

New Business Checklist—Deferred Annuity



Client's Name: _____

Commonly Used Forms:

- ☐ **Fixed Annuity Application (11292Z)** – Check State Approval chart (6746Z) for appropriate state variations.
- ☐ **Fixed Index Annuity Allocation Form (14238Z)** – Required for all fixed indexed annuity applications.
- ☐ **Suitability Form (14211Z)** – 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 CMAs.
- ☐ **Annuity Replacement Form** – Required if this annuity will be replacing or changing a life insurance or annuity contract. Also, some states require this form if your client has an existing or pending life insurance or annuity contract. Some states require additional replacement forms or comparison forms. See State Approval chart (6746Z) for details regarding state variations and additional forms.
- ☐ **Transfer Form (6780Z)** – Required if a transfer is involved. Include the estimated premium amount on the application.

State-Specific Forms:

- ☐ **CA Disclosure Comparison Form (13733Z-04)** – Required in California for replacements age 65 or older.
- ☐ **FL Accredited Investor Form (14558Z)** – Required in Florida for select annuities age 65 or older.
- ☐ **FL Suitability Questionnaire (13409Z)** – Required in Florida for select annuities age 65 or older.
- ☐ **FL Disclosure and Comparison Form (13408Z)** – Required in Florida for replacements age 65 or older.
- ☐ **KS and OH Single Premium Disclosure Form (6778Z-KS or 6778Z-OH)** – Required for single premium deferred annuities signed in Kansas or Ohio.

New Business Guidelines:

- ☐ Original paperwork required to set up an application.
- ☐ 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. Ensures distributions at death are payable to the intended recipient.
- ☐ When sending in corrections, write the policy number on all mail or faxes so they can be matched to the correct file.
- ☐ Client's address must be a street address. (PO Box is not allowed.)

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 Company for Life and Health Insurance
4350 Westown Parkway, West Des Moines, IA 50266

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(Continued)



Electing a GMWB Rider?

- ☐ **GMWB Election Form (14191Z)** – Required when electing the Guaranteed Minimum Withdrawal Benefit rider.

Using a Trust?

- ☐ **Certification of Trust Agreement (10112Z)** – Required when a Trust is listed as an owner or beneficiary on the application.

Need More Room for Beneficiaries?

- ☐ **Beneficiary Designation Form (8014Z)** – Available if there isn't enough room on the application for beneficiaries.

Setting up a Stretch IRA?

- ☐ **Multi-Generational Distribution Form (8103Z)** – Required when setting up Inherited IRAs.

403(b)/TSA Checklist:

- ☐ **403(b) Exchange Disclosure and Acknowledgement Form (11907Z)** – Required if there is an exchange involved.
- ☐ **Billing Supplement Form (9099Z)** – Required if the contract is set up for salary reduction.
- ☐ **TX Uniform Disclosure Form (8329Z)** – Required in the State of Texas if the contract is set up for salary reduction. The Billing Supplement Form (9099Z) is also required.
- ☐ The employer's 403(b) plan document provides key provisions under which the plan operates, as well as providing a list of approved vendors. If North American has not received and reviewed the employer's plan document, there may be **delays in the processing** of new business.

Special Instructions: _____

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