

North American Immediate Annuity New Business Checklist



Client's Name: _____

- ☐ **Fixed Annuity Application (11292Z)** – Check State Approval chart (6746Z) for appropriate state variation.
- ☐ **Payout Election Form (11953Z)** – Check State Approval chart (6746Z) for appropriate state variations.
 - Please make sure to attach voided check. (For savings accounts, please provide routing/account # on bank letterhead.)
- ☐ **Suitability Form (14212Z)** – Required with each application.
- ☐ **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. 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.

Additional Notes:

- ☐ Original paperwork required to set up an application.
- ☐ 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.
- ☐ Client's address must be a street address. (PO Box is 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 Company for Life and Health Insurance
4350 Westown Parkway
West Des Moines, IA 50266