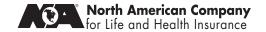
## REPLACEMENT DISCLOSURE COMPARISON STATEMENT

(Annuity-to-Annuity Replacement Only)



Address    Name of Producer	NI	Tr.L., L.		
Name of Producer  Company Address  EXISTING  PROPOSED NORTH AMERICAN PRODUCT  Insurance Company  Projosed Annuity (Marketing Name)  Policy/Contract Number  Initial Premium  Accumulation Value  Current Surrender Value  Surrender Charge Period  Remaining  Period Duration  Surrender Charge Schedule  MVA (yes/no)  Premium Bonus II yes, bonus percentage and length of vesting time remaining, if applicable. Interest Rate Bonus II yes, provide bonus rate.  Death Benefit  Penalty-free Withdrawals  Guaranteed Minimum Cash  Surrender Value  I have personally completed this form and certify that it is correct to the best of my knowledge and belief.			ne	
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EXISTING  PROPOSED NORTH AMERICAN PRODUCT  Insurance Company  Projosed Annuity (Marketing Name)  Projocy/Contract Number  N/A  Initial Premium  Accumulation Value  Current Surrender Value  Surrender Charge Period Remaining  Surrender Charge Period Period Remaining  Surrender Charge Schedule  N/A  Surrender Charge Schedule  Surrender Charge Schedule  WAYA (yes/no)  Premium Bonus? If yes, bonus percentage and length of vesting ime remaining, if applicable.  Interest Rate Bonus? If yes, provide bonus rate.  Death Benefit  Death Benefit  Penalty-free Withdrawals  Guaranteed Minimum Cash Surrender Value  I have personally completed this form and certify that it is correct to the best of my knowledge and belief.	• •			
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Policy/Contract Number  Initial Premium  Accumulation Value  Current Surrender Value  Surrender Charge Period  Remaining  Surrender Charge Period  Remaining  Surrender Charge Schedule  MVA (yes/no)  Premium Bonus? If yes, bonus percentage and length of vesting time remaining, if applicable. Interest Rate Bonus? If yes, provide bonus rate.  Death Benefit  Death Benefit  Penalty-free Withdrawals  Guaranteed Minimum Cash Surrender Charge  Period Duration  Surrender Charge Period Duration  Surrender Charge Period Duration  Surrender Charge Schedule  See Product Specific Disclosure  MVA (yes/no)  Premium Bonus? If yes, bonus percentage and length of vesting time remaining, if applicable. Interest Rate Bonus? If yes, provide bonus rate.  Death Benefit  Death Benefit  Penalty-free Withdrawals  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.	EXISTING	PROPOSED NORTH	PROPOSED NORTH AMERICAN PRODUCT	
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Accumulation Value  Current Surrender Value  Surrender Charge Period Remaining  Surrender Charge Period Duration  Surrender Charge Schedule  Surrender Charge Schedule  Surrender Charge Schedule  MVA (yes/no)  Premium Bonus? If yes, bonus percentage and length of vesting time remaining, if applicable. Interest Rate Bonus? If yes, provide bonus rate.  Death Benefit  Death Benefit  Penalty-free Withdrawals  Guaranteed Minimum Cash Surrender Value  I have personally completed this form and certify that it is correct to the best of my knowledge and belief.	Policy/Contract Number	N/A		
Accumulation Value  Current Surrender Value  N/A  Surrender Charge Period Remaining  Surrender Charge Period Duration  Surrender Charge Schedule  WAA (yes/no)  MVA (yes/no)  Premium Bonus? If yes, bonus percentage and length of vesting period.  Interest Rate Bonus? If yes, provide bonus rate.  Death Benefit  Penalty-free Withdrawals  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.	Initial Premium	Initial Dramium		
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Penalty-free Withdrawals  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.	Interest Rate Bonus? If yes,	Interest Rate Bonus? If yes, provide bonus rate.		
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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.	Penalty-free Withdrawals	Penalty-free Withdrawals		
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.				
I have personally completed this form and certify that it is correct to the best of my knowledge and belief.  Signature of Producer  Date		new annuity contract:		
Signature of Producer Date	I have personally completed this form a	nd certify that it is correct to the best of	my knowledge and belief.	
	Signature of Producer		Date	

-A copy of this completed form must be provided to the applicant, company, and agent-

 $\textbf{North American Company for Life and Health Insurance} \ | \ \mathsf{Annuity Service Center}$ 

**T** 866-322-7065 **F** 866-322-7075 PO Box 79905 Des Moines, IA 50325-0905

