



**North American Company**  
for Life and Health Insurance  
Since 1886



## MGA Contract Transmittal

Agent Name: \_\_\_\_\_ Producer Name (if known): \_\_\_\_\_

**Contract Type:**    ☐ Producer    ☐ License Only Producer    ☐ Distributor    ☐ Contract Change

Indicate Commission Level: \_\_\_\_\_

Hierarchy (reports to):

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Code: \_\_\_\_\_

Comments or Special Instructions:

Any pending business will be paid according to the agent contract (if any) in effect prior to receipt of this Transmittal Form by North American Company for Life and Health Insurance®.

Certain states require a supervising agent/agency to be licensed to receive override commissions. If a license is not held in these states when business is written, override commissions will not be paid.

The individual or agency receiving the compensation from the License Only Producer production must always be licensed/appointed in every State the Producer is licensed/appointed.

### Completed contracting should be forwarded to:

North American Life Division  
Attention: Agency Services  
P.O. Box 5088  
Sioux Falls, SD 57117-5088  
Phone: 877-872-0757  
Fax: 877-595-8254  
Email: teampurple@sfgmembers.com

North American Annuity Service Center  
Attention: Agency Services  
P.O. Box 79905  
Des Moines, IA 50325-0905  
Phone: 866-322-7068  
Fax: 866-322-7072  
Email: annuitylicense@sfgmembers.com

**Distributor Signature** \_\_\_\_\_ **Code# (if known)** \_\_\_\_\_ **Date** \_\_\_\_\_