

SERFF Tracking Number: NALH-128457074 State: Arkansas
Filing Company: North American Company for Life and Health Insurance State Tracking Number:
Company Tracking Number: FORM 2570 6-12
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form 2570 6-12
Project Name/Number: Form 2570 6-12/Form 2570 6-12

Filing at a Glance

Company: North American Company for Life and Health Insurance

Product Name: Form 2570 6-12

SERFF Tr Num: NALH-128457074 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: FORM 2570 6-12

State Status: Approved-Closed

Filing Type: Form

Author: Sherry M. Olson

Reviewer(s): Linda Bird

Date Submitted: 06/11/2012

Disposition Date: 06/21/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Form 2570 6-12

Status of Filing in Domicile: Not Filed

Project Number: Form 2570 6-12

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: North American's
domicile state of Iowa is a member of the
compact and this form was submitted to the
compact for approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/21/2012

Deemer Date:

State Status Changed: 06/14/2012

Submitted By: Sherry M. Olson

Created By: Sherry M. Olson

Filing Description:

Corresponding Filing Tracking Number:

Re: North American Company for Life and Health Insurance

NAIC #66974 FEIN # 36-2428931

Policy Form 2570 (6-12), Annually Renewable Term Life Insurance Policy

SERFF Tracking Number: NALH-128457074 State: Arkansas
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We are filing this form for your review and approval. This is a new form and does not replace any forms currently on file. The form is laser printed and we reserve the right to change logos, company address, fonts and layouts. We certify the font size will never be less than the minimum 10 point required.

This form is an individual annually renewable term life insurance policy. Issue ages are 18-90. The policy pays a specified death benefit, stated on the specification page, at the insured's death. Premiums are payable until the insured's age 95, when coverage terminates. This policy will only have guaranteed premiums. Premiums increase annually until the insured's age 95. There is only a level death benefit option with no option to change the basic benefit amount or premium.

This form will be available in the bank-, credit union- or corporate-owned life insurance market where it is designed for purchase in connection with non-qualified deferred compensation plans. It will be distributed by specialized agents who focus on this market. Please see the attached actuarial memorandum for additional details.

This form will not be illustrated.

Regular Issue Application for Life Insurance Form 82-52 (8-08), approved 12/17/2008, SERFF Tr #: NALH-125885595, will be used to apply for this form.

For informational purposes, included in this filing is a Statement of Variability that provides the variable ranges and variable text for the bracketed information.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 36223, or at solson@sfgmembers.com.

Sincerely,

Sherry Olson
Senior Contract Analyst
Corporate Markets Center
Midland National Life Insurance Company &
North American Company for Life and Health Insurance
State Narrative:

Company and Contact

SERFF Tracking Number: NALH-128457074 State: Arkansas
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 Project Name/Number: Form 2570 6-12/Form 2570 6-12

Filing Contact Information

Sherry Olson, Senior Contract Analyst solson@mnlife.com
 2000 44th St. South, Suite 300 701-433-6223 [Phone]
 Fargo, ND 58103 701-433-8223 [FAX]

Filing Company Information

North American Company for Life and Health CoCode: 66974 State of Domicile: Iowa
 Insurance
 Principal Office: 4601 Westown Parkway - Group Code: 431 Company Type: Life and Annuity
 Suite 300
 West Des Moines, IA 50266 Group Name: State ID Number:
 (800) 800-3656 ext. [Phone] FEIN Number: 36-2428931

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per policy form x 1 policy form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Company for Life and Health Insurance	\$50.00	06/11/2012	60034102

SERFF Tracking Number: NALH-128457074 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/21/2012	06/21/2012
Approved-Closed	Linda Bird	06/14/2012	06/14/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Annually Renewable Term Life Insurance Policy	Sherry M. Olson	06/20/2012	06/20/2012
Form	Annually Renewable Term Life Insurance Policy	Sherry M. Olson	06/11/2012	06/11/2012
Form	Annually Renewable Term Life Insurance Policy	Sherry M. Olson	06/11/2012	06/11/2012
Supporting Document	Statement of Variability	Sherry M. Olson	06/11/2012	06/11/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopen filing to correct a typographical error	Note To Filer	Linda Bird	06/20/2012	06/20/2012

SERFF Tracking Number: NALH-128457074 State: Arkansas
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Reopen filing to correct a typographical error? Note To Reviewer

Sherry M. Olson 06/20/2012 06/20/2012

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Disposition

Disposition Date: 06/21/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made in the Death Benefit provision on page 5 of the original policy submission.

Rate data does NOT apply to filing.

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Product Name: Form 2570 6-12
 Project Name/Number: Form 2570 6-12/Form 2570 6-12

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form (revised)	Annually Renewable Term Life Insurance Policy		Yes
Form	Annually Renewable Term Life Insurance Policy	Replaced	Yes
Form	Annually Renewable Term Life Insurance Policy	Replaced	Yes
Form	Annually Renewable Term Life Insurance Policy	Replaced	Yes

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Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form (revised)	Annually Renewable Term Life Insurance Policy		Yes
Form	Annually Renewable Term Life Insurance Policy	Replaced	Yes
Form	Annually Renewable Term Life Insurance Policy	Replaced	Yes
Form	Annually Renewable Term Life Insurance Policy	Replaced	Yes

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Amendment Letter

Submitted Date: 06/20/2012

Comments:

Thank you for reopening this filing. I've corrected the last sentence of the last bullet point of the Death Benefit provision on page 5 to replace the word "of" with the word "or" so it reads "...at a rate not less than 2.5% or such minimum rate as required by law."

No other changes have been made to the form.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Form 2570 6-12	Policy/Contract/Fraternal Certificate	Annually Renewable Term Life Insurance Policy	Initial				59.600	Policy Form 2570 6-12 basic 6-11-12.pdf

SERFF Tracking Number: NALH-128457074 State: Arkansas
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Product Name: Form 2570 6-12
Project Name/Number: Form 2570 6-12/Form 2570 6-12

Note To Filer

Created By:

Linda Bird on 06/20/2012 01:28 PM

Last Edited By:

Linda Bird

Submitted On:

06/20/2012 01:28 PM

Subject:

Reopen filing to correct a typographical error

Comments:

Filing has been re-opened in order for correction to be made.

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Project Name/Number: Form 2570 6-12/Form 2570 6-12

Note To Reviewer

Created By:

Sherry M. Olson on 06/20/2012 12:04 PM

Last Edited By:

Sherry M. Olson

Submitted On:

06/20/2012 12:04 PM

Subject:

Reopen filing to correct a typographical error?

Comments:

Good morning, I'm writing to ask if you would reopen this filing so I can correct a typographical error. I need to correct the last sentence of the last bullet point of the Death Benefit provision on page 5 to replace the word "of" with the word "or" so it reads "...at a rate not less than 2.5% or such minimum rate as required by law."

We have not made this product available for sale yet, so no policies have been issued. Thank you.

