

IDAHO ANNUITY DISCLOSURE

The form is required to be completed for any Annuity Contract executed in the state of Idaho, and it is to be retained with the Annuity Application and Contract during the contract period and for five years after termination. All information, where applicable, must be completed in percentages or dollar amounts.

SECTION I – PRODUCER INFORMATION					
Producer Name:		NIPR Number:			
Producer Address City, State, Zip:		License Number:			
		Email Address:			
Telephone:		Website:			
I (Producer) am licensed to sell annuities, and offer the following insurance/annuity products:					
<input type="checkbox"/> Fixed/Equity-Indexed Annuities		<input type="checkbox"/> Variable Annuities		<input type="checkbox"/> Life Insurance	
I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about:					
<input type="checkbox"/> Mutual Funds / ETFs		<input type="checkbox"/> Stocks / Bonds		<input type="checkbox"/> Certificates of Deposit	
You can ask how I am compensated. Depending on the particular annuity I sell, I will or may be paid cash compensation as follows:					
<input type="checkbox"/> Commission (Paid by Company)		<input type="checkbox"/> Fees (Paid by consumer)		<input type="checkbox"/> Other (Describe):	
SECTION II – ANNUITANT INFORMATION (If joint, complete for all)					
Annuitant Name:		<input type="checkbox"/> M <input type="checkbox"/> F	Age at Issue:		<input type="checkbox"/> Ind. <input type="checkbox"/> JT
Annuitant Name:		<input type="checkbox"/> M <input type="checkbox"/> F	Age at Issue:		<input type="checkbox"/> Ind. <input type="checkbox"/> JT
Annuitant Address City, State, Zip:			Email Address:		
			Telephone:		
SECTION III – COMPANY INFORMATION					
Company Name:	North American Company for Life and Health Ins	ID Certificate of Authority:	87		
Company Address City, State, Zip:	P.O. Box 14432 Des Moines, IA 50306-3432	Email Address:	FixedNewBusiness@ SFGMembers.com		
Telephone:	(866) 322-7065	Website:	NorthAmericanCompany.com		
SECTION IV – CONTACT INFORMATION					
If projections are used, guaranteed and non-guaranteed elements shall be given equal prominence. Mark as N/A if not applicable. Attach addendum if additional space is needed.					
Product Name:	NAC Guarantee Plus				
Form Numbers:	ICC21-NA1016A, ICC21-AE639A, ICC21-SP640A.P				
Product Type:	<input checked="" type="checkbox"/> Fixed	<input type="checkbox"/> Equity-Indexed		<input type="checkbox"/> Variable	
Application:	<input type="checkbox"/> In Person	<input type="checkbox"/> Direct Solicitation		<input type="checkbox"/> Electronic	<input type="checkbox"/> Other:
See attached Interest Rate Addendum for the Initial Guarantee Period Interest Rate(s) and the Minimum Guaranteed Interest Rate for each Guarantee Period.					
Describe additional elements/ rates/fees (e.g. floors, monthly caps, M&E charges):	<p>At the end any guarantee period, you will have a 30-day window to elect:</p> <ul style="list-style-type: none"> • any available Guarantee Period as long as it doesn't extend beyond the maturity date • a payout option • to withdraw your accumulation value with no surrender charge or market value adjustment ("MVA") applied. <p>If no election is made, the company will automatically renew your contract for the same guarantee period or into a shorter Guarantee Period if the same Guarantee Period extends beyond the maturity date. A new guarantee period interest rate, surrender charge period, and MVA will be applied beginning on the contract anniversary coinciding with the end of the previous guarantee period.</p> <p>Within this 30-day window, if your accumulation value is withdrawn, no surrender charges or MVA will apply and a short-term interest rate will be credited for the period from the end of the guarantee period to the date of withdrawal.</p>				
Explain value reductions caused by withdrawals or surrender:	Withdrawals reduce the Accumulation Value and Minimum Surrender Value. The contract is terminated upon full surrender.				

Explain penalties applicable on withdrawal of values from the Contract:	<p>A surrender charge and market value adjustment are assessed on withdrawals during each guarantee period that exceeds the available penalty-free amount.</p> <p>The Surrender Charge ("SC%") percentages for each guarantee period ("GP"):</p> <p>GP Year</p> <p>3YR: 9%, 8%, 7%</p> <p>4YR: 9%, 8%, 7%, 6%</p> <p>5YR: 9%, 8%, 7%, 6%, 5%</p> <p>6YR: 9%, 8%, 7%, 6%, 5%, 4%</p> <p>7YR: 9%, 8%, 7%, 6%, 5%, 4%, 3%</p> <p>8YR: 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2%</p> <p>9YR: 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2%, 1%</p> <p>10YR: 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2%, 1%, 0.5%</p> <p>No surrender charge or MVA will apply on withdrawals during the 30-day window at the end of each guarantee period.</p>	
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Death Benefit:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain how it will be calculated: The contract death benefit is equal to the greater of the Accumulation Value or Minimum Surrender Value of the contract.
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RIDERS TO THE CONTRACT (If more than two, please attach additional paper)

Rider Name:	Nursing Home Confinement Waiver	Form Number:	ICC21-AE639A
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Current Fee:		Minimum Fee:		Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
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Description of Benefit:	After the first Contract Year, Nursing Home Confinement Waiver allows a penalty-free amount of up to 100% of the accumulation value each year when the covered person meets the requirements of the rider.				
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Rider Name:	N/A	Form Number:	
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Current Fee:	%	Minimum Fee:	%	Subject to change annually:	<input type="checkbox"/> Y <input type="checkbox"/> N
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Description of Benefit:					
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ADDITIONAL CONTRACT OR RIDER INFORMATION

See NAC Guarantee Plus Annuity Disclosure Statement for additional contract and rider information.					
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REPLACEMENT

A replacement is: Any transaction by which a new annuity is to be purchased, and it is known or should be known to the proposing producer, or to the proposing insurer if there is no producer, that existing life insurance or an annuity has been or is to be lapsed, forfeited, surrendered, or otherwise terminated.					
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This contract:	<input type="checkbox"/> is <input type="checkbox"/> is not replacing any life insurance policy/product or any annuity contract.				
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Company Name:		Policy/Contract Number:	
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Does the replaced Policy/Contract have surrender charges:	<input type="checkbox"/> Y <input type="checkbox"/> N
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If yes, describe the surrender charges/penalties:	
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Owner:

Your signature below indicates that the above-named producer has explained all elements and risks and that you have read and understood the terms and conditions of your new Annuity contract.

Signature: _____

Date: _____

Signature: _____

Date: _____

Producer:

I have explained all elements and risks involved in this Annuity contract.

Signature: _____

Date: _____



Multi-year guarantee annuity (MYGA)

The rates listed below are as of 10.26.2021

NAC Guarantee PlusSM 3 Year MYGA

High Band Rate: \$100,000 or more	Low Band Rate: Less than \$100,000	Guaranteed Rate	Rate Subject to Change
1.80%	1.35%	Minimum 0.10%	Each Term (3 Years)

NAC Guarantee PlusSM 5 Year MYGA

High Band Rate: \$100,000 or more	Low Band Rate: Less than \$100,000	Guaranteed Rate	Rate Subject to Change
1.90%	1.60%	Minimum 0.10%	Each Term (5 Years)

NAC Guarantee PlusSM 7 Year MYGA

High Band Rate: \$100,000 or more	Low Band Rate: Less than \$100,000	Guaranteed Rate	Rate Subject to Change
2.20%	1.80%	Minimum 0.10%	Each Term (7 Years)