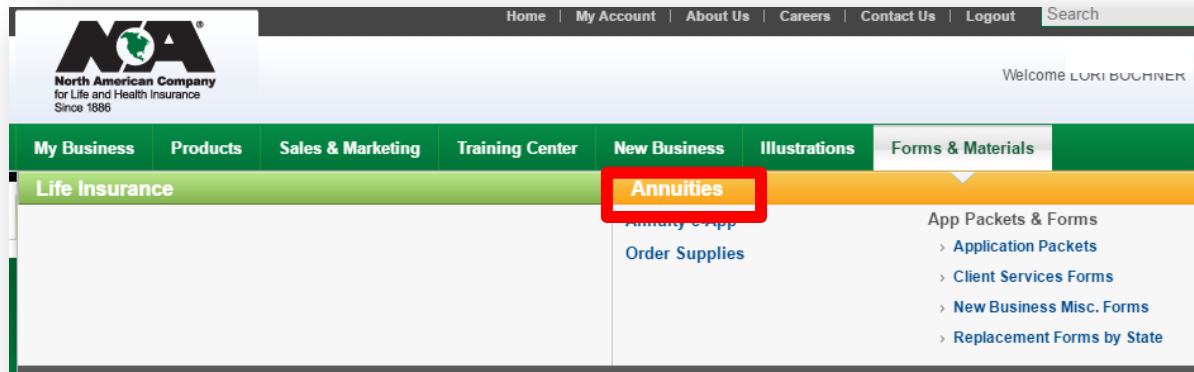
| *Annuity*

Annuity@App Guide

Logging In To e-App

Step 1: Log into www.northamericancompany.com

Step 2: At the top of the page, under the Forms & Materials tab, click on Annuity e-App



Step 3: Click on the Annuity e-App Link:

Annuity e-App

Annuity eApp
Quicker today. Done tomorrow.

TUNE IN TO
NEW e-App TECHNOLOGY
THAT'S CLEARER AND FASTER.

CLICK HERE

E-App Link

e-App Navigation



AnnuityeApp

My Recent Applications:

Your recent applications
will show up in this box.

All

[Hide Completed](#)



New Application

Build a new application package for your client and enter the information.



All Applications

View and manage your applications. Finish applications and follow through with your clients.



My Preferences

Set up your own preferences for the system. Enter your information.



Exit

To help us improve the performance and user experience, please send us your feedback. Thank you.

Contact Us button



Click to start a new application.

Click to view ALL applications.

Click to set preference (i.e. state, time zone).

Click to exit e-App.

FOR INSTITUTIONAL USE ONLY. NOT INTENDED FOR CONSUMER SOLICITATION PURPOSES.

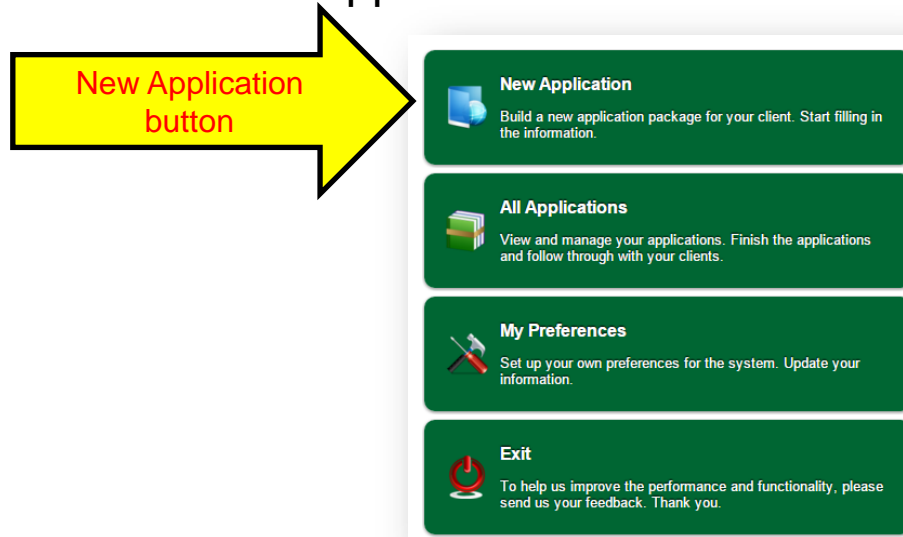
© 2016 Copyright Sammons® Financial Group. All rights reserved.
[Click Here for Frequently Asked Questions](#)

Click to see FAQ



e-App Navigation: Starting a New e-App

Step 1: Click on the New Application button.



Step 2: Select your Jurisdiction (state the application will be signed in) and Product Type.

A screenshot of a form titled 'Create a New Application'. It features two dropdown menus: 'Jurisdiction: Select Jurisdiction' and 'Product Type: Select Product Type'. A yellow arrow points from the left to the 'Jurisdiction' dropdown, labeled 'State' in red text. Another yellow arrow points from the right to the 'Product Type' dropdown, labeled 'Product Type' in red text. Below the form, there is a copyright notice and a logo.

© 2016 Copyright Sammons® Financial Group. All rights reserved.
[Click Here for Frequently Asked Questions](#)

Powered by
FireLight

e-App Navigation: Starting a New e-App

Step 3: Select the annuity product you want to sell.

Create a New Application

Jurisdiction: 📘 Iowa Product Type: Fixed Index Annuity

Fixed Index Annuity	NAC BenefitSolutions 10
Fixed Index Annuity	NAC BenefitSolutions 14
Fixed Index Annuity	NAC IncomeChoice 10
Fixed Index Annuity	NAC RetireChoice 10
Fixed Index Annuity	NAC RetireChoice 14
Fixed Index Annuity	North American Charter Plus 10
Fixed Index Annuity	North American Charter Plus 14
Fixed Index Annuity	Performance Choice 8
Fixed Index Annuity	Performance Choice 8 Plus
Fixed Index Annuity	Performance Choice 12
Fixed Index Annuity	Performance Choice 12 Plus

e-App Navigation: Starting a New e-App

Step 4: You will see the required forms to write a base application. Click on Create Application when you are ready to start the application.

North American Charter Plus 10

Required Forms

☒ Application Cover Page

☒ Fixed Annuity Application

☒ Allocation Form


☒ Deferred Annuity Suitability Form


☒ CharterPlus 10 Disclosure


☒ Index Disclosure Supplement - Gold

☒ S&P Volatility Disclosure

Click 'Create Application' to proceed.





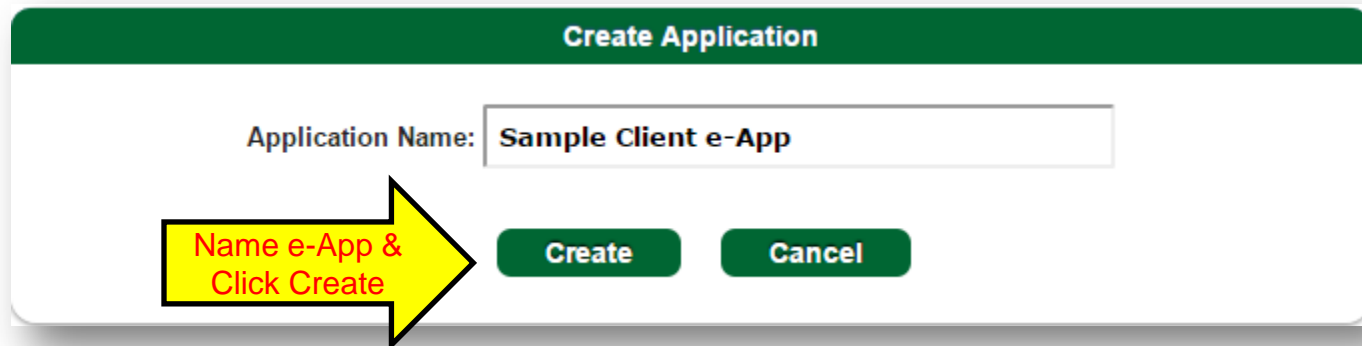


23644Z | REV 7-16

FOR AGENT USE ONLY. NOT TO BE USED FOR CONSUMER SOLICITATION PURPOSES.

e-App Navigation: Starting a New e-App

Step 5: Once you click Create Application, a new box will come up and you will be able to name your application. Name your new application and click “Create”.



Create Application

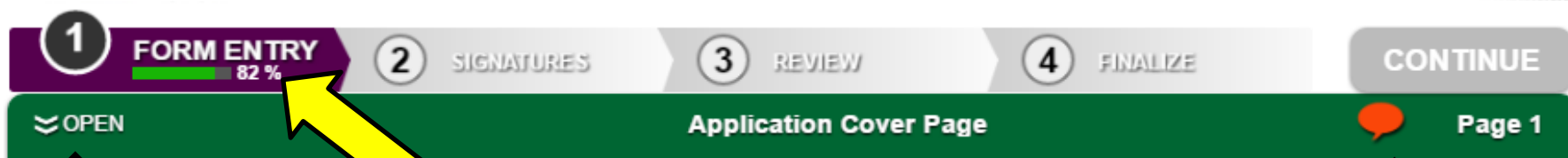
Application Name:

Create **Cancel**

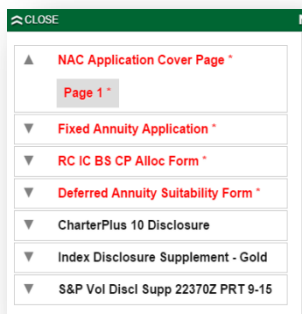
Name e-App & Click Create

e-App Navigation: Starting a New e-App

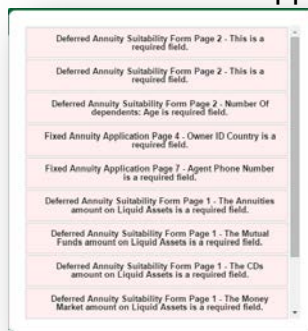
Please Note: When filling out the application, you will see the below status bar at the top of each page. This will show you where you are within the application process and what still needs to be filled out on your application page.



If you click the “open” icon, a pop-up will show you all the required forms. The forms marked in red still need required information. If you click on any page, it will take you directly to that page.



If you click on the percentage shown on the Forms Entry status bar, you will get a list of all the outstanding information needed. You can click on any requirement and go directly to that requirement within the e-App. See below:



The Red Icon means that the page you are on has required information that needs to be filled out. If you click the icon, it will show red bars above the required boxes. Once you complete the required boxes on the page, the icon will disappear. See below:

e-App Navigation: Starting a New e-App

Please Note: Throughout the e-App you will see signature and date boxes highlighted in dark yellow. The signatures/dates will be completed at the end of the application after it has reached 100% complete.

other similar documents solely for the purpose of attempting to verify my identity as required by federal law.

<div>X</div> <div>Owner's Signature</div>	<div>X</div> <div>Joint Owner's Signature</div>	<div>X</div> <div>Spouse's Signature⁸</div>
<div>Signed at City:</div> <div></div>		<div>Is there a Spouse?</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
<div>State</div> <div>IA</div>	<div>Date Signed</div> <div></div>	
<div>Owner's Email Address</div> <div></div>	<div>Joint Owner's Email Address</div> <div></div>	

e-App Navigation: Filling out a New e-App

Step 1: Fill out the agent information.

Step 2: After entering agent info, click on “Agent ID Lookup”.

Step 3: Check the box for type of owner, type of annuity, optional rider information (when applicable) and if there is a Power of Attorney (POA). Filling out this information will add additional forms as necessary.