SERFF Tracking Number: NALH-128457074 State: Arkansas
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 Product Name: Form 2570 6-12
 Project Name/Number: Form 2570 6-12/Form 2570 6-12

Amendment Letter

Submitted Date: 06/11/2012

Comments:

This is an additional correction to the policy form.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Form 2570 6-12	Policy/Contract/Fraternal Certificate	Annually Renewable Term Life Insurance Policy	Initial				59.600	Policy Form 2570 6-12 basic 6-11-12.pdf

SERFF Tracking Number: NALH-128457074 State: Arkansas
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 Project Name/Number: Form 2570 6-12/Form 2570 6-12

Amendment Letter

Submitted Date: 06/11/2012

Comments:

This is to correct the policy form on the Form Schedule.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Form 2570 6-12	Policy/Contract/Fraternal Certificate	Annually Renewable Term Life Insurance Policy	Initial				59.600	Policy Form 2570 6-12 basic 6-11-12.pdf

SERFF Tracking Number: NALH-128457074 State: Arkansas
Filing Company: North American Company for Life and Health State Tracking Number:
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Company Tracking Number: FORM 2570 6-12
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Fixed/Indeterminate Premium
Product Name: Form 2570 6-12
Project Name/Number: Form 2570 6-12/Form 2570 6-12

Amendment Letter

Submitted Date: 06/11/2012

Comments:

This is to correct the Statement of Variability.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

2570 Statement of Variability.pdf

SERFF Tracking Number: NALH-128457074 State: Arkansas
 Filing Company: North American Company for Life and Health State Tracking Number:
 Insurance
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 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
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 Product Name: Form 2570 6-12
 Project Name/Number: Form 2570 6-12/Form 2570 6-12

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 2570 6-12	Policy/Cont	Annually Renewable Initial ract/Fratern Term Life Insurance al Policy Certificate			59.600	Policy Form 2570 6-12 basic 6-11- 12.pdf



North American Company for Life and Health Insurance

Principal Office: 4350 Westtown Parkway • West Des Moines • IA • 50266

Corporate Markets Center: 2000 44th Street South, Suite 300 • Fargo • ND • 58103

A Stock Company

www.sfgcorpmarkets.com

ANNUALLY RENEWABLE TERM LIFE INSURANCE POLICY

ANNUALLY RENEWABLE TO AGE 95

NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS

In this Policy, North American Company for Life and Health Insurance is referred to as “We”, “Us”, “Our”, or the “Company”. “You” and “Your” refer to the Owner.

We agree to pay to the Beneficiary the Death Benefit upon the Insured’s death prior to the Expiry Date while this Policy is in effect. Payment will be made upon receipt at Our Corporate Markets Center of due proof of the Insured’s death. This agreement is subject to the terms of this Policy.

CONSIDERATION - This Policy is issued in consideration of the application and payment of the first Premium.

PLEASE READ THIS POLICY CAREFULLY

This Policy is a legal contract between the Policyowner and North American Company for Life and Health Insurance.

20 DAY RIGHT TO CANCEL

It is important to Us that You are satisfied with this Policy and that it meets Your insurance goals. Read it carefully. If You are not satisfied with it You may return it to Corporate Markets Center or to Your agent within 20 days after You receive it. Within 10 days after We receive the returned Policy, We will then void it as of the Effective Date as though it was never issued and We will refund all Premiums that have been paid.

Issued and Signed by North American Company for Life and Health Insurance.


President


SECRETARY

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RIDERS, ENDORSEMENTS OR AMENDMENTS

Riders, endorsements, or amendments, if any, follow page 5.

***** SPECIFICATIONS PAGE *****

*** SCHEDULE OF BENEFITS ***

TYPE BASIC BENEFIT	AMOUNT	EXPIRY DATE	FORM
[ONE YEAR TERM]	[\$100,000]	[01-01-2072]	2570

*** SCHEDULE OF FIRST YEAR PREMIUMS ***

TYPE OF BENEFIT	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	GTD PERIOD
ONE YEAR TERM	[\$116.00]	[\$59.46]	[\$30.96]	[\$11.04]	1 YEAR

THE INSURANCE DEPARTMENT OF THE STATE IN WHICH THIS POLICY WAS DELIVERED MAY BE CONTACTED BY CALLING [(XXX-XXX-XXXX)]

INSURED:
[JOHN DOE]

ISSUE AGE AND SEX:
[35] [MALE]

RATE CLASS:
[STANDARD]

EFFECTIVE DATE: [JANUARY 1, 2012]

POLICY NUMBER: [01232090]

ISSUE DATE: [JANUARY 1, 2012]

BASIC BENEFIT AMOUNT: [\$100,000]

OWNER: [THE INSURED]

INSURED: [JOHN DOE]

POLICY NUMBER: [01232090]

*** SCHEDULE OF RENEWAL PREMIUMS ***

ANNUAL PREMIUMS FOR POLICY

POLICY DURATION	GUARANTEED PREMIUM	POLICY DURATION	GUARANTEED PREMIUM
2	128.00	32	3,580.00
3	143.00	33	3,949.00
4	164.00	34	4,345.00
5	192.00	35	4,777.00
6	228.00	36	5,265.00
7	275.00	37	5,907.00
8	335.00	38	6,454.00
9	413.00	39	7,186.00
10	514.00	40	8,008.00
11	568.00	41	8,890.00
12	609.00	42	9,829.00
13	652.00	43	10,816.00
14	699.00	44	11,841.00
15	751.00	45	12,928.00
16	807.00	46	14,121.00
17	873.00	47	15,448.00
18	949.00	48	16,948.00
19	1,035.00	49	18,688.00
20	1,134.00	50	20,670.00
21	1,243.00	51	22,884.00
22	1,365.00	52	25,338.00
23	1,494.00	53	28,018.00
24	1,633.00	54	30,890.00
25	1,791.00	55	33,920.00
26	1,966.00	56	37,082.00
27	2,161.00	57	40,056.00
28	2,383.00	58	43,156.00
29	2,637.00	59	46,426.00
30	2,923.00	60	49,880.00
31	3,240.00		

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR CORPORATE MARKETS CENTER AT THE FOLLOWING ADDRESS:

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
[ATTN: POLICYOWNER SERVICE
CORPORATE MARKETS CENTER
2000 44TH ST. SOUTH, SUITE 300
FARGO, ND 58103
(800) 283-5433]

Definitions

The following are key words used in this Policy. They are important in describing both Your rights and Ours. As You read Your Policy, refer back to these definitions.

Attained Age	The Insured's age on this Policy's Effective Date increased by the number of years the Policy has been in effect.
Beneficiary	The person(s), company, estate or trust You last named during the Insured's life to receive this Policy's Proceeds when the Insured dies.
Effective Date	The date when this Policy begins and from which Policy anniversaries, years and months are set. We show the Effective Date on page 1 or any endorsement.
Expiry Date	The date when this Policy terminates as shown on page 1.
Grace Period	If We do not receive the Premium by the date it is due, the Grace Period begins. The Grace Period is the next 31 days.
In Effect	The Insured's life remains Insured under this Policy's terms.
Insured	The person whose life is insured under this Policy as shown on page 1 or any endorsement.
Issue Age	The Insured's age at the birthday nearest the Effective Date.
Issue Date	The date We show on page 1 from which We measure Incontestability and Suicide provisions.
Lapse	The Policy terminates because We have not received the Premium due by the end of the Grace Period.
Policy Anniversary	The day and month every year that is the same as Your Effective Date.
Policy Duration	Each successive twelve-month period measured from the Effective Date.
Premium	The amount paid to purchase or maintain the Policy and any riders.
Proceeds	The amount this Policy pays at death.
Written Notice	A signed written form from You satisfactory to Us and received and filed by Us at Our Corporate Markets Center.

