

# COMMISSION VERIFICATION FORM

*To ensure your commissions are paid correctly, please verify the appropriate box is marked below.*

**Individual** – All commissions are paid direct to the agent's SSN.

- Corporation** – All commissions are paid to the agency's TIN.
- The agent licensing the corporation must be the principal.
  - Must have a corporation/agency license for all states except FL, IA, TN, and WI.
  - The agent may need to provide Articles of Incorporation.

**Lower Level Subagent** – MGA who is receiving override on commissions must be set up with the company prior to submitting subagent's contract. The MGA will determine the commission level of the subagent. Both the MGA and the subagent will receive separate commission checks. (MGA signature required.)

**Licensed Only Subagent** – All subagent's commissions are paid to the MGA and the MGA pays the subagent their commissions. (MGA signature required.)

**X**

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MGA's signature

\_\_\_\_\_  
Date

# **AnnuityMasters® / Life InsuranceMasters™**

Divisions of Personalized Brokerage Services, LLC

## **Contracting Checklist – North American Company for Life and Health Insurance**

### **STANDARD CONTRACTING REQUIREMENTS**

Complete & sign PBS AGENT'S DECLARATION AND BACKGROUND AUTHORIZATION.

Complete & sign PRODUCER AGREEMENT L-2189.

Complete & sign PRODUCER CONTRACT APPLICATION AND AGREEMENT O-2622.

Complete & sign COMMISSION DIRECT DEPOSIT AUTHORIZATION FORM O-2619.

**PROVIDE COPIES OF E&O INSURANCE & AGENT LICENSE (AND OTHER NON-RESIDENT LICENSE IF APPLICABLE)**

### **CORPORATE CONTRACTING REQUIREMENTS**

Complete & sign ALL REQUIRED DOCUMENTS LISTED ABOVE. In addition, for the states of FL, IA, KY & VT, complete & sign ASSIGNMENT O-1343.

**PROVIDE COPIES OF E&O INSURANCE & AGENT & CORPORATE LICENSE (AND OTHER NON-RESIDENT LICENSE IF APPLICABLE)**

### **LICENSE-ONLY CONTRACTING REQUIREMENTS**

Complete & sign ALL REQUIRED DOCUMENTS LISTED ABOVE UNDER STANDARD.

Complete & sign LICENSED ONLY PRODUCER CONTRACT APPLICATION AND AGREEMENT O-2623, instead of O-2622.

**PROVIDE COPIES OF E&O INSURANCE & AGENT LICENSE (AND OTHER NON-RESIDENT LICENSE IF APPLICABLE)**

### **HIGHER LEVEL CONTRACTING REQUIREMENTS**

Complete & sign ALL REQUIRED DOCUMENTS LISTED ABOVE under Standard and Corporate. Complete & sign DISTRIBUTOR CONTRACT APPLICATION AND AGREEMENT O-2621, instead of O-2622.

**PROVIDE COPIES OF E&O INSURANCE & AGENT LICENSE (AND OTHER NON-RESIDENT LICENSE IF APPLICABLE)**

### **State-Specific Requirements**

AL, KY & RI: Resident & Non-residents include a copy of E&O insurance certificate.

Proper completion of the above documents will ensure speedy processing of your licensing and contracting. If you have any questions filling out these forms, please call us at:

**(800) 225-4896**

Please send completed contracts to:

**Personalized Brokerage Services, LLC**

**P.O Box 19240, Topeka, KS 66619**

Or Fax completed contracts to: **(785) 861-2487**

REVISED 11/15/2004

# Agent's Declaration and Background Authorization

**(All sections must be completed with contracting, including 9 & 10)**

**1** I hereby certify that my answers to the attached questions are true.

**2** It is also understood that I, not Personalized Brokerage Services, LLC, will be responsible for, but not limited to, any and all commission charge-backs, bonus compensation, and agent mailer costs incurred. Should litigation be necessary to collect any debit balances, reasonable attorney fees and collection costs plus interest at the highest rate allowable by state law will also be awarded to the prevailing party. I understand that PBS can hold commissions over and above \$20,000 per case until the free look period has expired and a delivery receipt has been signed by the policy owner and returned to PBS. This agreement shall be governed as to validity, interpretation, construction, effect and in all other respects by the laws of the state of Kansas and jurisdiction and venue shall be had in the courts of the state of Kansas.

**3** I fully understand I am not authorized to represent myself or my agency as an employee or representative of Personalized Brokerage Services, LLC, nor do I hold Personalized Brokerage Services, LLC responsible for my actions.

