Contract application

Complete all questions

P.O. Box 14432, Des Moines, IA 50306-3432

Name (first, middle initial, last)			
Gender ☐ M ☐ F	Date of birth (mm/dd/yyyy)	Social Security number	National Producer number
Type of appointment (select one) ☐ Life ☐ Annuity	Contract type ☐ LLC* ☐ Partnership* ☐ Corporation* ☐ Individual	Taxpayer Identification number	CRD number
Residence address (street, city, state, ZIP)			Residence phone number
Business name (DBA)			Business phone number
Business address (street, city, state, ZIP)			Business fax number
Preferred mailing ☐ Residence address ☐ Business address			Cell phone number
E-mail address (required)		Preferred contact ☐ Residence phone ☐ Business phone ☐ Cell phone ☐ E-mail	
Broker/dealer name (if Registered Representative or affiliated with Broker/dealer)			
Broker/dealer address (street, city, state, ZIP)			Broker/dealer CRD number (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 1. 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 2. 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 3. 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 4. Has your Contract or appointment ever been terminated involuntarily by an insurer or FINRA member firm?

☐ Yes ☐ No 5. 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 6. Are you currently involved or ever been involved in litigation?

☐ Yes ☐ No 7. Do you have past due financial obligations?

☐ Yes ☐ No 8. Have you ever filed bankruptcy?

☐ Yes ☐ No 9. Does any person or entity claim any indebtedness from you as a result of any insurance transaction or business?

E&O Policy carrier: _____ E&O Policy number: _____ *According to the Individual Agent/Master Distributor Contract, you are responsible for keeping your E&O coverage current for the duration of your relationship with North American.*

Compliance

☐ Yes ☐ No

I will conform to the procedures outlined in the "Compliance Manual" and all company product guides.

Privacy Policy

☐ Yes ☐ No

I have reviewed and consent to the terms contained within the Privacy Policy, which can be found on www.sammonsfinancialgroup.com.

*California Applicants: The Privacy Policy is intended to comply with the California Consumer Privacy Act (CCPA), as amended, and its Notice at Collection requirement.

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[1] 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. This authorization shall remain valid and in effect during the term of my Contract. North American has 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. [1]Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc. I will not sell or solicit North American products in NY.

AGENT AUTHORIZATION – 1. The 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, and; 3. I am a U.S. citizen or other U.S. person, and; 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

In addition to the above, by signing below, I hereby:

(A) Authorize the company to use my information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, Contract, tenure, or other relationship with the company, utilizing Debit-Check.

(B) Authorize the company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) Authorize and direct Vector One to receive and process my information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the company.

(D) Authorize the company to submit my information to the Debit-Check service in the event of termination or expiration of my engagement with the company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the company.

(E) Authorize and direct Vector One to receive and process my information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing my information the results of my commission related debit balance screening, which will contain my information, to the extent a debit balance is owed.

Agent signature	Officer signature*	Date (mm/dd/yyyy)

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

Distributor signature	Code	Date (mm/dd/yyyy)

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

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