General Provisions

Consideration	This Policy is issued in consideration of the application and payment of the first Premium.
Entire Contract	<p>This Policy, the application(s) and any supplemental applications that We endorse upon or attach to the Policy when We issue or deliver it are the entire contract. We attached a copy of any application when We issued this Policy, and We will attach any supplemental applications to or endorse them on this Policy when the supplemental coverage becomes effective. We consider all statements made in any application, except in the case of fraud, to be representations and not warranties. No statement will be used to void this Policy unless contained in the application. No change or waiver of any part of this Policy will be valid unless one of Our officers states it in writing. No agent or other person can change or waive any part of this Policy.</p> <p>For purposes of this provision, "Policy" includes any riders, endorsements or amendments.</p>
Incontestability	<p>We cannot contest this Policy or any rider attached to it as to statements contained in the application after it has been in effect, during the Insured's lifetime, for two years from its Issue Date, except for:</p> <ol style="list-style-type: none">1) Non-payment of Premium2) Fraud, when permitted by applicable state law in the state where this Policy is issued or delivered. <p>We cannot contest this Policy or any riders attached to it after it has been in effect, during the Insured's lifetime, for two years from its reinstatement date. We can only contest statements contained in the reinstatement application.</p>
Suicide	If the Insured, whether sane or insane, dies by suicide within two years from the Issue Date, Our liability will be limited to the Premiums paid.
Misstatement of Age or Sex	If the Insured's age or sex has been misstated, We will adjust the basic benefit amount to equal that which the Premiums paid in the previous Policy year would have purchased at the correct age and sex.
Assignment	You may assign this Policy. We will only be bound by an assignment if We receive it at Our Corporate Markets Center and it is accepted and recorded by Us. We are not liable for any payment made by Us before We record the assignment. Unless You specify otherwise, the assignment takes effect on the date You sign it. We will not be liable for the validity of any assignment.
Nonparticipation	This Policy is nonparticipating and does not share in Our earnings. You will not receive any dividends.
Termination	<p>All coverage this Policy provides will end on the earliest of the following:</p> <ol style="list-style-type: none">1. The Insured's death.2. The end of the Grace Period.3. The Expiry Date. <p>All riders will also terminate unless the rider states otherwise.</p>
Right to Amend Policy and Disclaimer	The Internal Revenue Code sets forth certain requirements that policies such as this must meet to qualify for treatment as life insurance. We base the calculations and provisions of this Policy on these requirements. We have the right to amend this Policy so it remains qualified for treatment as a life insurance Policy. You have the right to refuse any amendment.

Owner and Beneficiary

Owner

While the Policy or any benefits provided by rider are in effect, You have all ownership rights.

You may change this Policy's Owner. You must file a Written Notice with Us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Beneficiary

The Beneficiary is as named in the application, unless You have since changed the Beneficiary. Unless You request otherwise, the following will apply:

1. Beneficiaries will share Proceeds equally.
2. If any Beneficiaries die before the Insured, We will divide the shares equally among the surviving beneficiaries.
3. If no Beneficiary survives the Insured, We will pay the Proceeds to You, if You are living, otherwise to Your estate.
4. If any Beneficiary dies at the same time as the Insured, or within 15 days after the Insured but before We receive proof that the Insured died while this Policy was in effect, We will pay the Proceeds as though the Beneficiary died first.

The amount We pay to each Beneficiary will be subject to any prior assignment You made. We will need any irrevocable Beneficiary's written consent to assign the Policy.

Change of Beneficiary

You may change the Beneficiary while the Insured is living. We will need any irrevocable Beneficiary's written consent for a change. The change will be subject to prior assignment.

You must file a Written Notice of the change with us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Premium Payments and Policy Renewals

Premiums

The first Premium is due on the Effective Date. You must pay each Premium after the first on or before its due date. You may mail or deliver future Premium payments to Us or to a person authorized to accept Premium payments in exchange for a receipt signed by Our President, Secretary or Treasurer. Any Premium not paid on or before its due date will be in default.

You may pay Premiums once, twice, four times a year, or monthly. You must give us Written Notice to change the form of Premium payment. The change must follow our rates and minimums for the form of payment You choose.

Premium Change and Policy Renewal

We show the Premiums for each Policy Duration after the first on the Schedule of Renewal Premiums on page 1A. You may renew this Policy without evidence of insurability if:

1. This Policy is in effect; and
2. The Insured's Attained Age is less than 95.

Each renewal period is for one year. You may renew this Policy by paying the appropriate renewal Premium when due or within the Grace Period.

Grace Period

After the first Premium, there is a 31 day Grace Period for Premium payment. We will send a notice of the Grace Period to Your last known address and to any assignee's last known address no later than 30 days prior to the end of the Grace Period. During the Grace Period, coverage this Policy provides will continue. If the Insured dies during the Grace Period, We will deduct any Premium in default from the Proceeds. If You do not pay this Premium by the end of the Grace Period, this Policy will Lapse without value. Any riders will also Lapse without value unless the rider states otherwise. We will send a notice of Lapsed Policy to Your last known address and to any assignee's last known address when the Grace Period ends.

Reinstatement

You may reinstate this Policy within 5 years after Lapse and before the Expiry Date. The reinstated Policy will be in effect from the date of the reinstatement application, subject to Our approval. To reinstate the Policy We will need:

1. Written Notice from You within five years after the Grace Period ends;
2. Satisfactory evidence of the Insured's insurability; and,
3. Payment of all current Premiums due and all past unpaid Premium.

We reserve the right to charge interest with the payment of all past due Premium to the date of reinstatement, not to exceed a maximum of to 6% interest per year compounded annually.

Death Benefit**Death Benefit**

We pay this Policy's Proceeds to the Beneficiary when We receive due proof that the Insured died while this Policy was in effect, subject to any prior assignment. The Proceeds payable at the Insured's death are:

- The basic benefit amount of this Policy as shown on page 1; plus
- Additional death benefits provided on the Insured's life by any attached rider; plus
- Any Premium payment paid for coverage on the Insured's life past the Policy month in which death occurs; minus
- Any Premium due; plus
- Interest from the date of the Insured's death until the date the Proceeds are paid at a rate not less than 2.5% or such minimum rate as required by law.

We will pay the Proceeds in one lump sum, unless You or the Beneficiary request otherwise and We approve the request. The Beneficiary must file a Written Notice with Us to receive payment.

To the extent allowed by law, no payment of Proceeds or interest will be subject to creditors' claims.