**4** I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws and consumer protection laws within the state(s) where I hold a resident and/or non-resident license. In my market conduct, I agree to follow the "golden rule" selling only those products that are suitable to my clients and their circumstances.

**5** Advertising Compliance: Any form of advertising, be it to Agents or to the public, regardless of the medium (e.g. Print, radio, Internet, etc.), must be sent to the relevant insurance company home office for review and compliance. NO AD MAY BE RUN WITHOUT WRITTEN HOME OFFICE APPROVAL. Failure to follow this rule can result in loss of your appointment, fines, and loss of your insurance license. Ads, which are non-specific to a company, should still be sent to the relevant company for clearance/approval. Ad approval is a contractual requirement, as well as a legal requirement. All Agents contracted through Personalized Brokerage Services, LLC with any insurance company agree to comply all forms of advertisements.

**6** You have permission to communicate with me by any means, including, but not limited to email and fax.


**7** Under penalties of perjury, I certify that the social security number (or tax payer identification number) shown on my application form is my correct I.D. number. A photocopy or fax of this authorization shall be as valid and effective as the original.

**8** I authorize any individual or company to give Personalized Brokerage Services, LLC, or its authorized representative, any and all information with reference to my character, credit, debts owed insurance companies, business reputation, employment history including information whether or not among their records, and I release said individual and/or company from any and all liability whatsoever which results, or might result, from the disclosure of such information. A photocopy or fax of this authorization shall be as effective as the original.

**9** Do you have personal Errors & Omissions (E&O) liability coverage?  Yes  No

I understand and acknowledge that I have no E&O Liability coverage from Personalized Brokerage Services LLC, and that I am responsible for my own liability and liability coverage.

**10** Are you NASD licensed (e.g.: Series 7 or 6, etc.)?  Yes, Series 6  Yes, Series 7  No

|  |                    |
|--|--------------------|
| Printed Name:<br>(Ms., Miss, Mrs., Mr.)  | Social Security #: |
| Home Address:  |                    |
| Broker-Dealer:   | Date of Birth:     |
| Office Phone:  | Office Fax:        |
| Home Phone:  | E-mail Address:    |
| <br>AGENT SIGNATURE | DATE               |

**MUST BE SIGNED BY AGENT**

REVISED 9/25/2003



# NORTH AMERICAN COMPANY FOR LIFE & HEALTH INSURANCE'S

## PRODUCER'S AGREEMENT

### 1. RELATIONSHIPS

The ATTACHED AGREEMENT is made by and between North American Company For Life and Health Insurance ("NACOLAH", "Company" or "its"), the undersigned Producer ("Producer", "you", "your"), and the undersigned Managing General Agent ("General Agent"). The Producer shall act in the good faith when dealing with NACOLAH's policyholders and acknowledges that all policies and the information contained therein are the property of NACOLAH. The Producer is an independent contractor for NACOLAH and not an employee of NACOLAH.

Incorporated into this Agreement as an integral part is Commission Schedule Form # L - 2194.

(Indicate the selected Commission Schedule form number.)

This Agreement shall be effective on the date indicated below.

**Producer:** \_\_\_\_\_ **Code:** \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agent (please print): \_\_\_\_\_

By: **X** \_\_\_\_\_  
(Authorized signature)

Social Security or Tax Identification Number: \_\_\_\_\_

**Managing General Agent:** \_\_\_\_\_ **Code:** 1U417

Printed Name: Personalized Brokerage Services, LLC / Chuck E. Lucius

By: \_\_\_\_\_  
(Authorized signature)

### North American Company for Life and Health Insurance

By: \_\_\_\_\_  
(Authorized signature)

Title: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### 2. AUTHORITY

a) The Producer agrees to:

1. procure applications for policies written by NACOLAH and, if applicable, recommend qualified solicitors, agents and/or brokers for NACOLAH appointment,
2. promptly forward all applications and initial premiums to NACOLAH,
3. take all reasonable steps to deliver policies issued by NACOLAH in accordance with NACOLAH's underwriting guidelines and agent bulletins; in the event policy delivery is not possible then you must return the policies immediately to NACOLAH's home office,
4. make reasonable efforts to maintain NACOLAH's policies and provide reasonable assistance to NACOLAH's policyholders,
5. operate in strict compliance with all applicable laws and regulations,
6. supervise and be responsible for keeping your agents and brokers informed of NACOLAH's published rules, guidelines, procedures, and practices which your General Agent provides to you,
7. exercise reasonable due care for the faithful performance, fidelity and honesty of your employees, agents and brokers and to maintain responsibility for all funds collected and business done by or entrusted to you and your employees,
8. promptly report to NACOLAH, in writing, any known or alleged misappropriation of funds by any agent, broker or employee regardless of whether such known or alleged misappropriation is with respect to funds of NACOLAH or funds of any other person or company,