Step 4: Click on the Next arrow.

North American Company
for Life and Health Insurance

PRODUCT SELECTION: NAC Charter Plus 10

ADVISOR INFORMATION:

Agent/Broker's Full Name

Agent Number

Agent ID Lookup
Click to retrieve Agent Number

TYPE OF OWNER:

☐ Individual ☐ Trust (Trust Certification Form is required) ☐ UGMA/UTMA
☐ Joint ☐ Other ☐ Corporate

TYPE OF ANNUITY:

☐ Non-Qualified ☐ Traditional IRA ☐ Roth IRA ☐ Sep IRA ☐ TSA/403(b) ☐ Inherited IRA

OPTIONAL RIDER:

Do you wish to elect the optional GLWB rider? ☐ Yes ☐ No

Will there be a POA (power of attorney) signing this paperwork on behalf of the owner ☐ Yes ☐ No
Will there be a POA (Power of Attorney) signing this paperwork on behalf of Joint owner? ☐ Yes ☐ No

Navigation Arrows:

- Enter Agent Info** (points to Advisor Information)
- Click Here** (points to Agent ID Lookup)
- Check Owner Type** (points to Type of Owner)
- Check Annuity Type** (points to Type of Annuity)
- Check for Rider** (points to Optional Rider)
- Click Next** (points to the green double arrow)

e-App Navigation: Filling out a New e-App

Please Note: Fields highlighted Red are required fields (the application cannot be printed or submitted until all of the red fields have been completed). Fields highlighted Yellow are optional fields. You will not be able to enter information into fields that are white or gray because they are not relevant to your application, or something needs to be selected prior to entering information in these fields.

Red = Required

Yellow = Optional

White = Not fillable

The form is divided into three sections, each with a set of radio buttons at the top: ☒ Primary ☐ Contingent | ☐ Per Stipes ☒ Per Capita.

Section 1 (Top):

- First Name (Red), MI (Yellow), Last Name (Red), Social Security Number/TIN (Yellow)
- Primary Beneficiary First Name is a required field. Primary Beneficiary Last Name is a required field.
- Relationship to Owner is a required field.
- Beneficiary's Mailing Address (must be completed) (Yellow)
- Percentage³ (Red)
- City (Yellow)
- Primary Beneficiary Percentage is a required field.

Section 2 (Middle):

- ☐ Primary ☐ Contingent | ☐ Per Stipes ☐ Per Capita
- First Name (White), MI (White), Last Name (White), Social Security Number/TIN (White)
- Birth Date (mm/dd/yyyy) (White), Relationship to Owner (White), Phone Number (White)
- Beneficiary's Mailing Address (must be completed) (White)
- Percentage³ (White)
- City (White), State (White), Zip Code (White)

Section 3 (Bottom):

- ☐ Primary ☐ Contingent | ☐ Per Stipes ☐ Per Capita
- First Name (White), MI (White), Last Name (White), Social Security Number/TIN (White)
- Birth Date (mm/dd/yyyy) (White), Relationship to Owner (White), Phone Number (White)
- Beneficiary's Mailing Address (must be completed) (White)
- Percentage³ (White)
- City (White), State (White), Zip Code (White)

e-App Navigation: Filling out a New e-App

Step 4: Fill out the red highlighted information on this page and then click the Next arrow.


Please Note: After entering the client's address – you will see a box asking if the client's mailing address is different than street address. Click Yes or No.

Annuitant Mailing Address

Is mailing address different than street address?

Once you enter the client's name, address and gender, these will be populated throughout the application, so that you only have to enter it one time.

Since we selected Individual application – the Joint information is not required.

 **North American Company**
for Life and Health Insurance

Individual Annuity Application

Mail to: P.O. Box 79905, Des Moines, IA 50325-0905
Overnight to: 4350 Westown Pkwy, West Des Moines, IA 50266

Annuitant

Gender: ☐ Male ☒ Female U.S. Citizen: ☒ Yes ☐ No

First Name MI Last Name Social Security Number/TIN

Street Address (P.O. Boxes are not allowed)¹ Birth Date (mm/dd/yyyy)

City State Zip Phone

Joint Annuitant (if applicable must be spouse of annuitant) Is there a Joint Annuitant? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female U.S. Citizen: ☐ Yes ☐ No Relationship to Annuitant?

First Name MI Last Name Social Security Number/TIN

☐ Address and Phone Number Same as Annuitant

Street Address (P.O. Boxes are not allowed)¹

Birth Date (mm/dd/yyyy)

City State Zip Phone

Owner (if different than annuitant) Owner Non-Natural? ☐ Yes ☒ No Owner Same as Annuitant? ☒ Yes ☐ No

Gender: ☐ Male ☒ Female

First Name MI Last Name Birth Date (mm/dd/yyyy)

If the owner is a Trust you must complete and submit the Certificate of Trust Agreement form (101122) with this application.

Trust/Corporation Name Trust Date (mm/dd/yyyy)

Street Address (P.O. Boxes are not allowed)¹ SSN/TIN/Employee ID No.

City State Zip Phone

Click Next



e-App Navigation: Filling out a New e-App

Step 5: Select a Primary Beneficiary. Once you check on the Primary Beneficiary box, the required fields will turn red. Fill out these fields.

If you have more beneficiaries than will fit on the application then please check the additional beneficiaries box in the bottom left hand corner of the beneficiary application page. Our Beneficiary Designation form will be added to your packet for completion.

Please Note: Beneficiary's Address and/or Social Security Number (SSN) are not required to submit the application. New Business will ask for this information at a later time.

The percentage allocated to each beneficiary must add up to 100% & must be whole numbers.

When finished click Next arrow.

Check if more than
3 Beneficiaries

☒ Primary ☐ Contingent | ☐ Per Stipes ☒ Per Capita

First Name MI Last Name Social Security Number/TIN

Birth Date (mm/dd/yyyy) Relationship to Owner Phone Number

Beneficiary's Mailing Address (must be completed) Percentage³ %

City State Zip Code

☐ Primary ☐ Contingent | ☐ Per Stipes ☐ Per Capita

First Name MI Last Name Social Security Number/TIN

Birth Date (mm/dd/yyyy) Relationship to Owner Phone Number

Beneficiary's Mailing Address (must be completed) Percentage³ %

City State Zip Code

☐ Primary ☐ Contingent | ☐ Per Stipes ☐ Per Capita

First Name MI Last Name Social Security Number/TIN

Birth Date (mm/dd/yyyy) Relationship to Owner Phone Number

Beneficiary's Mailing Address (must be completed) Percentage³ %

City State Zip Code

☐ Trust* ☐ Corporation ☐ Estate ☐ Other

Full Name


Tax ID Number (TIN) Trust Date (mm/dd/yyyy)

☐ Primary ☐ Contingent

Percentage³ %

2. In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.
3. Must equal 100%. 4. Certification of Trust Agreement form (101122) must be attached.

☐ Check if there are more Owner beneficiaries and complete the Additional Beneficiary Form and return with the application.



\$102099

\$1020990

Click Next



e-App Navigation: Filling out a New e-App

Step 6: Verify the client's identity, by filling out the red highlighted boxes.

When finished click Next arrow.

Verification of Identity
Note: The licensed representative must complete this section before submitting to the home office.

Owner: If Owner is a Natural Person, complete question 1. If Owner is a Trust or Business/Corporation, complete questions 1 and 2.

1. Natural Person/Trust Accounts (trustee information):
Representative: Please indicate the form of ID presented and used to verify this owner's identity. Expired IDs are not acceptable.

a. ☐ U.S. Citizen ☐ Resident Alien – Country of Citizenship:

b. ☐ Driver's License ☐ State-Issued ID ☐ Military ID ☐ Passport ☐ Alien Registration Card

c. State Country Number Exp. Date

d. Occupation Employer Name Years Employed or Retired ☐

2. Non-Natural/Business or Corporation:

a. ☐ Trust Agreement ☐ Certificate of Incorporation

b. State Country

Joint Owner: If Owner is a Natural Person, complete question 3. If Owner is a Trust or Business/Corporation, complete questions 3 and 4.

3. Natural Person/Trust Accounts (trustee information):
Representative: Please indicate the form of ID presented and used to verify this owner's identity. Expired IDs are not acceptable.

a. ☐ U.S. Citizen ☐ Resident Alien – Country of Citizenship:

b. ☐ Driver's License ☐ State-Issued ID ☐ Military ID ☐ Passport ☐ Alien Registration Card

c. State Country Number Exp. Date

d. Occupation Employer Name Years Employed or Retired ☐

4. Non-Natural/Business or Corporation:

a. ☐ Trust Agreement ☐ Certificate of Incorporation

b. State Country

Click Next

e-App Navigation: Filling out a New e-App

Step 7: Complete the red highlighted fields. Make sure you select a number for the Number of Transfers/1035Exchanges field. This field will determine how many Transfer forms are generated.

Please Note: Since you selected a Type of Annuity on page 1 - you will see that the tax status for the application is already selected and premium options are limited.

When finished click Next arrow.

If electing Optional Benefit Riders an additional form(s) may be required.

Tax Status

☐ Non-Qualified ☐ Roth IRA ☐ SEP IRA ☒ IRA ☐ TSA/403(b) ☐ Inherited IRA (MGDO form 8103Y required)

Complete if applicable - Contribution intended for the Tax Year:

Premium Contract funded by:

☐ Check - Amount \$

Must be payable to North American Company for Life and Health Insurance®

☐ Direct Transfer - Amount \$

(Example: Qualified funds - IRA to IRA, Non-Qualified funds- CD or Mutual Fund to a North American Annuity.)

☐ 1035 Exchange - Amount \$

Must be payable to North American Company for Life and Health Insurance

☒ Qualified Rollover - Amount \$

(Example: Qualified funds - 401(k) or qualified pension plan to a North American IRA Annuity.)

Number Initiated per pay period (example: TSA) **# of transfers**

Total:

Transfers Involving Multiple Checks:

I have recently applied for a North American annuity with the plan type reflected above. This annuity is being funded with more than one premium either through a personal check, Section 1035 Exchange, Qualified or Non-Qualified transfer.

Please check one

☒ **Issue with first funds (must still meet minimum premium requirements):** I would like my contract issued with the first funds received. If the annuity is index linked, the initial index will be set on the effective date of the annuity. I understand that any additional deposits after issue will be applied to the fixed account until the contract anniversary. (This option is not available for single premium contracts.)

☐ **Issue with last funds:** I would like my contract issued with the last funds received. I understand that my interest will be applied to the fixed account until the annuity becomes effective. If the annuity is index linked, the initial index will be set on the effective date of the annuity.

Replacement (Must be completed) If you have existing life insurance or annuity contract, please complete any state required replacement forms. Your agent is required to leave with you the original copy of all written or printed sales material used in the sale of this product. Please retain all such copies for future reference.

1. Do you have any existing or pending life insurance or annuity contracts? ☒ Yes ☐ No

2. Will this annuity replace or change any existing life insurance or annuity contracts? ☐ Yes ☒ No

If you answered "yes" to #2, please provide company name and contract number below.

Company Name:

Contract Number:

e-App Navigation: Filling out a New e-App

Step 8: Complete the Agent Certification – replacement questions, your email and phone number.

Please Note: Since you filled in your name and agent number on the first page, it automatically populates for you.

If you have multiple agents on the application, type their information on this page.

If your answers to the replacement questions do not match the clients, you will get a red pop up – see below:

Owner's Replacement answer and Agent's Replacement Answer's do not match.