**ANNUALLY RENEWABLE TERM LIFE INSURANCE POLICY
ANNUALLY RENEWABLE TO AGE 95
NON-PARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS**

SERFF Tracking Number: NALH-128457074 State: Arkansas
 Filing Company: North American Company for Life and Health State Tracking Number:
 Insurance
 Company Tracking Number: FORM 2570 6-12
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Form 2570 6-12
 Project Name/Number: Form 2570 6-12/Form 2570 6-12

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
2570 readability.pdf		
AR 2570 Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Form 82-52 (8-08) approved 12/17/08 (SERFF Tr#: NALH-125885595) will be used to apply for this policy.		
Attachment:		
82-52 _8-08_.pdf		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachment:		
Actuarial Memorandum _Form 2570_ 5-29-12.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
2570 Statement of Variability.pdf		

READABILITY CERTIFICATE

Name and Address of Insurer North American Company for Life and Health Insurance
Corporate Markets Center
2000 44th Street South, Ste. 300 Fargo, ND 58103

I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
Form 2570 6-12	Annually Renewable Term Life Insurance Policy	59.6

Carmen R. Walter

Signature

Carmen Walter
Typed Name

Assistant Vice President – Corporate Markets Product Development
Title

June 4, 2012
Date

TO: Arkansas Department of Insurance
FROM: North American Company for Life and Health Insurance
DATE: June 11, 2012
RE: Policy Form 2570 6-12

North American Company for Life and Health Insurance certifies that the referenced forms comply with

- Arkansas Regulation 49 regarding Life and Health Guaranty notices given to each policy owner.
- Arkansas Code Annotated 23-79-138 regarding a Consumer Information Notice accompanying every policy.
- Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.



Carmen R. Walter
Assistant Vice President, Product Development
Corporate Markets
North American Company for Life and Health Insurance

Date: June 11, 2012



North American Company
for Life and Health Insurance
Since 1886

**Regular Issue
Application for Life Insurance -- Part 1**

1. Name of Proposed Insured (First, Middle and Last)		Birth date	Birthplace	Sex	Marital Status
2. Residence Address (Street, City, State, Zip)			Social Security No.	Height ft. in.	Weight Lbs.
3. Occupation (Title and Duties)	Gross Annual Compensation \$	Telephone Numbers (Home) (Bus)			
4. Owner Name			Social Security or Tax ID No.		
Owner Address (Street, City, State, Zip)			Relationship to proposed Insured		
5a. Beneficiary			5b. Relationship		
6a. Plan Applied for			6b. Sub-account where applicable		
6c. Amount Applied for \$		6d. Death Benefit Option: <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> Other _____			
7. Changes to an existing policy		8. Additional Benefits:			
9a. Planned Periodic Premium \$		9b. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other			
10. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete appropriate questionnaire)					
11a. Do you have existing annuity contracts or life insurance policies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," complete 11b.)					

11b. Policies in Force:

Company	Amount	Indicate		Intention of Replacement or Change	
		Personal	Business	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11c. Policies Applied for: None

Company	Amount	Net Amount at Risk	Indicate	
			Personal	Business
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
PRINCIPAL OFFICE • WEST DES MOINES, IA 50266
CORPORATE MARKETS CENTER • 2000 44TH STREET SOUTH, STE. 300 • FARGO, ND 58103
PHONE (800) 283-5433 • FAX: (701) 433-8596

Application for Life Insurance -- Part 1, Continued

Provide details for all "Yes" answers to questions 12-19 below.

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;">12. <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes," complete appropriate questionnaire.)</td> </tr> <tr> <td style="text-align: center;">13. <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Do you participate in or do you contemplate participating in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes," complete appropriate questionnaire.)</td> </tr> <tr> <td style="text-align: center;">14. <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Have you ever been convicted of, or are you awaiting trial for a felony?</td> </tr> <tr> <td style="text-align: center;">15. <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Have you ever had an application for insurance declined, postponed, rated, or modified?</td> </tr> </table>	Yes	No		12. <input type="checkbox"/>	<input type="checkbox"/>	Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes," complete appropriate questionnaire.)	13. <input type="checkbox"/>	<input type="checkbox"/>	Do you participate in or do you contemplate participating in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes," complete appropriate questionnaire.)	14. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of, or are you awaiting trial for a felony?	15. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an application for insurance declined, postponed, rated, or modified?	<p>16. Your driver's license #: _____ State: _____</p> <p>17. Within the past 10 years, have you been convicted of or pled guilty to:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>a. Moving violations?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>b. Driving under the influence of alcohol and/or other drugs?</td> </tr> </table> <p>18. <input type="checkbox"/> <input type="checkbox"/> Have you been a pilot or crew member during the past 3 years or have any intention of becoming a pilot, student pilot, or crew member in any type of aircraft? (If "Yes," complete appropriate questionnaire.)</p> <p>19. Have you ever used:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td>a. Cigarettes? Date Last Used: _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>b. Other nicotine products? Date Last Used: _____</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	a. Moving violations?	<input type="checkbox"/>	<input type="checkbox"/>	b. Driving under the influence of alcohol and/or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	a. Cigarettes? Date Last Used: _____	<input type="checkbox"/>	<input type="checkbox"/>	b. Other nicotine products? Date Last Used: _____
Yes	No																														
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<input type="checkbox"/>	<input type="checkbox"/>	b. Other nicotine products? Date Last Used: _____																													

Details for questions 12-19 (include dates):

20. Yes No Do you have any family history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder? If "Yes," give details, including relationship, condition, current age, or age at death.

Relationship to Proposed Insured	Condition	Current Age	Age at Death

Home Office Endorsements

AGENT'S REPORT

Name of Business Contact: _____

<p>1. Proposed Insured's Gross Annual Compensation:</p> <p>Salary: _____</p> <p>Benefits/Bonuses: _____</p> <p>2. Additional Income: _____</p> <p>Source: _____</p> <p>3. Case Manager Name: _____</p>	<p>What is the purpose of this Insurance? (Please check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Benefit Expense Recovery<input type="checkbox"/> Salary Continuation<input type="checkbox"/> Deferred Compensation<input type="checkbox"/> Incentive Compensation<input type="checkbox"/> Split Dollar<input type="checkbox"/> Survivor Income<input type="checkbox"/> Key Person<input type="checkbox"/> Other (Please Describe) _____
--	---

Agents Entitled to Commission

Name	Agent Number	% Commission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions

Leave with Proposed Insured

Fair Credit Reporting Act Notification

As part of North American Company for Life and Health Insurance's normal procedure of processing applications, we may obtain an investigative consumer report concerning such information as to your character, general reputation, and personal characteristics, except as may be related directly or indirectly to your sexual orientation. We will obtain this information through interviews with your friends, neighbors, and associates. You may make a written request to be personally interviewed when such a report is being prepared. You have the right to make a written request to receive a copy of the investigative consumer report. Further information on the nature and scope of the report, if one is made, is available upon request from North American Company for Life and Health Insurance.

Notice of Insurance Information Practices

You are our most important source of information, but personal information may also be collected from other persons. Such information, as well as other personal or privileged information our agent or we subsequently collect, may, in certain circumstances, be disclosed to third parties without your authorization.

We have established procedures to give you access to all personal information collected. You may request correction of such information in our files that you believe to be inaccurate.