## PRODUCER CONTRACT APPLICATION AND AGREEMENT

Agent Number \_\_\_\_\_  
 (Home Office Use Only)

All Questions Must Be Completed.

|  |               |                                    |  |                        |
|--|---------------|------------------------------------|--|------------------------|
| Full Name _____  |               |                                    | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                        |
| (First Name)   | (Middle Name) | (Last Name)                        |  |                        |
| Business Name _____  |               |                                    |  |                        |
| Contract Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ |               |                                    |  |                        |
| Check box for desired mailing address  |               |                                    |  |                        |
| <input type="checkbox"/> Resident Address _____  |               |                                    |  |                        |
| (Street, City, State, County, ZIP Code)  |               |                                    |  |                        |
| <input type="checkbox"/> Business Address _____  |               |                                    |  |                        |
| (Street, City, State, County, ZIP Code)  |               |                                    |  |                        |
| Resident Phone _____   |               | Business Phone _____               |  | Fax _____              |
| E-Mail Address _____   |               | License # _____ (attach Photocopy) |  |                        |
| Date of Birth _____  |               | Social Security # _____            |  | or Taxpayer ID # _____ |

**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 had your insurance license or securities license suspended or revoked or have you ever had an application for an insurance license denied by any insurance department?
  - Yes  No Have you ever had a complaint filed against you with an insurance department, NASD or other regulatory agency, or do you anticipate one being filed?
  - Yes  No Has any claim ever been made against you, your surety company, or errors and omissions insurer arising out of insurance sales or practices or have you been refused surety bonding?
  - Yes  No Has your contract or appointment ever been terminated involuntarily by an insurer?
  - Yes  No Are you at the present involved in any litigation or are there any unsatisfied judgments or liens (including state or federal tax liens) against you?
  - Yes  No Do you currently have a pending bankruptcy or have you ever declared bankruptcy?
  - Yes  No Have you pled guilty or nolo contendere to or been found guilty of a felony or a crime including but not limited to crimes involving dishonesty, breach of trust, or a violation of any federal law or are you now under indictment?
  - Yes  No Does any insurer, insured, or other person claim any indebtedness from you as a result of any insurance transactions or business?
  - Yes  No Are you currently licensed in your resident state? If yes, please attach a copy of your resident license.
  - Yes  No Are you currently licensed as a non-resident in any state? If yes and you would like to be appointed in that state, attach a copy of that license, and appointment fees.
  - Yes  No I certify that I have received, understand and will conform with the procedures outlined in the brochures Partnering with You on Compliance Matters.
  - Yes  No Do you have Errors & Omissions coverage? (Required by North American Company)
- PLEASE PROVIDE COPY OF DECLARATION PAGE.**

|  |  |
|--|--|
| Please indicate other companies with which you are currently licensed: _____   |  |
| Do you have a NASD license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your Broker-Dealer? _____  |  |
| What products do you sell? <input type="checkbox"/> Life <input type="checkbox"/> Variable <input type="checkbox"/> LTC <input type="checkbox"/> Group <input type="checkbox"/> Disability <input type="checkbox"/> Senior <input type="checkbox"/> Small Business <input type="checkbox"/> 403(b) |  |
| Annual Earnings: _____   |  |

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). If this application is approved by North American, I agree to be bound by all of the terms and conditions of such contract, supplements and addendums, the terms of which are incorporated into this application by reference. I agree not to solicit business until I have been notified by North American that I am authorized to do so either by mail or North American's Solicitation Guidelines.

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.

I understand that 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, personal characteristics or mode of living. I authorize North American or any of its affiliates<sup>1</sup> to obtain a consumer report and Vector One report in connection with this application. I further authorize North American or any of its affiliates or their duly authorized representative to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any illegal activity in order to obtain a record of such history, status or activities; and I hereby authorize the release of such information by such organization or individual about any debit balance I may incur to Vector One, its successors, or any organization designated to replace Vector One. I understand that by providing the fax/mail information above, I hereby consent to receive communications sent by or on behalf of Sammons Financial Group.

