HOW TO DO BUSINESS WITH NORTH AMERICAN LIFE:

Submission:

- **ALL** new business can be faxed directly to 800-951-9430.
- Cases can be “shopped” by using the attached trial application pages.
- Sales support is available by calling 800-669-9100.

Checking Case Status:

- Agents are **REQUIRED** to get registered on the NACOLAH website at www.nacolah.com once they are appointed to track case status and requirements. User name will be (5) zeros plus your 5 digit agent code. Your password will be the last four digits of your Social Security number or Federal Tax Id number for corporations.
- All agents have direct access to NAL by calling 800-669-9100.
- Be sure to include the client name and policy number on all correspondence.

Where to submit monies to NAL:

- If the agent takes a check with the application, mail it with the application and be sure to put the client’s social security number in the memo section.

- If the agent collects the check after the policy has been issued a policy number, the agent will need to put the policy number on the memo line and the check should be mailed directly to NAL at:

North American Purple Team
One Midland Plaza
Sioux Falls, SD 57193
Attention: Policy Issue/Underwriting

Commissions:

- All questions regarding commissions, please call 800-669-9100.

Illustrations and Marketing Support:

- Please contact your immediate up line or Marketing Representative.
- Agents contracted directly with OAKTREE Life and Annuity can call a member of the agent services team at 800-842-9124 ext. 406 or email them at agentservices@otfc.com
- Please call 800-800-3656 ext. 10411 for software support.

North American Company
for Life and Health Insurance
P. O. Box 466 • Chicago, IL 60690

Clear Form

Clear Kit

TRIAL INQUIRY

IMPAIRED RISK CASES SHOULD BE BROUGHT TO US ON A **"TRIAL INQUIRY"** BASIS. **PLEASE DO NOT SUBMIT ANY PREVIOUSLY SHOPPED CASES WHICH HAVE BEEN HEAVILY RATED OR DECLINED BY MULTIPLE CARRIERS.**

Name of Insured: ____________________ DOB:__________ Age:__________

☐ Male ☐ Female Height: __________ Weight: __________

Address:

Business/occupation/duties: ____________________

Currently Working? ☐ Yes ☐ No ☐ Retired If "No", please state reason. Or, if retired, state daily activities, including any volunteer work.

Proposed insurance amount: $__________ Plan:__________

Purpose of insurance:____________________

Insurance now in force: Amount $__________ Company:__________

Amount $__________ Company:__________

Describe your tobacco use: ☐ Never ☐ Current ☐ Quit ______ months ago.

Within the past 10 years, have you been diagnosed or treated by a medical professional for any of the following:
heart disease; stroke; cancer; brain or mental disease; or alcohol or drug abuse? ☐ Yes ☐ No
If "Yes", give details below, including date diagnosed, doctor's name and address, and prescription medicines currently taking.

Have you ever been declined/rated? ☐ Yes ☐ No Year: ____________________

Company: ____________________

Reason for rating/decline:____________________

Name of your primary physician: ____________________

Address: ____________________ Phone:__________

When and why did you last consult?____________________

What other physicians have you consulted during the past 5 years and why?

List all current medications, including dosage and frequency:

FAMILY HISTORY:

	Age (If Living)	Age at Death	Cause of Death
Mother			
Father			
Brother(s)			
Sister(s)			

ADDITIONAL INFORMATION: Please provide details regarding the impairment in the space below:

PLEASE NOTE: Before sending in a trial inquiry, the licensed agent should refer to the checklist of cases ineligible for Full Spectrum Underwriting. Before we can give a quote for people age 75 and older, we will need complete records due to the complex nature of these cases.