We will provide a more complete description of the information practices of North American Company for Life and Health Insurance upon your request, in accordance with the requirements of the Insurance Information and Privacy Protection Law in effect in your state of residence.

Medical Information Bureau Notification

Information regarding your insurability will be treated as confidential. North American Company for Life and Health Insurance, or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734]. North American Company for Life and Health Insurance or its reinsurers may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

STATEMENT OF VARIABILITY
Policy Form Series 2570

The following is a list of bracketed items and the corresponding range of text and/or values.

Bracketed Item	Variable Text/Range
COMPANY LOGO, ADDRESS, WEBSITE AND OFFICER SIGNATURES	This information is bracketed for future flexibility in the event any of this information should change.
SCHEDULE OF BENEFITS - TYPE BASIC BENEFIT	Plan name
SCHEDULE OF BENEFITS - AMOUNT	Varies by policyowner
SCHEDULE OF BENEFITS - EXPIRY DATE	Anniversary date closest to insured's age 95
SCHEDULE OF FIRST YEAR PREMIUMS - AMOUNT: ANNUAL, SEMI-ANNUAL, QUARTERLY, MONTHLY	Varies by policyowner
INSURANCE DEPARTMENT CONTACT PHONE NUMBER	Varies by state of issue
INSURED	Varies by policyowner
ISSUE AGE AND SEX	Varies by policyowner
RATE CLASS	<p>Preferred, Standard or Special if policy is extra rated</p> <p>If policy is extra rated, the heading on page 2 is asterisked and additional disclosure prints on page 2.</p> <p style="padding-left: 40px;">If the policy is table rated, the following disclosure prints: YOUR POLICY WAS ISSUED IN A SPECIAL RATE CLASS. PREMIUM INCLUDES A [XX]% INCREASE IN RATES.</p> <p style="padding-left: 40px;">If the policy has a flat extra rating, the following disclosure prints: YOUR POLICY WAS ISSUED IN A SPECIAL RATE CLASS. PREMIUM INCLUDES A \$[X] PER THOUSAND INCREASE IN RATES FOR [Y] YEARS. X = the dollar amount of the additional premium and may range from \$1- \$50/thousand and Y = the number of years the additional premium applies and may range from 1 year to the duration of the policy, based on underwriting.</p>
EFFECTIVE DATE	Varies by policyowner
POLICY NUMBER	Varies by policyowner
ISSUE DATE	Varies by policyowner
BASIC BENEFIT AMOUNT	Varies by policyowner
OWNER	Varies by policyowner
POLICYOWNER SERVICE ADDRESS ON PAGE 2.1	Bracketed to reserve the right to change or delete addresses and contact information without re-filing this form

SERFF Tracking Number: NALH-128457074 State: Arkansas
 Filing Company: North American Company for Life and Health State Tracking Number:
 Insurance
 Company Tracking Number: FORM 2570 6-12
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Form 2570 6-12
 Project Name/Number: Form 2570 6-12/Form 2570 6-12

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/11/2012	Form	Annually Renewable Term Life Insurance Policy	06/20/2012	Policy Form 2570 6-12 basic 6-11-12.pdf (Superseded)
06/11/2012	Form	Annually Renewable Term Life Insurance Policy	06/11/2012	Policy Form 2570 6-12 basic 6-11-12.pdf (Superseded)
06/11/2012	Form	Annually Renewable Term Life Insurance Policy	06/11/2012	Policy Form 2570 6-12 basic.pdf (Superseded)
06/11/2012	Supporting Document	Statement of Variability	06/11/2012	2570 Statement of Variability.pdf (Superseded)



North American Company for Life and Health Insurance

Principal Office: 4350 Westtown Parkway • West Des Moines • IA • 50266

Corporate Markets Center: 2000 44th Street South, Suite 300 • Fargo • ND • 58103

A Stock Company

www.sfgcorpmarkets.com

ANNUALLY RENEWABLE TERM LIFE INSURANCE POLICY

ANNUALLY RENEWABLE TO AGE 95

NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS

In this Policy, North American Company for Life and Health Insurance is referred to as “We”, “Us”, “Our”, or the “Company”. “You” and “Your” refer to the Owner.

We agree to pay to the Beneficiary the Death Benefit upon the Insured’s death prior to the Expiry Date while this Policy is in effect. Payment will be made upon receipt at Our Corporate Markets Center of due proof of the Insured’s death. This agreement is subject to the terms of this Policy.

CONSIDERATION - This Policy is issued in consideration of the application and payment of the first Premium.

PLEASE READ THIS POLICY CAREFULLY

This Policy is a legal contract between the Policyowner and North American Company for Life and Health Insurance.

20 DAY RIGHT TO CANCEL

It is important to Us that You are satisfied with this Policy and that it meets Your insurance goals. Read it carefully. If You are not satisfied with it You may return it to Corporate Markets Center or to Your agent within 20 days after You receive it. Within 10 days after We receive the returned Policy, We will then void it as of the Effective Date as though it was never issued and We will refund all Premiums that have been paid.

Issued and Signed by North American Company for Life and Health Insurance.


President


SECRETARY

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		Termination	3

RIDERS, ENDORSEMENTS OR AMENDMENTS

Riders, endorsements, or amendments, if any, follow page 5.

***** SPECIFICATIONS PAGE *****

*** SCHEDULE OF BENEFITS ***

TYPE BASIC BENEFIT	AMOUNT	EXPIRY DATE	FORM
[ONE YEAR TERM]	[\$100,000]	[01-01-2072]	2570

*** SCHEDULE OF FIRST YEAR PREMIUMS ***

TYPE OF BENEFIT	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	GTD PERIOD
ONE YEAR TERM	[\$116.00]	[\$59.46]	[\$30.96]	[\$11.04]	1 YEAR

THE INSURANCE DEPARTMENT OF THE STATE IN WHICH THIS POLICY WAS DELIVERED MAY BE CONTACTED BY CALLING [(XXX-XXX-XXXX)]

INSURED:
[JOHN DOE]

ISSUE AGE AND SEX:
[35] [MALE]

RATE CLASS:
[STANDARD]

EFFECTIVE DATE: [JANUARY 1, 2012]

POLICY NUMBER: [01232090]

ISSUE DATE: [JANUARY 1, 2012]

BASIC BENEFIT AMOUNT: [\$100,000]

OWNER: [THE INSURED]

INSURED: [JOHN DOE]

POLICY NUMBER: [01232090]

*** SCHEDULE OF RENEWAL PREMIUMS ***

ANNUAL PREMIUMS FOR POLICY

POLICY DURATION	GUARANTEED PREMIUM	POLICY DURATION	GUARANTEED PREMIUM
2	128.00	32	3,580.00
3	143.00	33	3,949.00
4	164.00	34	4,345.00
5	192.00	35	4,777.00
6	228.00	36	5,265.00
7	275.00	37	5,907.00
8	335.00	38	6,454.00
9	413.00	39	7,186.00
10	514.00	40	8,008.00
11	568.00	41	8,890.00
12	609.00	42	9,829.00
13	652.00	43	10,816.00
14	699.00	44	11,841.00
15	751.00	45	12,928.00
16	807.00	46	14,121.00
17	873.00	47	15,448.00
18	949.00	48	16,948.00
19	1,035.00	49	18,688.00
20	1,134.00	50	20,670.00
21	1,243.00	51	22,884.00
22	1,365.00	52	25,338.00
23	1,494.00	53	28,018.00
24	1,633.00	54	30,890.00
25	1,791.00	55	33,920.00
26	1,966.00	56	37,082.00
27	2,161.00	57	40,056.00
28	2,383.00	58	43,156.00
29	2,637.00	59	46,426.00
30	2,923.00	60	49,880.00
31	3,240.00		

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR CORPORATE MARKETS CENTER AT THE FOLLOWING ADDRESS:

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
[ATTN: POLICYOWNER SERVICE
CORPORATE MARKETS CENTER
2000 44TH ST. SOUTH, SUITE 300
FARGO, ND 58103
(800) 283-5433]

Definitions

The following are key words used in this Policy. They are important in describing both Your rights and Ours. As You read Your Policy, refer back to these definitions.

