



MGA Contract Transmittal

Producer Name: _____ Producer Code (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 _____ **Distributor #** _____ **Date** _____