

North American Deferred Annuity New Business Checklist



Client's Name: _____

- Fixed Annuity Application (11292Z)** – Check State Approval chart (6746Z) for appropriate state variations.
- Fixed Index Annuity Allocation Form (11940Z)** – Required for all deferred annuity applications except CMA.
- Verification of ID Form (11416Z)** – Required with each application. This needs to be a valid non-expired form of id.
- Suitability Form (11795Z)** – Required with each application.
- Product Specific Disclosure Form**– Check Disclosure Forms chart (7372Z) for appropriate state variations. Verify owner/s have initialed next to the surrender charge option elected and declined. Required for all products except CMA's.
- Annuity Replacement Form** – Required if your client has an existing or pending life insurance or annuity contract. For NAIC states – also required if this annuity will be replacing or changing an existing life insurance or annuity contract. See State Approval chart (6746Z) for state variations.
- Transfer Form (6780Z)** – Required if a transfer is involved. Be sure to include the estimated premium amount on the application.
- Certification of Trust Agreement (10112Z)** – Required when a Trust is listed as an owner or beneficiary on the application.
- Beneficiary Designation Form (8014Z)** – Available if there isn't enough room on the application for beneficiaries.
- Multi-Gen Distribution Form (8103Z)** – Required when setting up Inherited IRA's.
- Guaranteed Income Advantage Election Form (11603Z)** – Required when electing the GMWB rider. Available for Non-Qualified contracts at all ages. Client must be age 60 or above for Qualified contracts.

Additional Notes:

- Ensure product meets the minimum premium requirement.
- Verify owner/annuitant does not exceed maximum issue age for product selected.
- Use most current state-specific forms.
- Review all forms for completeness.
- DO NOT USE WHITE OUT** or alter our forms. If you have a correction, cross it out and have the owner/annuitant initial the change.
- Include the beneficiary's address and social security number. This will ensure distributions at death are payable to the intended recipient.
- When sending in corrections, be sure to write the policy number on all mail or faxes sent to our office to ensure they are matched to the correct file.
- Stamped signatures are not allowed.

Special Instructions:

These forms are available on the Web site at www.nacannuity.com or call our Marketing Support department at 866-322-7066.

Overnight to:
North American Co. for Life and Health
4601 Westown Parkway, Ste 300
West Des Moines, IA 50266