Attained Age	The Insured's age on this Policy's Effective Date increased by the number of years the Policy has been in effect.
Beneficiary	The person(s), company, estate or trust You last named during the Insured's life to receive this Policy's Proceeds when the Insured dies.
Effective Date	The date when this Policy begins and from which Policy anniversaries, years and months are set. We show the Effective Date on page 1 or any endorsement.
Expiry Date	The date when this Policy terminates as shown on page 1.
Grace Period	If We do not receive the Premium by the date it is due, the Grace Period begins. The Grace Period is the next 31 days.
In Effect	The Insured's life remains Insured under this Policy's terms.
Insured	The person whose life is insured under this Policy as shown on page 1 or any endorsement.
Issue Age	The Insured's age at the birthday nearest the Effective Date.
Issue Date	The date We show on page 1 from which We measure Incontestability and Suicide provisions.
Lapse	The Policy terminates because We have not received the Premium due by the end of the Grace Period.
Policy Anniversary	The day and month every year that is the same as Your Effective Date.
Policy Duration	Each successive twelve-month period measured from the Effective Date.
Premium	The amount paid to purchase or maintain the Policy and any riders.
Proceeds	The amount this Policy pays at death.
Written Notice	A signed written form from You satisfactory to Us and received and filed by Us at Our Corporate Markets Center.

General Provisions

Consideration	This Policy is issued in consideration of the application and payment of the first Premium.
Entire Contract	<p>This Policy, the application(s) and any supplemental applications that We endorse upon or attach to the Policy when We issue or deliver it are the entire contract. We attached a copy of any application when We issued this Policy, and We will attach any supplemental applications to or endorse them on this Policy when the supplemental coverage becomes effective. We consider all statements made in any application, except in the case of fraud, to be representations and not warranties. No statement will be used to void this Policy unless contained in the application. No change or waiver of any part of this Policy will be valid unless one of Our officers states it in writing. No agent or other person can change or waive any part of this Policy.</p> <p>For purposes of this provision, "Policy" includes any riders, endorsements or amendments.</p>
Incontestability	<p>We cannot contest this Policy or any rider attached to it as to statements contained in the application after it has been in effect, during the Insured's lifetime, for two years from its Issue Date, except for:</p> <ol style="list-style-type: none">1) Non-payment of Premium2) Fraud, when permitted by applicable state law in the state where this Policy is issued or delivered. <p>We cannot contest this Policy or any riders attached to it after it has been in effect, during the Insured's lifetime, for two years from its reinstatement date. We can only contest statements contained in the reinstatement application.</p>
Suicide	If the Insured, whether sane or insane, dies by suicide within two years from the Issue Date, Our liability will be limited to the Premiums paid.
Misstatement of Age or Sex	If the Insured's age or sex has been misstated, We will adjust the basic benefit amount to equal that which the Premiums paid in the previous Policy year would have purchased at the correct age and sex.
Assignment	You may assign this Policy. We will only be bound by an assignment if We receive it at Our Corporate Markets Center and it is accepted and recorded by Us. We are not liable for any payment made by Us before We record the assignment. Unless You specify otherwise, the assignment takes effect on the date You sign it. We will not be liable for the validity of any assignment.
Nonparticipation	This Policy is nonparticipating and does not share in Our earnings. You will not receive any dividends.
Termination	<p>All coverage this Policy provides will end on the earliest of the following:</p> <ol style="list-style-type: none">1. The Insured's death.2. The end of the Grace Period.3. The Expiry Date. <p>All riders will also terminate unless the rider states otherwise.</p>
Right to Amend Policy and Disclaimer	The Internal Revenue Code sets forth certain requirements that policies such as this must meet to qualify for treatment as life insurance. We base the calculations and provisions of this Policy on these requirements. We have the right to amend this Policy so it remains qualified for treatment as a life insurance Policy. You have the right to refuse any amendment.

Owner and Beneficiary

Owner

While the Policy or any benefits provided by rider are in effect, You have all ownership rights.

You may change this Policy's Owner. You must file a Written Notice with Us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Beneficiary

The Beneficiary is as named in the application, unless You have since changed the Beneficiary. Unless You request otherwise, the following will apply:

1. Beneficiaries will share Proceeds equally.
2. If any Beneficiaries die before the Insured, We will divide the shares equally among the surviving beneficiaries.
3. If no Beneficiary survives the Insured, We will pay the Proceeds to You, if You are living, otherwise to Your estate.
4. If any Beneficiary dies at the same time as the Insured, or within 15 days after the Insured but before We receive proof that the Insured died while this Policy was in effect, We will pay the Proceeds as though the Beneficiary died first.

The amount We pay to each Beneficiary will be subject to any prior assignment You made. We will need any irrevocable Beneficiary's written consent to assign the Policy.

Change of Beneficiary

You may change the Beneficiary while the Insured is living. We will need any irrevocable Beneficiary's written consent for a change. The change will be subject to prior assignment.

You must file a Written Notice of the change with us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Premium Payments and Policy Renewals

Premiums

The first Premium is due on the Effective Date. You must pay each Premium after the first on or before its due date. You may mail or deliver future Premium payments to Us or to a person authorized to accept Premium payments in exchange for a receipt signed by Our President, Secretary or Treasurer. Any Premium not paid on or before its due date will be in default.

You may pay Premiums once, twice, four times a year, or monthly. You must give us Written Notice to change the form of Premium payment. The change must follow our rates and minimums for the form of payment You choose.

Premium Change and Policy Renewal

We show the Premiums for each Policy Duration after the first on the Schedule of Renewal Premiums on page 1A. You may renew this Policy without evidence of insurability if:

1. This Policy is in effect; and
2. The Insured's Attained Age is less than 95.

Each renewal period is for one year. You may renew this Policy by paying the appropriate renewal Premium when due or within the Grace Period.

Grace Period

After the first Premium, there is a 31 day Grace Period for Premium payment. We will send a notice of the Grace Period to Your last known address and to any assignee's last known address no later than 30 days prior to the end of the Grace Period. During the Grace Period, coverage this Policy provides will continue. If the Insured dies during the Grace Period, We will deduct any Premium in default from the Proceeds. If You do not pay this Premium by the end of the Grace Period, this Policy will Lapse without value. Any riders will also Lapse without value unless the rider states otherwise. We will send a notice of Lapsed Policy to Your last known address and to any assignee's last known address when the Grace Period ends.

