

# Split Dollar - Economic Benefit Certification



## Instructions

- Use this form when submitting a new application for life insurance that will be issued by North American Company for Life and Health Insurance® (“we”, “our”, “us” or the “Company”) when there is an economic benefit split dollar agreement (“Agreement”) between the Policy Owner and Proposed Insured.
- A copy of the Agreement is not required.

**We require forms to be in “good order” which means they are properly completed with all required information we need to process.** Forms not received in good order will return to you unprocessed. Please indicate below how you would like us to notify you if any form we require is not in good order.

Call me at \_\_\_\_\_ or Email me at \_\_\_\_\_

## Policy Information

Policy Number(s): \*Please state “pending” if this form is being submitted with a new application.

Name of the Proposed Insured (first, middle initial, last)

Name of the Policy Owner (Name of the Business)

## Fraud statement

**CA Residents:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## Signatures

We hereby agree that the applied for life insurance policy is associated with an Agreement between the above listed Policy Owner and Proposed Insured.

We further agree to, and understand, the following:

1. the Company is not a party to the Agreement and has no rights, duties, or obligations of any kind whatsoever thereunder;
2. the Company is acting solely as the life insurance provider and is only obligated to provide the benefits specified in the life insurance policy as issued to the Policy Owner;
3. the Company did not provide any legal, financial, tax or other advice associated with, or in connection with, the drafting or execution of the Agreement;
4. the administration, including the allocation of any benefits, of the Agreement is solely the responsibility of the Proposed Insured and the Policy Owner of the Policy;
5. at the time any death benefit proceeds or other proceeds (individually and collectively “proceeds”) become payable, the Company will contact the Policy Owner to receive instructions as to how any proceeds are to be paid;
6. any rights regarding the receipt of the proceeds by a beneficiary of the proposed insured is dependent upon the split dollar agreement and that any recourse as to the receipt of proceeds is pursuant to that agreement;
7. the Company may require the Policy Owner and any beneficiaries, to consent, in a form and manner acceptable to the Company, as to how any Policy proceeds are paid or otherwise allocated and/or distributed to the beneficiaries.

Owner's signature:	Date (mm/dd/yyyy):
Proposed Insured's signature:	Date (mm/dd/yyyy):
Agent signature:	Date (mm/dd/yyyy):



\*O-2991\*