

Review your life insurance options

Fill this out with your financial professional to see how Protection Builder IUL® 2 compares to your current life insurance policy.

Your information

Name _____ Age _____

Current policy	Protection Builder IUL® 2
Underwriting class _____	Underwriting class _____
Type of policy _____	Type of policy _____
Policy Issue date _____	Policy Issue date _____
Total death benefit \$ _____	Total death benefit \$ _____
Annual premium \$ _____	Annual premium \$ _____
Value as of _____ (insert date)	
Death Benefit Guaranteed to Age _____	Death Benefit Guaranteed to Age _____
Projected to Age _____	Projected to Age _____

Benefits (check all that apply)

<input type="checkbox"/> Accelerated Death Benefits (Terminal, Critical, Chronic)	<input type="checkbox"/> Accelerated Death Benefits (Terminal, Critical, Chronic)
<input type="checkbox"/> Premium Recovery Endorsement/Return of Premium Feature	<input type="checkbox"/> Premium Recovery Endorsement/Return of Premium Feature
<input type="checkbox"/> Accidental Death Benefit Rider	<input type="checkbox"/> Accidental Death Benefit Rider
<input type="checkbox"/> Guaranteed Insurability Rider	<input type="checkbox"/> Guaranteed Insurability Rider
<input type="checkbox"/> Premium Guarantee Rider	<input type="checkbox"/> Premium Guarantee Rider
<input type="checkbox"/> Waiver of Monthly Deduction Rider	<input type="checkbox"/> Waiver of Monthly Deduction Rider

Protection Builder IUL® 2 is issued on form PI00/ICC22P100/PI00CA (policy), E101/ICC22E101, E103/ICC22E103, E104/ICC22E104, E108/ICC22E108, E109/ICC22E109/TR197, E110/ICC22E110/TR20904, E111/ICC22E111/TR20804, E114/ICC22E114, R100/ICC23R100, R101/ICC23R101, R102/ICC23R102, R103/ICC22R103, R104/ICC24R104, R106/ICC23R106 (riders/endorsements) or appropriate state variation by North American Company for Life and Health Insurance®, West Des Moines, IA. Products, features, endorsements, riders or issue ages may not be available in all states. Limitations or restrictions may apply.

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