Reinstatement

You may reinstate this Policy within 5 years after Lapse and before the Expiry Date. The reinstated Policy will be in effect from the date of the reinstatement application, subject to Our approval. To reinstate the Policy We will need:

1. Written Notice from You within five years after the Grace Period ends;
2. Satisfactory evidence of the Insured's insurability; and,
3. Payment of all current Premiums due and all past unpaid Premium.

We reserve the right to charge interest with the payment of all past due Premium to the date of reinstatement, not to exceed a maximum of to 6% interest per year compounded annually.

Death Benefit**Death Benefit**

We pay this Policy's Proceeds to the Beneficiary when We receive due proof that the Insured died while this Policy was in effect, subject to any prior assignment. The Proceeds payable at the Insured's death are:

- The basic benefit amount of this Policy as shown on page 1; plus
- Additional death benefits provided on the Insured's life by any attached rider; plus
- Any Premium payment paid for coverage on the Insured's life past the Policy month in which death occurs; minus
- Any Premium due; plus
- Interest from the date of the Insured's death until the date the Proceeds are paid at a rate not less than 2.5% of such minimum rate as required by law.

We will pay the Proceeds in one lump sum, unless You or the Beneficiary request otherwise and We approve the request. The Beneficiary must file a Written Notice with Us to receive payment.

To the extent allowed by law, no payment of Proceeds or interest will be subject to creditors' claims.

**ANNUALLY RENEWABLE TERM LIFE INSURANCE POLICY
ANNUALLY RENEWABLE TO AGE 95
NON-PARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS**



North American Company for Life and Health Insurance

Principal Office: 4350 Westtown Parkway • West Des Moines • IA • 50266

Corporate Markets Center: 2000 44th Street South, Suite 300 • Fargo • ND • 58103

A Stock Company

www.sfgcorpmarkets.com

ANNUALLY RENEWABLE TERM LIFE INSURANCE POLICY

ANNUALLY RENEWABLE TO AGE 95

NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS

In this Policy, North American Company for Life and Health Insurance is referred to as “We”, “Us”, “Our”, or the “Company”. “You” and “Your” refer to the Owner.

We agree to pay to the Beneficiary the Death Benefit upon the Insured’s death prior to the Expiry Date while this Policy is in effect. Payment will be made upon receipt at Our Corporate Markets Center of due proof of the Insured’s death. This agreement is subject to the terms of this Policy.

CONSIDERATION - This Policy is issued in consideration of the application and payment of the first Premium.

PLEASE READ THIS POLICY CAREFULLY

This Policy is a legal contract between the Policyowner and North American Company for Life and Health Insurance.

20 DAY RIGHT TO CANCEL

It is important to Us that You are satisfied with this Policy and that it meets Your insurance goals. Read it carefully. If You are not satisfied with it You may return it to Corporate Markets Center or to Your agent within 20 days after You receive it. Within 10 days after We receive the returned Policy, We will then void it as of the Effective Date as though it was never issued and We will refund all Premiums that have been paid.

Issued and Signed by North American Company for Life and Health Insurance.


President


SECRETARY

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RIDERS, ENDORSEMENTS OR AMENDMENTS

Riders, endorsements, or amendments, if any, follow page 5.

***** SPECIFICATIONS PAGE *****

*** SCHEDULE OF BENEFITS ***

TYPE BASIC BENEFIT	AMOUNT	EXPIRY DATE	FORM
[ONE YEAR TERM]	[\$100,000]	[01-01-2072]	2570

*** SCHEDULE OF FIRST YEAR PREMIUMS ***

TYPE OF BENEFIT	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	GTD PERIOD
ONE YEAR TERM	[\$116.00]	[\$59.46]	[\$30.96]	[\$11.04]	1 YEAR

THE INSURANCE DEPARTMENT OF THE STATE IN WHICH THIS POLICY WAS DELIVERED MAY BE CONTACTED BY CALLING [(XXX-XXX-XXXX)]

INSURED:
[JOHN DOE]

ISSUE AGE AND SEX:
[35] [MALE]

RATE CLASS:
[STANDARD]

EFFECTIVE DATE: [JANUARY 1, 2012]

POLICY NUMBER: [01232090]

ISSUE DATE: [JANUARY 1, 2012]

BASIC BENEFIT AMOUNT: [\$100,000]

OWNER: [THE INSURED]

INSURED: [JOHN DOE]

POLICY NUMBER: [01232090]

*** SCHEDULE OF RENEWAL PREMIUMS ***

ANNUAL PREMIUMS FOR POLICY

POLICY DURATION	GUARANTEED PREMIUM	POLICY DURATION	GUARANTEED PREMIUM
2	128.00	32	3,580.00
3	143.00	33	3,949.00
4	164.00	34	4,345.00
5	192.00	35	4,777.00
6	228.00	36	5,265.00
7	275.00	37	5,907.00
8	335.00	38	6,454.00
9	413.00	39	7,186.00
10	514.00	40	8,008.00
11	568.00	41	8,890.00
12	609.00	42	9,829.00
13	652.00	43	10,816.00
14	699.00	44	11,841.00
15	751.00	45	12,928.00
16	807.00	46	14,121.00
17	873.00	47	15,448.00
18	949.00	48	16,948.00
19	1,035.00	49	18,688.00
20	1,134.00	50	20,670.00
21	1,243.00	51	22,884.00
22	1,365.00	52	25,338.00
23	1,494.00	53	28,018.00
24	1,633.00	54	30,890.00
25	1,791.00	55	33,920.00
26	1,966.00	56	37,082.00
27	2,161.00	57	40,056.00
28	2,383.00	58	43,156.00
29	2,637.00	59	46,426.00
30	2,923.00	60	49,880.00
31	3,240.00		

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR CORPORATE MARKETS CENTER AT THE FOLLOWING ADDRESS:

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
[ATTN: POLICYOWNER SERVICE
CORPORATE MARKETS CENTER
2000 44TH ST. SOUTH, SUITE 300
FARGO, ND 58103
(800) 283-5433]

Definitions

The following are key words used in this Policy. They are important in describing both Your rights and Ours. As You read Your Policy, refer back to these definitions.

Attained Age	The Insured's age on this Policy's Effective Date increased by the number of years the Policy has been in effect.
Beneficiary	The person(s), company, estate or trust You last named during the Insured's life to receive this Policy's Proceeds when the Insured dies.
Effective Date	The date when this Policy begins and from which Policy anniversaries, years and months are set. We show the Effective Date on page 1 or any endorsement.
Expiry Date	The date when this Policy terminates as shown on page 1.
Grace Period	If We do not receive the Premium by the date it is due, the Grace Period begins. The Grace Period is the next 31 days.
In Effect	The Insured's life remains Insured under this Policy's terms.
Insured	The person whose life is insured under this Policy as shown on page 1 or any endorsement.
Issue Age	The Insured's age at the birthday nearest the Effective Date.
Issue Date	The date We show on page 1 from which We measure Incontestability and Suicide provisions.
Lapse	The Policy terminates because We have not received the Premium due by the end of the Grace Period.
Policy Anniversary	The day and month every year that is the same as Your Effective Date.
Policy Duration	Each successive twelve-month period measured from the Effective Date.
Premium	The amount paid to purchase or maintain the Policy and any riders.
Proceeds	The amount this Policy pays at death.
Written Notice	A signed written form from You satisfactory to Us and received and filed by Us at Our Corporate Markets Center.