Agent's Certification (completed by agent only)

Replacement Does the applicant have any existing or pending life insurance or annuity contracts? ☒ Yes ☐ No

Information Will this annuity replace or change any existing life insurance or annuity contracts? ☐ Yes ☒ No

If yes, please provide the name of the company: _____

I certify that I have reviewed this application, determined that all questions are answered fully, completely and accurately as supplied by the applicant and recorded full details as required. I attest to the fact that I have viewed the verification of identity documentation. I also attest that the document did not appear altered and the picture identification supplied appeared to be that of the owner(s). I understand that any subsequent modification or additions made to the application after it is submitted must be initiated by the client. This application is being submitted after an examination of the interests of the Applicant and an assessment of the stated goals of the Applicant. I have discussed this product with the Applicant and have not made any statements which contradict the disclosure materials provided to the Applicant. I have not made any promises or given any assurances about future values of any non-guaranteed elements.

North American Writing Agent

Agent Number Percentage⁷ % Date Signed

Agent/Broker's Full Name (please print) Agent/Broker's Signature Phone Number

Agent's Email Address

Agent 2 (if applicable)

Agent Number Percentage⁷ %

Additional Agent Name (please print)

Additional Agent's Email Address

For Agent Use Only⁸ ☒ A ☐ B ☐ C

For Agent Use Only⁸ ☐ A ☐ B ☐ C

Click Next

When finished click Next arrow.

e-App Navigation: Filling out a New e-App

Step 9: Find the page that shows the product the client wants to purchase and complete the client's allocation choices.

Please Note: The boxes will be yellow on the correct allocation page.


Remember allocations must be whole numbers and add up to 100%.


When finished click Next arrow.

INSTRUCTIONS (continued): Select one product, make sure all allocations equal 100%, and complete all applicable signatures on page 3.

<input type="checkbox"/> NAC BenefitSolutions	<input type="checkbox"/> NAC BenefitSolutions II	<input checked="" type="checkbox"/> North American Charter Plus
--	---	--

Monthly Average (Subject to a Participation Rate)	Daily Average (Subject to an Index Margin)
S&P 500® Index <input type="text"/> %	S&P 500® Index <input type="text"/> %
Dow Jones Industrial Average™ Index <input type="text"/> %	
Monthly Point-to-Point (Subject to an Index Cap Rate)	Monthly Point-to-Point (Subject to an Index Cap Rate)
S&P 500® Index <input type="text"/> %	S&P 500® Index <input type="text" value="25"/> %
Nasdaq-100® Index <input type="text"/> %	Nasdaq-100® Index <input type="text" value="25"/> %
Annual Point-to-Point (Subject to an Index Cap Rate)	Annual Point-to-Point (Subject to an Index Cap Rate)
S&P 500® Index <input type="text"/> %	S&P 500® Index <input type="text" value="25"/> %
Annual Point-to-Point (Subject to an Index Margin)	Annual Point-to-Point (Subject to an Index Margin)
S&P 500® Low Volatility Daily Risk Control 5% index* <input type="text"/> %	S&P 500® Low Volatility Daily Risk Control 5% index* <input type="text" value="25"/> %
Fixed Account <input type="text"/> %	Annual Point-to-Point (Subject to an Index Margin)
	S&P 500® Index <input type="text"/> %
Allocation percentages must be whole numbers and equal 100%	Two-Year Point-to-Point (Subject to an Index Margin)
Total <input type="text"/> %	S&P 500® Low Volatility Daily Risk Control 8% index* <input type="text"/> %
	Fixed Account <input type="text"/> %
	Allocation percentages must be whole numbers and equal 100%
	Total <input type="text" value="100"/> %

Click Next 

Must add up to 100% 

e-App Navigation: Filling out a New e-App


Step 10: Fill out the client's suitability form (this will be 3 pages)

Please Note: e-App does not have any edits for the suitability forms. The suitability review will take place once the packet is received by our office.

When finished click Next arrow.

Deferred Annuity Suitability Form

Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality. **Please note that if this form is not completed in full, signed, and dated, we are unable to consider your application.**



North American Company
for Life and Health Insurance

Applicant/Owner's First Name

MI

Last Name

Contract Number

Joint Applicant/Owner's First Name

MI

Last Name

A. Household Financial Information

1. Household Disposable Income:

a. **Monthly** Household Income

b. **Monthly** Household Expenses

\$.00 (i.e. Employment Salary, Pension, Social Security, Investment, Disability)

\$.00 (i.e. Mortgage/Rent, Car, Health/LTC/Auto Insurance, Loan Repayments)

c. Disposable Monthly Income \$.00 (a minus b)

2. Household Net Worth: Assets - Liabilities (Debts).

Premiums for all household pending applications are to be included in the funding source(s) below.

Liquid Assets – Does not include primary residence, personal possessions, cars, etc.

	Current Dollars Invested	
a. Stocks/Bonds	\$ <input style="width: 80%;" type="text" value="0"/> .00	
b. Annuities - Out of Surrender Period	\$ <input style="width: 80%;" type="text" value="0"/> .00	
c. Mutual Funds - Excluding B Shares	\$ <input style="width: 80%;" type="text" value="0"/> .00	
d. CDs	\$ <input style="width: 80%;" type="text" value="0"/> .00	
e. Money Market	\$ <input style="width: 80%;" type="text" value="0"/> .00	
f. Checking/Savings	\$ <input style="width: 80%;" type="text" value="0"/> .00	
g. Pension/401K - (Over 59½)	\$ <input style="width: 80%;" type="text" value="0"/> .00	
h. Net Cash Surrender Value of Life Insurance	\$ <input style="width: 80%;" type="text" value="0"/> .00	
(total of a through h)		
i. Total Liquid Assets	\$ <input style="width: 80%;" type="text" value="0"/> .00	

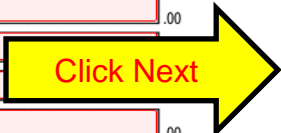
Non-liquid Assets – Does not include primary residence, personal possessions, cars, etc.

	Current Dollars Invested
j. Real Estate - (Exclude Primary Home)	\$ <input style="width: 80%;" type="text" value="0"/> .00
k. Annuities - In Surrender Period	\$ <input style="width: 80%;" type="text" value="0"/> .00
l. Pension/401k - (Under 59½)	\$ <input style="width: 80%;" type="text" value="0"/> .00
m. Limited Partnership	\$ <input style="width: 80%;" type="text" value="0"/> .00
(total of j through m)	
n. Total Non-liquid Assets	\$ <input style="width: 80%;" type="text" value="0"/> .00

o. Total Household Assets: \$.00 (total of i plus n)

p. Household Liabilities (Debts): \$.00 (Exclude Primary Home Mortgage)

q. Total Household Net Worth: \$.00 (o minus p)



e-App Navigation: Filling out a New e-App

Step 11: Fill out the Additional Replacement Company Information form.

Please Note: Company information for replacement accounts listed on this form will populate on suitability form page 3, replacement forms and on pages 5 & 7 of application.

When finished click Next arrow.

Additional Replacement Company Information

This form must accompany the application when transfer forms are required &/or client initiated replacement transactions.

POLICY INFORMATION

<input type="text" value="Sideny"/>	<input type="text" value="M Merer"/>	<input type="text" value="568-74-6923"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner Name	Owner SSN/TIN	Joint Owner Name	Joint Owner SSN/TIN		
<input type="text" value="Sideny"/>	<input type="text" value="M Merer"/>	<input type="text" value="568-74-6923"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annuitant Name (if different than Owner)	Annuitant SSN	Joint Annuitant Name (if different than Owner)	Joint Annuitant SSN		

TRANSFER TRANSACTION INFORMATION

Please list all the applicable information below for all fund transactions that require our transfer form &/or are client initiated replacements:

Company:

Policy #(s):

Type of Transfer?

Company:

Policy #(s):

Type of Transfer?

Company:

Policy #(s):

Type of Transfer?

Company:

Policy #(s):

Type of Transfer?

Company:

Policy #(s):


Type of Transfer?

Company:

Policy #(s):

Type of Transfer?

Click Next



e-App Navigation: Filling out a New e-App

Step 12: Fill out the authorization to Transfer Funds (this will be 4 pages).

Please Note: if you did not select a transfer – this form will not show for you.

Some boxes will be populated already for you based on questions you have already answered on the application.

When finished click Next arrow.

North American Contract Number
(For Home Office use only)

Authorization to Transfer Funds

1. Address of Company from which funds are coming

Company Name
valued agent company B

Overnight Address (No P.O. Box)
1134 589th street

Address (contd.)

City
Mango

State
IC

Zip Code
52468

Phone
800-5679823

Fax
5159875643

Annuitant

First Name
Sideny

MI
M

Last Name
Merer

Social Security Number
568-74-6923

Joint Annuitant

First Name

MI

Last Name

Social Security Number

Owner (if different from annuitant)

First Name
Sideny

MI
M

Last Name
Merer

Social Security Number
568-74-6923

Joint Owner (if different from joint annuitant)

First Name

MI

Last Name

Social Security Number

Other (Trusts, Corporations and Estates)

TIN 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 funds are held as:

<input checked="" type="checkbox"/> Annuity--Replacement Form Required	<input type="checkbox"/> Certificate of Deposit
<input type="checkbox"/> Life Policy--Replacement Form Required	<input type="checkbox"/> 401(k)/Pension Plan
<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Brokerage Account
<input type="checkbox"/> Money Market	<input type="checkbox"/> Checking/Savings Account

Click Next

e-App Navigation: Filling out a New e-App

Step 13: Review the disclosure statement with the client (this will be about 11 pages).

Please Note: this document requires signatures, which will be completed at the end of the application process.

When finished click Next arrow.



North American CharterSM Plus 10 Annuity Disclosure Statement

Thank you for your interest in the North American CharterSM Plus 10 Annuity from North American Company for Life and Health Insurance®. It is important for you to read and understand this summary before you decide to purchase the annuity. This summary will help you understand the features of the annuity and determine if it will help you meet your financial goals. Once you have please sign pages 6 and 8 to confirm that you understand the annuity and submit your application for the annuity. *Refer to the Contract for complete details.*

Click Next



This Annuity Disclosure Statement must be signed by the applicant and agent, then return the Home Office copy to North American Company for Life and Health Insurance, Annuity Service Center with the application.

4350 Westown Parkway, West Des Moines, IA 50266
Phone: (866) 322-7065 • www.NorthAmericanCompany.com

e-App Navigation: Filling out a New e-App

Step 14: Now you will see the Transfer Instructions form. The form will tell you that you must print the transfer forms and get signatures/dates.

Once signatures have been obtained, you have 3 options to submit the forms: upload pdf copies to the application, fax copies or mail the original signature forms to North American.

North American
4350 Westown Pkwy
West Des Moines, IA 50266

Phone: 866-322-7067
Fax: 866-322-7073

Transfer Instructions

This form is being produced because premiums are being requested by a Transfer(s). The following form must be submitted to North American after all applicable parties have signed and dated.

Does the existing carrier require original forms to process the transfer of funds?

☐ Yes ☐ No

☐ I will print the Exchange/Rollover/Transfer Form(s).

(Please see the instructions below)

☐ I will acquire all signatures required on the Exchange/Rollover/Transfer Form(s).

Please choose on for the following options:

☐ I will attach signed PDF copies of the Exchange/Rollover/Transfer Form(s) to this e-App. I understand that North American will send copies of these forms to the existing carrier(s) for processing.

