

Life Insurance Premium Financing Client Disclosure and Acknowledgment



Must be signed by Proposed Policy Owner and Proposed Insured, if different

Proposed Insured name:	Date of birth (mm/dd/yyyy):
Proposed Policy Owner name:	

I/We, the undersigned Proposed Insured and Policy Owner are agreeing to a life insurance policy purchase through North American Company for Life and Health Insurance® (hereinafter the “Company”) using premium financing. We are considering borrowing funds from a third-party lender to pay some or all of the premiums on the proposed policy. I/We understand and agree as follows:

- The Company’s only role in this transaction is as the provider of the life insurance policy, and it is not providing any financial, legal, tax or other advice regarding the sale.
- I/We are solely responsible for the selection of the lender, the negotiation of the terms of any loan/financing arrangement, and the financial obligations under the loan/financing arrangement. The Company does not endorse any premium financing lender.
- I/We understand that the Company does not make any representations regarding the deductibility or other tax consequences with respect to interest on funds borrowed to pay life insurance policy premiums.
- Notwithstanding the Company’s issuance of a financed life insurance policy, the Company is not a party to and is not bound by any of the provisions or representations relating to any premium financing arrangement associated with the proposed policy.
- Premium financing involves certain risks including, but not limited to, change in interest rates, increased insurance and premium costs, market volatility, change in collateral valuation, and termination, modification, or non-renewal of the loan by the third-party lender. These risks also include the risk that the policy will not be in force at the time of the death of the Proposed Insured(s).
- I/We have had the opportunity to consult with independent tax and legal counsel regarding this transaction including, but not limited to, any advice regarding the federal and state income, gift, and estate tax implications of premium financing, and considerations around life insurance funding.
- I/We have received and reviewed a life insurance policy illustration and understand that the illustration is hypothetical and reflects assumptions about the policy’s non-guaranteed elements. Illustrated premium payments, policy values and death benefits are hypothetical and are not guaranteed. These hypothetical values are based on the age, sex and risk class of the Proposed Insured(s), the death benefit option, and any riders shown. Actual credited interest rates, actual policy charge rates, any policy loans or partial surrenders, and any policy or rider changes may affect actual results, as well as the premium financing arrangement. I/We also understand that the hypothetical illustration does not guarantee future performance and is intended to help me/us understand how the selected product works based on hypothetical assumptions.
- I/We understand the complexity of the transaction and have a legitimate need for the life insurance policy.
- I/We are not receiving financial inducement to purchase or finance the life insurance policy.
- I/We have no intent to sell, assign, or otherwise transfer the life insurance policy, or any of its benefits to a party other than the premium financing lender disclosed to the Company.

Proposed Insured signature:	Date (mm/dd/yyyy):
Proposed Policy Owner (or Trustee if trust owned) signature:	Date (mm/dd/yyyy):



O-2998

Financial Professional(s) Certification

By signing below, I hereby certify that I have presented copies of this form to the Proposed Insured and/or Proposed Policy Owner, that I have made no statements and provided no information to the Proposed Insured and Policy Owner inconsistent with the information provided in this form. I further certify that I am not, nor have I ever represented myself to be, a representative of the Company except in my limited capacity as a Financial Professional appointed by the Company solely to solicit and accept life insurance applications on its behalf. Further, where applicable, I certify that I have only used sales/marketing material that have been approved by the Company, and that the life insurance policy conforms to the Company's guidelines.

Financial Professional Name:

Financial Professional Signature:	Date (mm/dd/yyyy):
-----------------------------------	--------------------

Financial Professional Name:

Financial Professional Signature:	Date (mm/dd/yyyy):
-----------------------------------	--------------------