

Accredited investor certification form



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

This form is required for applicants age 65 and older who are applying for any annuity products with a surrender charge period longer than 10 years and/or whose surrender charge percentage is higher than 10% in the first contract year. In addition to completing and submitting this form, your annuity application will be subject to our normal suitability requirements.

Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality.

Note: 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Joint Applicant/Owner's first name	MI	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

I (we) understand that we are applying for an annuity contract that includes a surrender charge schedule that is longer than 10 years and/or whose surrender charge exceeds 10% in the first year.

I (we) understand that North American Company for Life and Health Insurance® offers other annuity contracts that include a surrender charge schedule that is less than 10 years and/or whose surrender charge does not exceed 10% in the first year.

I (we) certify that we are accredited investors at the time of this sale based on the following criteria (check the statements that apply to you):

- My net worth (or our joint net worth) exceeds \$1 million. (Net worth excludes equity in the primary residence).
- My individual income has been in excess of \$200,000 in each of the two most recent years and has a reasonable expectation of reaching the same income level in the current year.
- Our joint income has been in excess of \$300,000 in each of the two most recent years and has a reasonable expectation of reaching the same income level in the current year.

Fraud warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant/Owner signature

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.

_____	<input type="text"/> - <input type="text"/> - <input type="text"/>
Applicant/Owner signature	Date (mm/dd/yyyy)

_____	<input type="text"/> - <input type="text"/> - <input type="text"/>
Joint Applicant/Owner's signature	Date (mm/dd/yyyy)

Agent statement - Acknowledgment of responsibility for suitability recommendation for Accredited investor

By signing below, I certify that I have reasonable grounds for believing that the recommendation to purchase this annuity is suitable for the Applicant/Owner based on the information they have provided.

_____	<input type="text"/> - <input type="text"/> - <input type="text"/>
Agent signature	Date (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>
Florida license number	Agent number



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