☐ I will fax signed Exchange/Rollover/Transfer Form(s) to North American. I understand that North American will send copies of these forms to the existing carrier(s) for processing once received.

☐ I will mail the Exchange/Rollover/Transfer Form(s) with original signatures to North American. I understand that North American will send the original forms to the existing carrier for processing once received.

Now is the time to print 1035 Exchange/Rollover/Transfer Form(s)!

Printing 1035 Exchange/Rollover/Transfer Form(s)

To print the 1035 Exchange/Rollover/Transfer Form(s):

- Select on "Other Actions" tab within the main menu bar
- Select "Display/Print PDF" option within the drop down menu
- All forms that were filled out with the application will automatically be selected to print. You can deselect any form that is not a 1035 Exchange/Rollover/Transfer/Replacement Form(s).
- Select "Print Selected Documents"
- Print forms

Submitting 1035 Exchange/Rollover/Transfer Form(s)

There are three ways to submit these forms to North American:

- 1) Mail the signed and dated documents to the address above.
- 2) Fax the signed and dated documents to the fax number above.
- 3) Attach the signed and dated documents to this e-App by following these directions:
 - Scan the documents into a PDF file
 - Select the "Other Actions" tab within the main menu bar
 - Select the "Documents" option within the drop down menu
 - In the Document Type field, select "Other"
 - Click the "Browse" button and attached the PDF(s)
 - Select "Upload"

e-App Navigation: Filling out a New e-App

Please Note: Once your application has reached 100%, you will get 2 pop-ups. Take note of the contract number that has been assigned to the application and make sure to place the contract number on any correspondence regarding this e-App. Click Ok and Close to close these pop-up boxes.

West Des Moines, IA 50355 Phone: 855.333.7057

Form Entry has met the requirements.
You may [enter more data](#)
OR [CONTINUE](#) to proceed to the next step.

Click Here! [Close]

Please choose on for the following options:

☒ I will attach signed PDF copies of Change/Rollover/Transfer Form(s) to this e-App. I

Contract Number

Your assigned file number is: 8050000516. Please complete this application by submitting it electronically.

Click Here! OK

The screenshot shows a confirmation pop-up window. At the top, it displays the address 'West Des Moines, IA 50355' and the phone number 'Phone: 855.333.7057'. The main text states 'Form Entry has met the requirements.' and offers two options: 'You may enter more data' (with a green link) or 'OR CONTINUE to proceed to the next step.' (with a green link). Below this, a yellow arrow points to a '[Close]' button, with the text 'Click Here!' written in red. Further down, it asks the user to 'Please choose on for the following options:' and shows a checked checkbox for 'I will attach signed PDF copies of Change/Rollover/Transfer Form(s) to this e-App. I'. Below this is a green bar with the text 'Contract Number'. Underneath, it says 'Your assigned file number is: 8050000516. Please complete this application by submitting it electronically.' At the bottom, another yellow arrow points to an 'OK' button, with the text 'Click Here!' written in red.

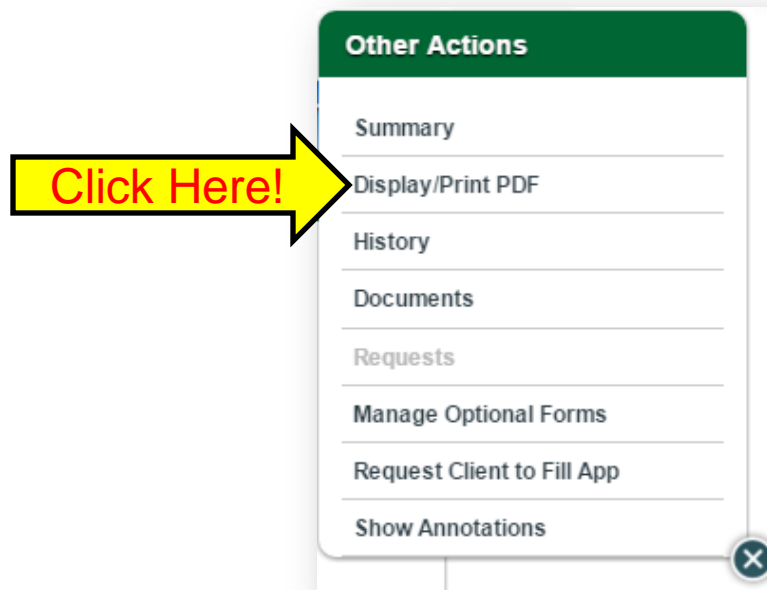
e-App Navigation: Signing an e-App

Please Note: Once your application has reached 100%, NOW is the time to print your transfer forms!

Step 15: Click on the Other Actions tab in the top right of the page.



Step 16: On the Other Actions drop down, click on Display/Print PDF.



e-App Navigation: Signing an e-App

Step 17: You will be taken to the Select Documents to Print page. Deselect forms that are not the transfer forms. Click Print Selected Documents to print a copy of the Transfer Forms.

The screenshot shows a web interface titled "Select Documents to Print". At the top, there are two buttons: "Print Selected Documents" (with a printer icon) and "Back to Application" (with a left arrow icon). Below these buttons is a list of ten documents, each with a checked checkbox, a description, and two small blue arrows (one pointing up, one pointing down). A yellow arrow points to the "Print Selected Documents" button with the text "Click Here!". Another yellow arrow points to the first checkbox with the text "Deselect non-transfer forms".

Select Documents to Print		
<input checked="" type="checkbox"/>	Application Form	Application Cover Page
<input checked="" type="checkbox"/>	Application Form	Fixed Annuity Application
<input checked="" type="checkbox"/>	Application Form	Allocation Form
<input checked="" type="checkbox"/>	Application Form	Deferred Annuity Suitability Form
<input checked="" type="checkbox"/>	Application Form	Transfer Transaction Information
<input checked="" type="checkbox"/>	Application Form	Authorization to Transfer Funds- Transfer
<input checked="" type="checkbox"/>	Application Form	CharterPlus 10 Disclosure
<input checked="" type="checkbox"/>	Application Form	Index Disclosure Supplement - Gold
<input checked="" type="checkbox"/>	Application Form	S&P Volatility Disclosure
<input checked="" type="checkbox"/>	Application Form	NAC Transfer Instruction Form

e-App Navigation: Signing an e-App


Step 18: A new window will appear. Select the Print icon at the top of the page. Print the client's transfer forms. Close this window.

[illegible]


e-App Navigation: Signing an e-App







Step 19: You will be taken back to the Select Documents to Print page. Click on Back to Application button.

Select Documents to Print

 Print

Click Here!

 Back to Application

<input checked="" type="checkbox"/>	Application Form	Transfer Transaction Information		
<input checked="" type="checkbox"/>	Application Form	Authorization to Transfer Funds- Transfer		
<input checked="" type="checkbox"/>	Application Form	NAC Transfer Instruction Form		
<input type="checkbox"/>	Application Form	S&P Volatility Disclosure		
<input type="checkbox"/>	Application Form	Index Disclosure Supplement - Gold		
<input type="checkbox"/>	Application Form	CharterPlus 10 Disclosure		
<input type="checkbox"/>	Application Form	Deferred Annuity Suitability Form		
<input type="checkbox"/>	Application Form	Allocation Form		
<input type="checkbox"/>	Application Form	Fixed Annuity Application		
<input type="checkbox"/>	Application Form	Application Cover Page		

e-App Navigation: Signing an e-App

Step 20: When you are back to the application, you are ready to move on with the signatures. Click the continue button.

The screenshot displays the Annuity eApp interface. At the top left is the NNA logo with the text "North American Company for Life and Health Insurance". Next to it is the "Annuity eApp" logo. To the right of the logo, the text "Staging 2.8.0.180" is shown in red, followed by "Meurer Test Case #1" in green. On the top right, there are navigation buttons: "Home", "Other Actions", "Save", and "Log Off". To the right of these buttons are an email icon with a red "1" and a speech bubble icon. Below the navigation bar is a progress bar with four steps: 1. FORM ENTRY (100%), 2. SIGNATURES, 3. REVIEW, and 4. FINALIZE. A yellow arrow labeled "100%" points to the "FORM ENTRY" step. Another yellow arrow labeled "Click Here!" points to the "CONTINUE" button, which is located to the right of the progress bar.

e-App Navigation: Signing an e-App

Step 21: At this point, your client will need to decide if they want to do e-Signature or an original signature. Click the appropriate button. If they decide to decline e-signature, refer to step 22c (starts after step 49b).

1 FORM ENTRY ✓ 2 SIGNATURES 3 REVIEW 4 FINALIZE

Completed!

Electronic Signatures

This application will be locked upon making these choices. No changes can be made after signing.

E-Signature Button

Decline e-Signature

If you choose to use E-Signature, all signatures in this application will be collected electronically. Please read the Federal Regulations and Definitions. Please make sure all parties are equipped with these system requirements:

- Internet Access
- Minimum Screen Resolution 1024 x 768
- Web browser: Internet Explorer 8+, Firefox (current version), Safari (current version), Google Chrome (current version), Chrome and Safari mobile browsers.
- 128MB of RAM; Cookies and Javascript Enabled.

If you choose to decline E-signature, all signatures in this application MUST be collected manually. You should print the completed application PDF files and deliver to your client via postal or other means. Please send all signed documents to Midland National/North American within 30 days.

Federal Regulations and Definitions

[ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT \(ESIGN\)](#)

[UNIFORM ELECTRONIC TRANSACTIONS ACT \(UETA\)](#)

[Implementation of the Government Paperwork Elimination Act](#)

e-App Navigation: Signing an e-App w/e-Signature

Step 22: If your client chose e-Signature, decide who is signing first. Click on Owner or Agent.

1 FORM ENTRY ✓


2 SIGNATURES


3 FINALIZE

Federal Regulations and Definitions

- [ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT \(ESIGN\)](#)
- [UNIFORM ELECTRONIC TRANSACTIONS ACT \(UETA\)](#)
- [Implementation of the Government Paperwork Elimination Act](#)
- [Digital Signature and Electronic Authentication Law \(SEAL\)](#)

List of Required Signers

 Owner

 Agent

Completed Signatures

e-App Navigation: Signing an e-App w/e-Signature

Step 23: Your client has the choice to sign now or send an email (either way, they will sign securely on this system).


1 FORM ENTRY ✓


2 SIGNATURES

3 FINALIZE

Client Signature Choice

Please indicate below the method you would like to use to obtain the client signature.

 Sign Now

 Send Email Request

e-App Navigation: Signing an e-App w/e-Signature

Step 24: Your client will have to fill out the following information. If they provide an email address, they will get an email once the application has been submitted.

1 FORM ENTRY ✓

2 SIGNATURES

3 FINALIZE

Agent Identification Verification

Agent ID: ddc64627-d1b0-4a32-9a82-27

Client Identification Verification

Form of Identification: Drivers License

ID Issue State: Iowa

ID Number:

Name:

Last 4 Digits of SSN:

Birth Date:


Email Address:

✓ Verified

— Cancel

e-App Navigation: Signing an e-App w/e-Signature

Step 25: Your client will review the forms as they initial and sign them. Initialing will be first. Click Continue.

1 FORM ENTRY 

2 SIGNATURES

3 FINALIZE


Document Sets to be Signed by Owner


Initials

Deferred Annuity Suitability Form
CharterPlus 10 Disclosure

Document Set

Fixed Annuity Application
RC IC BS CP Alloc Form
Deferred Annuity Suitability Form
CharterPlus 10 Disclosure

 Continue

 Cancel

e-App Navigation: Signing an e-App w/e-Signature

Step 26: Your client will see all the forms that require initials and click the Next arrow to continue.