AUTHORIZATION - I authorize: MIB, any medical professional, hospital or other medical care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator, viatical company, viatical broker or provider, or any named Proposed Insured, to give North American Company for Life and Health Insurance or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information including advice, care or treatment provided the patient named below. This includes information relating to mental illness, use of drugs or use of alcohol. I also authorize my employer, group policyholder or benefit plan administrator to provide North American Company for Life and Health Insurance with financial or employment-related information. Data obtained by use of this authorization will be used by the Company to determine probable eligibility for insurance. This authorization is valid for 24 months from the date signed. I may revoke this authorization for information not then obtained by notifying the Company in writing. Such revocation will not be effective until received by the Company.

I understand this quote is subject to full underwriting review.

X______________________________
Signature of Proposed Insured

____
Managing General Agent (Agency)

X______________________________
Signature of Licensed Agent

____
Agent License #

North American Supply Requisition

When ordering supplies, please fax this form to the **Sales Support (701) 433-6769**

Instructions - Please allow 7-10 business days for delivery

1. Each Item should have a current form number

2. Complete name and address for shipping*

3. Active agent number is required to receive supplies

*Please note that UPS can not deliver to a PO box

Date	Phone Number	Agent Number
Attention		
Company		
Street Address*		
City	State	Zip Code

Description	Form #	State Code (if applicable)	Qty.
Forms/Applications			
Application Kit	App Kit		
Application Kit	App Kit		
Application Kit	App Kit		
Application Kit	App Kit		
Internal Replacement			
External Replacement			
PAC Form	L-1683		
Credit Card Auth.	L-2856		
1035 Exchange	L-2008		
Trial Inquiry	L-2980		
HIPAA Form	L-3100		
TIA - $1 million	L-2977 R		
Marketing Materials			
Annual Report	PR-578		
At a Glance	PR-604		
Builder At A Glance	PR-1007		
Custom Buillder At a Glance	PR-854		
Financial Strength Ratings Flyer	PR-714		
Sales Success - Custom Extra Affordable	PR-700		
Sales Success - Custom Extra Key Person	PR-701		
Sales Success - Custom Guarantee	PR-706		
Sales Success - Custom Access	PR-747		
Sales Success - Custom TermUL	PR-748		
Sales Success - Buidler IUL	PR-907		
Sales Success - Guarantee Builder IUL	PR-1003		
Rate Sheet for IUL products	PR-1008		
Rate Card Holder	PR-593		
Recruitment Wrap	PR-767		
Marketing Materials Flyer	PR-770		
PIN Promo Flyer	PR-778		
Sales and Marketing Support Brochure	PR-834		
Lifeline Flyer	PR-836		
Life Insurance Awareness Postcard	PR-911*		
Advanced Life Ins Consulting Services	PR-967*		
* Contact Marketing Communications for forms			
Consumer Brochures			
Custom Access	PR-746		
Custom Access - Texas	PR-746 TX		
Custom TermUL	PR-718		
Custom Accumulator - Retirement	PR-646		
Custom Accumulator - College	PR-647		
Custom Extra	PR-650		
Custom Guarantee	PR-653		

Description	Form #	Qty.
Builder IUL	PR-855	
Guarantee Builder IUL	PR-1001	
ADDvantage	PR-876	
Product Marketing Guides		
ADDvantage	PR-875	
Custom TermUL	PR-716	
Custom Accumulator	PR-644	
Custom Extra	PR-648	
Custom Gurarentee	PR-651	
Custom Access	PR-744	
Builder IUL	PR-851	
Guarantee Builder IUL	PR-1000	
Broker Stuffers		
ADDvantage	PR-887	
Custom TermUL	PR-717	
Custom Accumulator	PR-645	
Custom Extra	PR-649	
Custom Guarantee	PR-652	
Custom Access	PR-745	
Builder IUL	PR-853	
Guarantee Builder IUL	PR-1002	
Software		
Software Illustration CD	PR-671	
Illustration Cover	PR-699	
Software Flyer	PR-719	
Policy Administration Forms		
Multipurpose Service Request	L-2777	
Underwriting Forms		
Once You Have Applied (for Consumers)	PR-574	
APS Guideline - UW Requirements	L-2934	