<sup>1</sup>Affiliate means any company owned, directly or indirectly, by Sammons Financial Group, Inc.

I hereby certify that all information and answers given by me on this application are true, and correct without any consequential omissions of any kind.

Signature  \_\_\_\_\_ Date \_\_\_\_\_

Distributor:/Producer **Personalized Brokerage Services, LLC /**  
Printed Name: **Chuck E. Lucius** Agent Number **1U417**

By: \_\_\_\_\_  
(Authorized Signature)

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

By: \_\_\_\_\_  
(Authorized Signature)

Title: \_\_\_\_\_

Effective Date of Agreement: \_\_\_\_\_

The North American Companies endorse and support the concepts in the Principles and Code of Ethical Market Conduct established by the Insurance Marketplace Standards Association (IMSA).

**Return pages 1 and 2 for approval by North American. North American will return an executed copy to you upon approval.**

**Retain pages 3 through 8 for your records.**

## Commission Direct Deposit Authorization Form

*This authorization gives North American Company for Life and Health Insurance and your financial institution the authority to deposit your compensation directly to your account. To take advantage of this service, all you need to do is:*

1. Complete the requested information about you, your financial institution and your account.
2. Mark the appropriate box specifying the type of account.

Checking Account

Attach a voided check for verification of all financial institution information.

Savings Account

Attach letter from financial institution verifying savings account number and routing number.

3. Return to Agency Services.

**NOTE: Be sure to sign the form, you may fax to 877-595-8256.**

### DIRECT DEPOSIT AUTHORIZATION

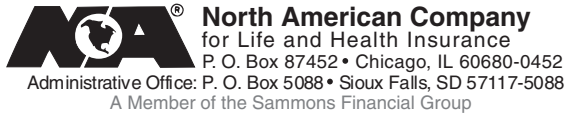
Please fill out and return to Agency Services, Chicago.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my Checking/Savings Account each pay period. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to the Company the amount of any such overage. This authorization will remain in effect until I have cancelled it in writing.

|                              |                          |                                    |
|------------------------------|--------------------------|------------------------------------|
| FINANCIAL INSTITUTION'S NAME | YOUR NAME (PLEASE PRINT) |                                    |
| BRANCH                       | YOUR ACCOUNT NUMBER      | BANK ROUTE NUMBER                  |
| CITY                         | STATE                    | FINANCIAL INSTITUTION PHONE NUMBER |
| YOUR SIGNATURE               | NORTH AMERICAN CODE #    | DATE                               |



**STAPLE VOIDED CHECK HERE**



\*O1343\*

**Prepare and Execute  
in Triplicate**

**ASSIGNMENT**

For value received, receipt of which is hereby acknowledged, Assignor hereby sells, assigns, transfers and sets over to the Assignee identified below all its right, title and interest in and to any and all commissions or other monies, as specified below, as may be now due and which may later become due under the Agreement(s), identified below, and under any amendments thereto which are currently in effect, heretofore entered into between Assignor and North American Company for Life and Health Insurance.

North American Company for Life and Health Insurance is hereby authorized and directed to pay all such commissions and monies to the Assignee and payment in accordance with this assignment shall, to the extent of payment, fully and finally discharge the Company from all liability under the said Agreement(s) and amendments, if any.

Assignor hereby certifies that Assignor is the sole and absolute owner of the said Agreement(s), and any said amendments thereto, that they are free from assignment and encumbrance and that Assignor has the full right to sell and transfer same.

ASSIGNEE \_\_\_\_\_  
PLEASE TYPE OR PRINT

Address \_\_\_\_\_

THIS ASSIGNMENT APPLIES TO ALL COMMISSIONS UNDER THE FOLLOWING AGENT NUMBERS

\_\_\_\_\_

Executed at \_\_\_\_\_ Date \_\_\_\_\_  
CITY / STATE

Assignor ~~X~~ \_\_\_\_\_  
MANUAL SIGNATURE ONLY

2nd Officer \_\_\_\_\_  
MANUAL SIGNATURE ONLY

Witness \_\_\_\_\_  
MANUAL SIGNATURE ONLY

Acknowledgement and Consent of General Agent or Producer\*

\_\_\_\_\_ DATE

ACCEPTED: **North American Company for Life and Health Insurance  
Chicago, Illinois**

By \_\_\_\_\_ Date \_\_\_\_\_

\* If General Agent or Producer is the Assignee, signature not required.