Owner Initial

Before signing, you must review all pages of each of the 2 documents below.
Please click the buttons below to proceed.

Deferred Annuity Suitability Form

CharterPlus 10 Disclosure

Forms that need initials show here.

Deferred Annuity Suitability Form - Page 1 of 4

Deferred Annuity Suitability Form

Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality. Please note that if this form is not completed in full, signed, and dated, we are unable to consider your application.

Applicant/Owner's First Name

MI

Last Name

Sideny

M

Merer

Joint Applicant/Owner's First Name

MI

Last Name

A. Household Financial Information

1. Household Disposable Income:

a. Monthly Household Income

5,000

.00 (i.e. Employment Salary, Pension, Social Security, Investment, Disability)

b. Monthly Household Expenses

2,500

.00 (i.e. Mortgage/Rent, Car, Health/LTC/Auto Insurance, Loan Repayments)

c. Disposable Monthly Income

2,500

.00 (a minus b)

2. Household Net Worth: Assets - Liabilities (Debts).

Premiums for all household pending applications are to be included in the funding source(s) below.

Liquid Assets – Does not include primary residence, personal possessions, cars, etc.

Non-liquid Assets – Does not include primary residence, personal possessions, cars, etc.

a. Stocks/Bonds

Current Dollars Invested

\$ 500,042

.00

b. Annuities - Out of Surrender Period

\$ 518,645

.00

j. Real Estate - (Exclude Primary Home)

Current Dollars Invested

\$ 0

.00

k. Annuities - In Surrender Period

\$ 548,675

.00

Click Next


23644Z | REV 7-16

FOR AGENT USE ONLY. NOT TO BE USED FOR CONSUMER SOLICITATION PURPOSES.

e-App Navigation: Signing an e-App w/e-Signature

Step 27: Have your client click on the check box next to the required initials.

Before signing, you must review all pages of each of the 2 documents below.
Please click the buttons below to proceed.





Deferred Annuity Suitability Form

CharterPlus 10 Disclosure

Deferred Annuity Suitability Form - Page 3 of 4

(Section C continued - Funding Source and Replacements)

3. Complete for each replacement of Annuity or Life Insurance (transfer, exchange, rollover):

	Owner(s) Initials	Company Name	Date Issued	Surrender Charge %	Surrender Charge Amount
	<div style="border: 1px solid red; padding: 2px; display: inline-block;">XX</div>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %	\$ <input type="text"/> .00
	<div style="border: 1px solid red; padding: 2px; display: inline-block;">XX</div>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %	\$ <input type="text"/> .00
	<div style="border: 1px solid red; padding: 2px; display: inline-block;">XX</div>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> %	\$ <input type="text"/> .00

e-App Navigation: Signing an e-App w/e-Signature

Step 28: Once the client clicks on the check box, a check mark will appear along with a box for the client(s) to type their initials.

Before signing, you must review all pages of each of the 2 documents below.
Please click the buttons below to proceed.

Deferred Annuity Suitability Form
CharterPlus 10 Disclosure

Deferred Annuity Suitability Form - Page 3 of 4

(Section C continued - Funding Source and Replacements)

3. Complete for each replacement of Annuity or Life Insurance (transfer, exchange, rollover):

Check Box ☒ **XX** Complete
Owner(s) Initials

Check Box ☐ **XX** Complete
Owner(s) Initials

Check Box ☐ **XX** Company Name
Owner(s) Initials

Please enter your initials

By signing your initials, you declare that you have read each question/section, understood and agreed with the statement.


OK Cancel

Surrender Charge Amount .00
Surrender Charge Amount .00
Surrender Charge % % \$ Surrender Charge Amount .00

e-App Navigation: Signing an e-App w/e-Signature

Step 29: After the client enters their initials the first time, they just have to click the box and the initials they entered will appear in the box.

Before signing, you must review all pages of each of the 2 documents below.
Please click the buttons below to proceed.


Deferred Annuity Suitability Form

CharterPlus 10 Disclosure

Deferred Annuity Suitability Form - Page 3 of 4

(Section C continued - Funding Source and Replacements)

3. Complete for each replacement of Annuity or Life Insurance (transfer, exchange, rollover):

a.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SMM</div>	Company Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date Issued <div style="border: 1px solid black; padding: 2px; display: inline-block;">03/03/2004</div>	Surrender Charge % <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> %	Surrender Charge Amount \$ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> .00
Owner(s) Initials					
b.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SMM</div>	Company Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date Issued <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Surrender Charge % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %	Surrender Charge Amount \$ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> .00
Owner(s) Initials					
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">XX</div>	Company Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date Issued <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Surrender Charge % <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %	Surrender Charge Amount \$ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> .00
Owner(s) Initials					

Check Box

XX

e-App Navigation: Signing an e-App w/e-Signature

Step 30: Now, have your client select the next form that needs initialing and repeat the process. Since they already entered their initials, simply check the box to make the initials appear.

Please Note: Once you have completed a form, a green check will be placed next to it. Forms that still need to be completed will be highlighted green.

The screenshot displays the e-App navigation interface. At the top, a red instruction reads: "Before signing, you must review all pages of each of the 2 documents below. Please click the buttons below to proceed." Below this, two buttons are shown: "Deferred Annuity Suitability Form" (light gray) and "CharterPlus 10 Disclosure" (green). A blue arrow points to the gray button, and a yellow arrow labeled "Needs Completed" points to the green button. A green checkmark is next to the gray button, with a yellow arrow labeled "Completed!" pointing to it. Below the buttons, a sample of the "Deferred Annuity Suitability Form - Page 4 of 4" is shown. The form includes sections for "D. Applicant/Owner Signature" and "E. Agent Statement - Acknowledgment of Responsibility for Suitability Recommendations".

Before signing, you must review all pages of each of the 2 documents below.
Please click the buttons below to proceed.

Deferred Annuity Suitability Form ✓ Completed!

Needs Completed

CharterPlus 10 Disclosure

Deferred Annuity Suitability Form - Page 4 of 4

D. Applicant/Owner Signature

By signing this form, I certify that the information provided is accurate. I acknowledge and agree that during the purchase of this insurance contract North American, its employees, and any of its agents acting in their capacity as an independent agent of North American have not suggested that I liquidate securities, otherwise provided any investment advice, or made any representations regarding losses or gains in respect to my portfolio. I have been advised to discuss any liquidation of securities with a properly licensed securities advisor, and I acknowledge that anyone (including my agent if properly registered) who provided me any such advice with respect to this purchase was not doing so in his/her role as an agent of North American. 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.

DO NOT SIGN THIS FORM IF ANY REQUIRED QUESTION HAS BEEN LEFT BLANK.

Applicant/Owner Signature _____ Date _____

Joint Applicant/Owner Signature _____ Date _____

E. Agent Statement - Acknowledgment 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;
- 3) I understand that only properly registered investment advisors or registered representatives are allowed to recommend the sale of securities and if I am not properly security licensed, I did not make such a recommendation to the Applicant/Owner; and
- 4) 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 1548 Date _____

North American Company for Life and Health Insurance®
P.O. Box 79905, Des Moines, IA 50325-0905
Overnight to: 4350 Westown Parkway, West Des Moines, IA 50266

e-App Navigation: Signing an e-App w/e-Signature

Step 31: After completing the initials, the documents are ready to be signed. Click the Continue button.

Document Sets to be Signed by Owner

Initials

Deferred Annuity Suitability Form - *Initialed*
CharterPlus 10 Disclosure - *Initialed*

Document Set

Fixed Annuity Application
RC IC BS CP Alloc Form
Deferred Annuity Suitability Form
CharterPlus 10 Disclosure

Completed!

Click Continue

Continue

Cancel

e-App Navigation: Signing an e-App w/e-Signature

Step 32: The client will see all the forms that need signatures. Click the check box that says “I have reviewed and agree with the terms expressed within this document” for each document.

Please Note: Click the Next arrow to review the document.

The screenshot shows a web interface for signing documents. At the top, a green header reads "Owner Signature". Below it, a red instruction states: "Before signing, you must review all pages of each of the 4 documents below. Please click the buttons below to proceed." Four green buttons are listed: "Fixed Annuity Application", "RC IC BS CP Alloc Form", "Deferred Annuity Suitability Form", and "CharterPlus 10 Disclosure". A yellow arrow points to the first button. To the right, a large yellow arrow points left with the text "Forms Need Signatures". Below the buttons, a checkbox is followed by the text "I have reviewed and agree with the terms expressed within this document." A yellow arrow points to this checkbox with the text "Click Here". Below this is a form for "Individual Annuity Application" from North American Company. The form includes fields for Annuitant gender (Male/Female), U.S. Citizen status (Yes/No), First Name, MI, Last Name, Social Security Number/TIN, Street Address, Birth Date, City, State, Zip, and Phone. There is also a section for Joint Annuitant with similar fields. The form is titled "Fixed Annuity Application - Page 1 of 8".

Owner Signature

Before signing, you must review all pages of each of the 4 documents below.
Please click the buttons below to proceed.

Fixed Annuity Application

RC IC BS CP Alloc Form

Deferred Annuity Suitability Form

CharterPlus 10 Disclosure

☐ I have reviewed and agree with the terms expressed within this document.

Click Here

Forms Need Signatures

Fixed Annuity Application - Page 1 of 8

North American Company
for Life and Health Insurance

Individual Annuity Application
Mail to: P.O. Box 79905, Des Moines, IA 50325-0905
Overnight to: 4350 Westown Pkwy, West Des Moines, IA 50266

Annuitant
Gender: ☐ Male ☒ Female U.S. Citizen: ☒ Yes ☐ No
First Name: Sideny MI: M Last Name: Merer Social Security Number/TIN: 568-74-6923
Street Address (P.O. Boxes are not allowed): 1134 16th Street Birth Date (mm/dd/yyyy): 08/24/1981
City: Johnston State: IA Zip: 50131 Phone: 515999-9946

Joint Annuitant (if applicable must be spouse of annuitant)
Gender: ☐ Male ☐ Female U.S. Citizen: ☐ Yes ☐ No
First Name: Last Name: Social Security Number/TIN:
☐ Address and Phone Number Same as Annuitant

e-App Navigation: Signing an e-App w/e-Signature

Step 33: Repeat step 32 until all forms show completed.

Before signing, you must review all pages of each of the 4 documents below.
Please click the buttons below to proceed.

Fixed Annuity Application

RC IC BS CP Alloc Form

Deferred Annuity Suitability Form

CharterPlus 10 Disclosure

☐ I have reviewed and agree with the terms expressed within this document.

Click Here

Completed!

Forms Need Signatures

RC IC BS CP Alloc Form - Page 1 of 3

Fixed Allocation Form
NAC RetireChoice®, NAC IncomeChoice™, NAC BenefitSolutions™, NAC BenefitSolutions™ II and North American Charter™ Plus
Mail to: P.O. Box 79905, Des Moines, IA 50325-0905

INSTRUCTIONS: Select one product, make sure all allocations equal 100%, and complete all applicable signatures on page 3.

