



North American Company
for Life and Health Insurance

BENEFICIARY DESIGNATION FORM

This form allows you to designate your beneficiary to receive vested commissions otherwise due to you in the event of your death. Once your beneficiary has provided us with a certified copy of your death certificate and the Deceased Agent Beneficiary Form, any commission will be payable to the beneficiary listed on file with us under the terms of the agreement set in your agent contract with North American Company for Life and Health Insurance® (North American). All payments will be made in accordance with the applicable contract with the company (copy available upon request). The beneficiary would also be responsible for any taxes incurred by payment of said commissions. In the event that you wish to change the designation of the beneficiary, the new designation would terminate the interest of all previous beneficiaries. In the event that you should have an indebtedness with North American, commissions would be applied to the debt first, and then to the beneficiary.

BENEFACTOR INFORMATION (please print or type):

LAST NAME FIRST NAME MI SOCIAL SECURITY # AGENT #

ACTION TO BE TAKEN:

Add Beneficiary Modify Beneficiary Information Change Beneficiary

BENEFICIARY INFORMATION:

FULL NAME (must be natural person or trust*) SOCIAL SECURITY/TIN # DATE OF BIRTH

ADDRESS CITY, STATE ZIP CODE PHONE

By signing below, I agree that under the terms of my contract with North American, any commission not yet paid to me at the time of my death shall be payable to the above-named beneficiary.

FORM MUST BE NOTARIZED

AGENT SIGNATURE

DATE

*A copy of the trust must be provided.

Return completed form to:

North American Company for Life
and Health Insurance®, Annuity Service Center
Attention: Commissions Department
4350 Westown Parkway
West Des Moines, IA 50266
Fax: (866)322-7072

<p>Dated at _____, _____, the (STATE) (COUNTY)</p> <p>_____ day of _____, 20_____.</p> <p>Signed and sworn to (or affirmed) before me by</p> <p>_____ NAME(S) OF PERSON(S)</p> <p>_____ (SIGNATURE OF NOTARY)</p> <p>STAMP/SEAL:</p>
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