

**REPLACEMENT DISCLOSURE COMPARISON STATEMENT**  
(Annuity-to-Annuity Replacement Only)



Name of Applicant(s)	Telephone
Address	
Name of Producer	Telephone
Company	
Address	

EXISTING		PROPOSED NORTH AMERICAN PRODUCT	
Insurance Company		Proposed Annuity (Marketing Name)	
Policy/Contract Number		N/A	
Initial Premium		Initial Premium	
Accumulation Value			
Current Surrender Value		N/A	
Surrender Charge Period Remaining		Surrender Charge Period Duration	
Surrender Charge Schedule		Surrender Charge Schedule	See Product Specific Disclosure
MVA (yes/no)		MVA (yes/no)	
Premium Bonus? If yes, bonus percentage and length of vesting time remaining, if applicable.		Premium Bonus? If yes, bonus percentage and length of bonus period.	
Interest Rate Bonus? If yes, provide bonus rate.		Interest Rate Bonus? If yes, provide bonus rate.	
Death Benefit		Death Benefit	
Penalty-free Withdrawals		Penalty-free Withdrawals	
Guaranteed Minimum Cash Surrender Value		Guaranteed Minimum Cash Surrender Value	

Producer's statement:  
Primary reason(s) for recommending a new annuity contract:

I have personally completed this form and certify that it is correct to the best of my knowledge and belief.

Signature of Producer	Date
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—A copy of this completed form must be provided to the applicant, company, and agent—

**North American Company for Life and Health Insurance** | Annuity Service Center

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