☐ **NAC RetireChoice**
Monthly Point-to-Point (Subject to an Index Cap Rate)
S&P 500® Index %
Nasdaq-100® Index %
Monthly Average (Subject to a Participation Rate)
S&P 500® Index %
Dow Jones Industrial Average™ Index %
S&P MidCap 400® Index %
Annual Point-to-Point (Subject to an Index Cap Rate)
S&P 500® Index %
Dow Jones Industrial Average™ Index %

☐ **NAC IncomeChoice**
Monthly Point-to-Point (Subject to an Index Cap Rate)
S&P 500® Index %
Nasdaq-100® Index %
Monthly Average (Subject to a Participation Rate)
S&P 500® Index %
Dow Jones Industrial Average™ Index %
S&P MidCap 400® Index %
3-Year Monthly Average (Subject to a Participation Rate)
S&P 500® Index %
Annual Point-to-Point (Subject to an Index Cap Rate)



e-App Navigation: Signing an e-App w/e-Signature

Step 34: Once all forms show completed with green check marks, click the Sign button.

Before signing, you must review all pages of each of the 4 documents below.
Please click the buttons below to proceed.

Fixed Annuity Application	✓
RC IC BS CP Alloc Form	✓
Deferred Annuity Suitability Form	✓
CharterPlus 10 Disclosure	✓

→

Click Here →  **Sign**  **Cancel**

Completed

e-App Navigation: Signing an e-App w/e-Signature

Step 35: Client must type in their name and city they are signing in. If the client wants to “sign” the form, they can override the name typed in by signing with a mouse or touch pad. Once signed, the client clicks on the I Consent button.

The screenshot shows a web form titled "Capture Electronic Signature" with a green header. The form contains the following fields and elements:

- Signer Full Name:** A text input field with a yellow arrow pointing to it labeled "Type Name".
- City:** A text input field with a yellow arrow pointing to it labeled "Type City".
- State:** A dropdown menu currently showing "Iowa".
- Today's Date:** A text field showing "3/3/2016".
- Signature Pad:** A large yellow rectangular area with the red text "Sign on this pad to override the text script" above it. A yellow arrow points to it labeled "Sign Name".
- Buttons:** Four green buttons at the bottom: "I Consent" (with a green checkmark icon), "I Decline" (with a red X icon), "Cancel" (with a minus icon), and "Clear Signature" (with a blue square icon). A yellow arrow points to the "I Consent" button labeled "Click Here".


e-App Navigation: Signing an e-App w/e-Signature

Step 36: Now it is your turn to sign the application! Click on the Agent button.

Federal Regulations and Definitions

[ELECTRONIC SIGNATURES IN GLOBAL AND NATIONAL COMMERCE ACT \(ESIGN\)](#)
[UNIFORM ELECTRONIC TRANSACTIONS ACT \(UETA\)](#)
[Implementation of the Government Paperwork Elimination Act](#)
[Digital Signature and Electronic Authentication Law \(SEAL\)](#)

List of Required Signers

 Agent

Completed Signatures

Owner :

Sidney Meurer

3/3/2016

Iowa

[Re-Sign](#)

e-App Navigation: Signing an e-App w/e-Signature

Step 37: At this point, the forms that need to be reviewed and signed are displayed. Just like the client did, you will check the box that says “I have reviewed and agree with the terms expressed within this document” for each document that needs your signature. Click the Next arrow to review forms.

Agent Signature

Before signing, you must review all pages of each of the 4 documents below.

Please click the buttons below to proceed.



Fixed Annuity Application

RC IC BS CP Alloc Form

Deferred Annuity Suitability Form

CharterPlus 10 Disclosure

**Forms Need
Signatures**

☐ I have reviewed and agree with the terms expressed within this document.

Click Here

e-App Navigation: Signing an e-App w/e-Signature

Step 38: Repeat step 37 until all forms are gray with a green check mark to the right (see below).

Step 39: Click on the sign button.

The screenshot shows the 'Agent Signature' screen. At the top, a green header bar contains the text 'Agent Signature'. Below the header, a red instruction reads: 'Before signing, you must review all pages of each of the 4 documents below.' This is followed by a black instruction: 'Please click the buttons below to proceed.' There is a list of four documents, each in a gray box with a green checkmark to its right:

- Fixed Annuity Application
- RC IC BS CP Alloc Form
- Deferred Annuity Suitability Form
- CharterPlus 10 Disclosure

A blue arrow points to the 'CharterPlus 10 Disclosure' document. A yellow arrow labeled 'COMPLETE' points to the top right corner of the document list. At the bottom, there are two buttons: 'Sign' (with a blue icon) and 'Cancel' (with a minus icon). A yellow arrow labeled 'Click Here' points to the 'Sign' button.

e-App Navigation: Signing an e-App w/e-Signature

Step 40: Enter your name (agent ID will populate automatically) and city you are signing in. Then you have the choice to “sign” the application by using a mouse or touch pad in the signature box below. Then click the I Consent button.

Agent On-Site Signature

Agent Full Name: Valued Agent

Agent ID: ddc64627-d1b0-4a32-9a82-27

City: Des Moines

State: Iowa


Today's Date: 3/3/2016


Sign on this pad to override the text script


Valued Agent


Signature Here

Click Here

 I Consent

 I Decline

 Cancel

 Clear Signature

e-App Navigation: Finalize an e-App w/e-Signature

Step 41: You will see the Continue button flashing – this means that you are ready to move to the next step. Click the Continue button.



1 FORM ENTRY ✓

2 SIGNATURES ✓

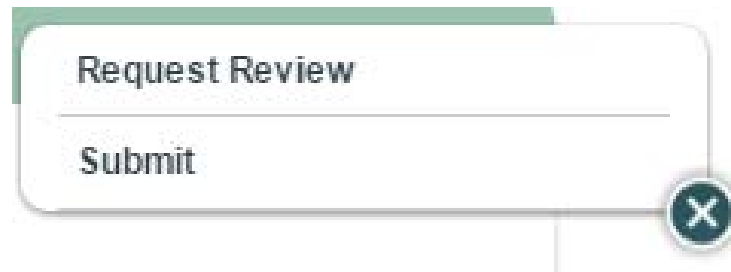
3 FINALIZE

CONTINUE

≡ OPEN NAC Application Cover Page Page 1

Step 42: You will see a pop-up that asks you to select Request review or Submit.

- Clicking on Submit, will submit the completed application to North American. Click on Submit and move to Step 43.
- Clicking on Request Review allows you to send the application to another party for review prior to submitting to North American. Click Request Review and move to Step 43b.



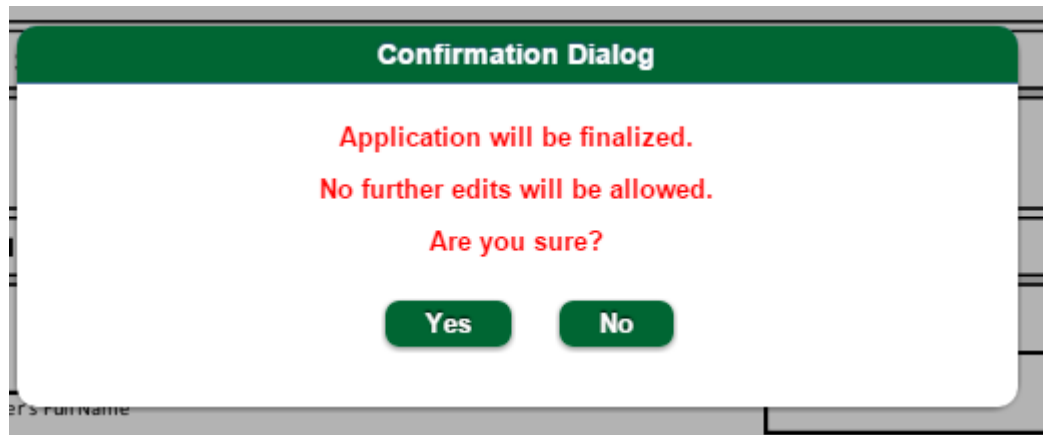
Request Review

Submit

X

e-App Navigation: Finalize an e-App w/e-Signature

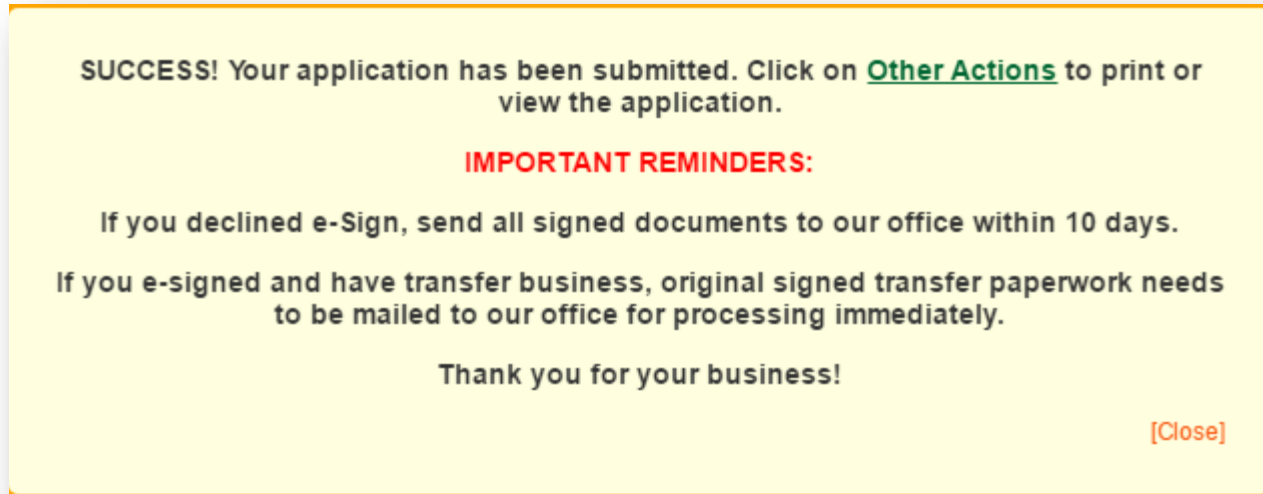
Step 43: You will see a pop-up that asks if you are sure – click Yes if you are sure.



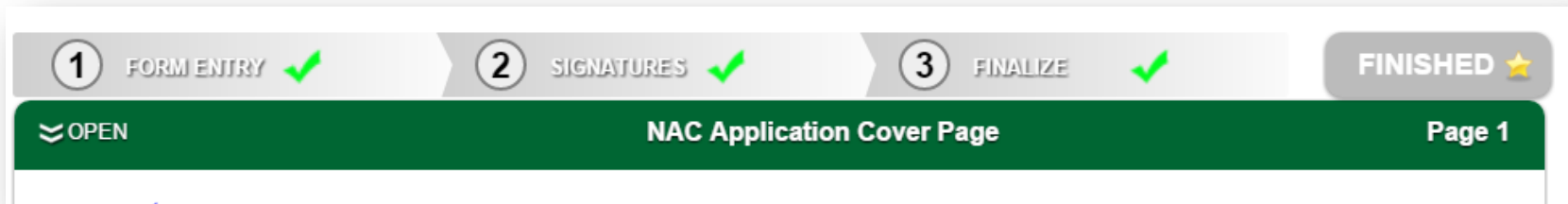
IMPORTANT NOTE: Please be advised that the packet is not submitted electronically to our office until you click on the Continue button and submit the case. The electronic submission time & date are based on the CST time zone & will determine product availability & rate lock for the packet.

e-App Navigation: Finalize an e-App w/e-Signature

Step 44: You will see a box that tells you the application was transmitted successfully.



Congratulations! Your application is now completed and submitted!





e-App Navigation: Finalize an e-App w/e-Signature

Step 43b: Once you click on Request Review, you will see this screen. Click on Send Request To Reviewer(s).

The screenshot shows a four-step navigation bar at the top: 1 FORM ENTRY (with a green checkmark), 2 SIGNATURES (with a green checkmark), 3 REVIEW (highlighted in purple), and 4 FINALIZE. Below the navigation bar is a green header labeled 'Electronic Review'. The main content area contains two large buttons: 'Send Request To Reviewer(s)' with a green checkmark icon, and 'Decline E-Review' with a red X icon. Below the 'Send Request To Reviewer(s)' button is a paragraph of text and a bulleted list of system requirements. Below the 'Decline E-Review' button is a paragraph of text.

Electronic Review

 **Send Request To Reviewer(s)**

 **Decline E-Review**

If you choose to use E-Review, all reviews and approvals for this application will be collected electronically. Please read the Federal Regulations and Definitions. Please make sure all parties are equipped with these system requirements:

- Internet Access
- Minimum Screen Resolution 1024 x 768
- Web browser: Internet Explorer 8+, Firefox (current version), Safari (current version), Google Chrome (current version), Chrome and Safari mobile browsers.
- 128MB of RAM; Cookies and Javascript Enabled.

If this application **does not require** review or approval, click on 'Decline E-Review'.

If you choose to decline E-Review, all reviews and approvals for this application will be collected **manually** if necessary. Your application will be completed. You may print the application PDF files and deliver to your reviewers via postal or other means. Please note that delivery of the information electronically will result in a superior customer experience.

e-App Navigation: Finalize an e-App w/e-Signature

Step 44b: Your name & email address will automatically be populated. You Must click on Add Reviewer to enter the Reviewer's Name and email address, then click on Send Email Request.

1 FORM ENTRY ✓

2 SIGNATURES ✓

3 REVIEW

4 FINALIZE

Send Email To Reviewer(s)

Your recipients will receive an email message with instructions to complete the electronic application process.

Your Name:	<input type="text" value="Lori"/>	Subject:	<input type="text" value="Please review the following application"/>
Your Email:	<input type="text"/>		
Reviewer Name:	<input type="text"/>		
Reviewer Email:	<input type="text"/>		

[Add Reviewer](#)[Reset](#)

Dear Reviewer,

Lori has requested your approval on an application for the NAC RetireChoice 10.


Click on the link below to view and approve the application. When approving the application, you will be asked to acknowledge the disclosure terms, consents and sign the application through the Electronic Signature process.
[URL_LINK]


You will need the passcode that Lori Bochner provided to login. Please feel free to contact me with any questions you have.


Sincerely,
Lori Bochner


Message:

Passcode for Reviewers: BAEBBAQO

Add Reviewer

Click Here

 **Send Email Request**

 **Cancel**

e-App Navigation: Finalize an e-App w/e-Signature

Step 45b: The Reviewer will receive 2 emails. One will contain a link to this application and the other one will contain a passcode they can use to approve the application. Click on Back to App.

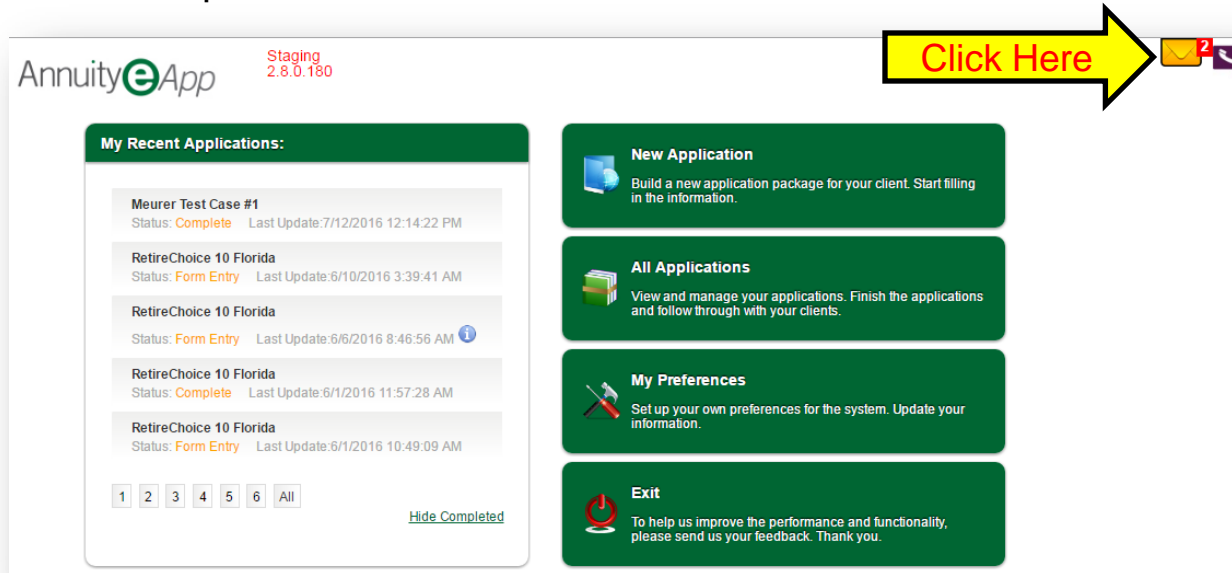
The screenshot shows a progress bar at the top with four steps: 1 FORM ENTRY (with a green checkmark), 2 SIGNATURES (with a green checkmark), 3 REVIEW (highlighted in purple), and 4 FINALIZE. Below the progress bar is a green header that says "Email Requests Sent". Underneath, it states "An email was sent to 'Cas Meurer' at 'cmeurer@sfgmembers.com'". A green box contains the text "Please advise all recipients to use Passcode: 'BAEBBAQO'". Below this, there are two links: "Send Passcode to Reviewers Cell Phones" and "Send Passcode to Cas Meurer's Email". At the bottom, there is a yellow arrow pointing right with the text "Click Here" and a green button with a blue arrow pointing left and the text "Back To App".

Step 46b: You will see these options until your application is approved by the Reviewer.

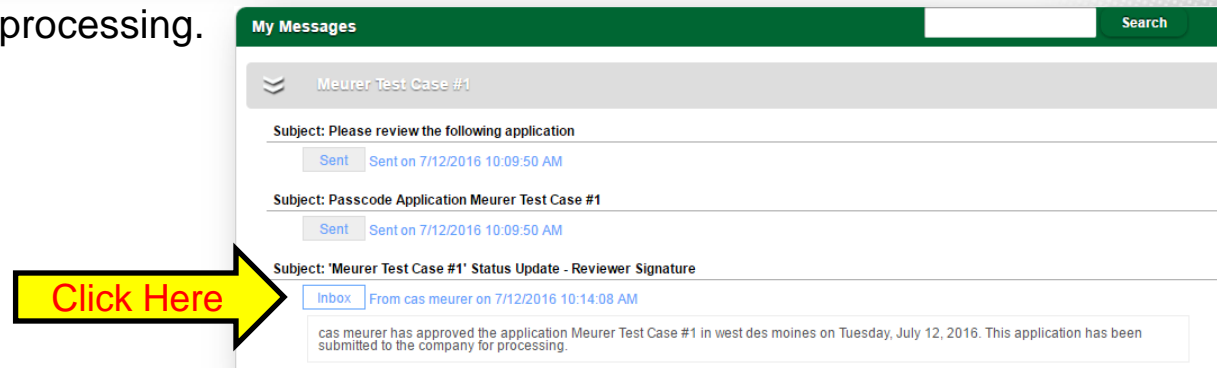
The screenshot shows a "Pending Request" dialog box with a yellow background and an orange border. The title "Pending Request" is in orange. The text inside includes: "Request Type: Application Review", "Recipient: Cas Meurer;", "Email Sent: cmeurer@sfgmembers.com", "Date: 7/12/2016 4:09:50 PM", and "Passcode: BAEBBAQO". To the right of this text are four links: "Send Reminder to Cas Meurer", "Send Passcode to Cas Meurer's Cell Phone", "Send Passcode to Cas Meurer's Email", and "Cancel this request". A "[Close]" button is in the bottom right corner.

e-App Navigation: Finalize an e-App w/e-Signature

Step 47b: Once the Reviewer has approved the application, you will get a message. To view your message, click on the envelope icon.

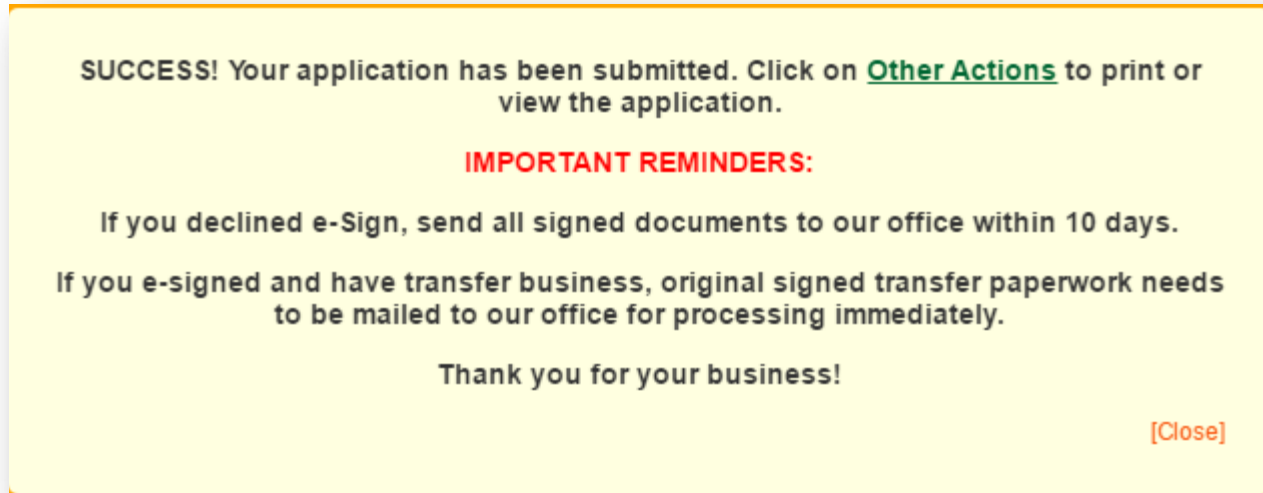


Step 48b: Click on the new message in your inbox. This will tell you the application has been approved and submitted to North American for processing.

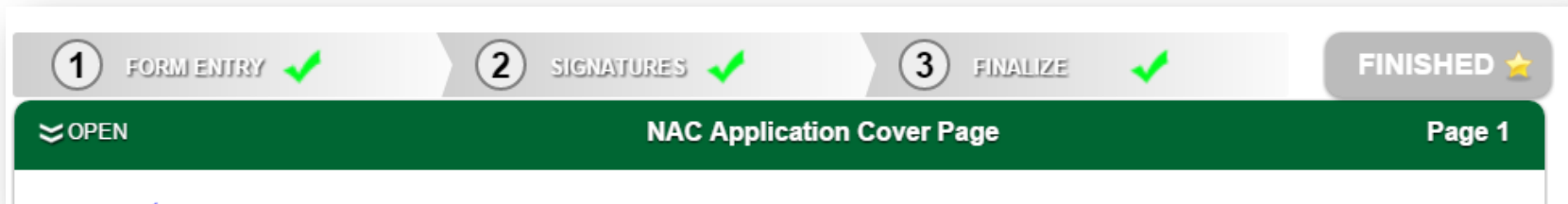


e-App Navigation: Finalize an e-App w/e-Signature

Step 49b: You will see a box that tells you the application was transmitted successfully.



Congratulations! Your application is now completed and submitted!



e-App Navigation: Declined e-Signature

Step 22c: If your client declines the e-Signature, click the Decline e-Signature button you will see the page below. Click Ok

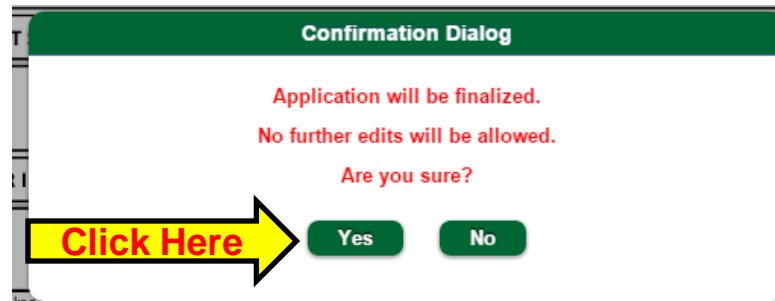
The screenshot shows the Annuity eApp interface. At the top, the logo 'Annuity eApp' is displayed. Below it is a progress bar with three steps: 1 FORM ENTRY (with a green checkmark), 2 SIGNATURES (with a minus sign), and 3 FINALIZE. A green banner with the text 'Electronic Signatures Declined' is centered. Below the banner, a red message states: 'You have declined to use E-Signature. All signatures for this application must be collected manually. To revise your decision, click on 'Other Actions', select 'Unlock Application'.' A green button with a checkmark and the text 'Ok' is centered below the message. At the bottom, there is a disclaimer: 'FOR INSTITUTIONAL USE ONLY. NOT INTENDED FOR CONSUMER SOLICITATION PURPOSES.' followed by copyright information: '© 2016 Copyright Sammons® Financial Group. All rights reserved. Click Here for Frequently Asked Questions' and a logo for 'Powered by FireLight'.

Step 23c: After you click Ok, you will see the below pop up. Click the Continue button.

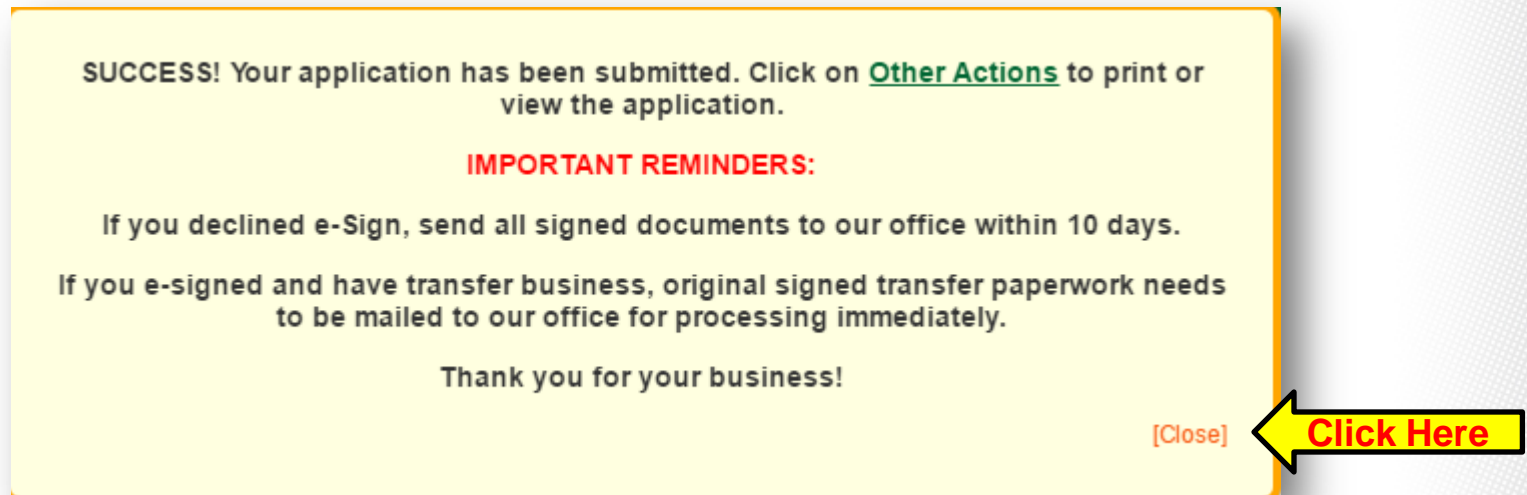
The screenshot shows the NAC Application Cover Page. At the top, the progress bar has three steps: 1 FORM ENTRY (with a green checkmark), 2 SIGNATURES (with a minus sign), and 3 FINALIZE (with a purple background). A blue button labeled 'CONTINUE' is to the right of the progress bar. A yellow box with a black border is centered on the page, containing the text 'Finished 2 of 3 Steps. Please Continue.' A yellow arrow points from the 'CONTINUE' button to the yellow box. The page title 'NAC Application Cover Page' is at the top, and 'Page 1' is at the bottom right. The footer includes the NAC logo and the text 'North American Company for Life and Health Insurance'.

e-App Navigation: Declined e-Signature

Step 24c: You will see the below pop-up. Click Yes if you are sure you want the application to finalize.

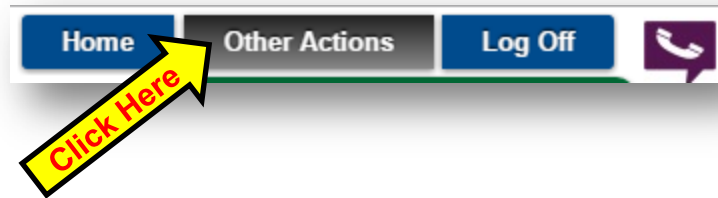


Step 25c: After you click Yes, you will see the below pop-up. Click Close after you read it.

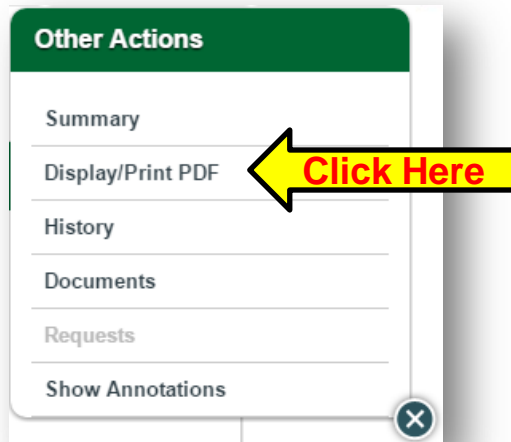


e-App Navigation: Declined e-Signature

Step 26c: In the top right-hand corner of the screen, click the Other Actions tab.





Step 27c: After you click Other Actions, you will see a drop down menu. Click on Display/Print PDF.
























e-App Navigation: Declined e-Signature

Step 28c: Click on Print Selected Documents. You will not need to select additional forms, as everything you filled out on the application will be included.

Select Documents to Print

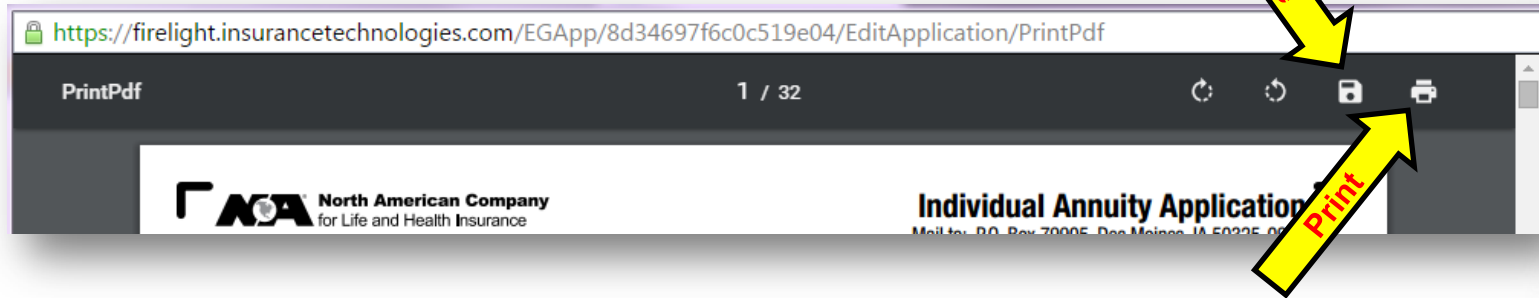
 **Print Selected Documents**

 **Back to Application**

<input checked="" type="checkbox"/>	Application Form	Application Cover Page		
<input checked="" type="checkbox"/>	Application Form	Fixed Annuity Application		
<input checked="" type="checkbox"/>	Application Form	Allocation Form		
<input checked="" type="checkbox"/>	Application Form	Deferred Annuity Suitability Form		
<input checked="" type="checkbox"/>	Application Form	Transfer Transaction Information		
<input checked="" type="checkbox"/>	Application Form	Authorization to Transfer Funds- Transfer		
<input checked="" type="checkbox"/>	Application Form	CharterPlus 10 Disclosure		
<input checked="" type="checkbox"/>	Application Form	Index Disclosure Supplement - Gold		
<input checked="" type="checkbox"/>	Application Form	S&P Volatility Disclosure		
<input checked="" type="checkbox"/>	Application Form	NAC Transfer Instruction Form		

e-App Navigation: Declined e-Signature

Step 29c: After you click on Print Selected Documents in step 28c, it will open a PDF File that you can save or print from. To save, click the save button. To print, click the print button.



Step 30b: Once you have printed the application, have the client sign the necessary forms and mail ALL forms to North American to the address listed below. **Please Note: Applications must be received within 10 calendar days.**

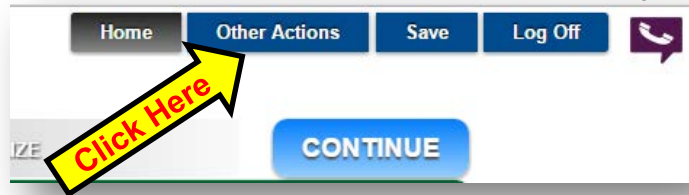
Overnight Mail Address:
4350 Westown Parkway
West Des Moines, IA 50266

Regular Mail Address:
PO Box 79905
Des Moines, IA 50325

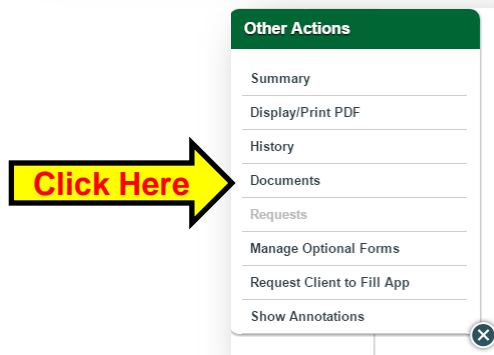
e-App Navigation: Adding Additional Documents

Additional documents can be uploaded to e-App at any time. This process would be used for additional notes to New Business, Suitability, Next Case Coupons or Transfer Paperwork from another company. Here is how:

Step 1: Click the Other Actions button in the top right hand corner of the screen.



Step 2: Click the Documents tab.



Step 3: Select the file type (i.e. Illustration or Other), then click “Choose File” and choose the file you want to upload.