General Provisions

Consideration	This Policy is issued in consideration of the application and payment of the first Premium.
Entire Contract	<p>This Policy, the application(s) and any supplemental applications that We endorse upon or attach to the Policy when We issue or deliver it are the entire contract. We attached a copy of any application when We issued this Policy, and We will attach any supplemental applications to or endorse them on this Policy when the supplemental coverage becomes effective. We consider all statements made in any application, except in the case of fraud, to be representations and not warranties. No statement will be used to void this Policy unless contained in the application. No change or waiver of any part of this Policy will be valid unless one of Our officers states it in writing. No agent or other person can change or waive any part of this Policy.</p> <p>For purposes of this provision, "Policy" includes any riders, endorsements or amendments.</p>
Incontestability	<p>We cannot contest this Policy or any rider attached to it as to statements contained in the application after it has been in effect, during the Insured's lifetime, for two years from its Issue Date, except for:</p> <ol style="list-style-type: none">1) Non-payment of Premium2) Fraud, when permitted by applicable state law in the state where this Policy is issued or delivered. <p>We cannot contest this Policy or any riders attached to it after it has been in effect, during the Insured's lifetime, for two years from its reinstatement date. We can only contest statements contained in the reinstatement application.</p>
Suicide	If the Insured, whether sane or insane, dies by suicide within one year from the Issue Date, Our liability will be limited to the Premiums paid.
Misstatement of Age or Sex	If the Insured's age or sex has been misstated, We will adjust the basic benefit amount to equal that which the Premiums paid in the previous Policy year would have purchased at the correct age and sex.
Assignment	You may assign this Policy. We will only be bound by an assignment if We receive it at Our Corporate Markets Center and it is accepted and recorded by Us. We are not liable for any payment made by Us before We record the assignment. Unless You specify otherwise, the assignment takes effect on the date You sign it. We will not be liable for the validity of any assignment.
Nonparticipation	This Policy is nonparticipating and does not share in Our earnings. You will not receive any dividends.
Termination	<p>All coverage this Policy provides will end on the earliest of the following:</p> <ol style="list-style-type: none">1. The Insured's death.2. The end of the Grace Period.3. The Expiry Date. <p>All riders will also terminate unless the rider states otherwise.</p>
Right to Amend Policy and Disclaimer	The Internal Revenue Code sets forth certain requirements that policies such as this must meet to qualify for treatment as life insurance. We base the calculations and provisions of this Policy on these requirements. We have the right to amend this Policy so it remains qualified for treatment as a life insurance Policy. You have the right to refuse any amendment.

Owner and Beneficiary

Owner

While the Policy or any benefits provided by rider are in effect, You have all ownership rights.

You may change this Policy's Owner. You must file a Written Notice with Us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Beneficiary

The Beneficiary is as named in the application, unless You have since changed the Beneficiary. Unless You request otherwise, the following will apply:

1. Beneficiaries will share Proceeds equally.
2. If any Beneficiaries die before the Insured, We will divide the shares equally among the surviving beneficiaries.
3. If no Beneficiary survives the Insured, We will pay the Proceeds to You, if You are living, otherwise to Your estate.
4. If any Beneficiary dies at the same time as the Insured, or within 15 days after the Insured but before We receive proof that the Insured died while this Policy was in effect, We will pay the Proceeds as though the Beneficiary died first.

The amount We pay to each Beneficiary will be subject to any prior assignment You made. We will need any irrevocable Beneficiary's written consent to assign the Policy.

Change of Beneficiary

You may change the Beneficiary while the Insured is living. We will need any irrevocable Beneficiary's written consent for a change. The change will be subject to prior assignment.

You must file a Written Notice of the change with us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Premium Payments and Policy Renewals

Premiums

The first Premium is due on the Effective Date. You must pay each Premium after the first on or before its due date. You may mail or deliver future Premium payments to Us or to a person authorized to accept Premium payments in exchange for a receipt signed by Our President, Secretary or Treasurer. Any Premium not paid on or before its due date will be in default.

You may pay Premiums once, twice, four times a year, or monthly. You must give us Written Notice to change the form of Premium payment. The change must follow our rates and minimums for the form of payment You choose.

Premium Change and Policy Renewal

We show the Premiums for each Policy Duration after the first on the Schedule of Renewal Premiums on page 1A. You may renew this Policy without evidence of insurability if:

1. This Policy is in effect; and
2. The Insured's Attained Age is less than 95.

Each renewal period is for one year. You may renew this Policy by paying the appropriate renewal Premium when due or within the Grace Period.

Grace Period

After the first Premium, there is a 31 day Grace Period for Premium payment. We will send a notice of the Grace Period to Your last known address and to any assignee's last known address no later than 30 days prior to the end of the Grace Period. During the Grace Period, coverage this Policy provides will continue. If the Insured dies during the Grace Period, We will deduct any Premium in default from the Proceeds. If You do not pay this Premium by the end of the Grace Period, this Policy will Lapse without value. Any riders will also Lapse without value unless the rider states otherwise. We will send a notice of Lapsed Policy to Your last known address and to any assignee's last known address when the Grace Period ends.

Reinstatement

You may reinstate this Policy within 5 years after Lapse and before the Expiry Date. The reinstated Policy will be in effect from the date of the reinstatement application, subject to Our approval. To reinstate the Policy We will need:

1. Written Notice from You within five years after the Grace Period ends;
2. Satisfactory evidence of the Insured's insurability; and,
3. Payment of all current Premiums due and all past unpaid Premium.

We reserve the right to charge interest with the payment of all past due Premium to the date of reinstatement, not to exceed a maximum of to 6% interest per year compounded annually.

Death Benefit**Death Benefit**

We pay this Policy's Proceeds to the Beneficiary when We receive due proof that the Insured died while this Policy was in effect, subject to any prior assignment. The Proceeds payable at the Insured's death are:

- The basic benefit amount of this Policy as shown on page 1; plus
- Additional death benefits provided on the Insured's life by any attached rider; plus
- Any Premium payment paid for coverage on the Insured's life past the Policy month in which death occurs; minus
- Any Premium due; plus
- Interest from the date of the Insured's death until the date the Proceeds are paid at a rate not less than 2.5% of such minimum rate as required by law.

We will pay the Proceeds in one lump sum, unless You or the Beneficiary request otherwise and We approve the request. The Beneficiary must file a Written Notice with Us to receive payment.

To the extent allowed by law, no payment of Proceeds or interest will be subject to creditors' claims.

**ANNUALLY RENEWABLE TERM LIFE INSURANCE POLICY
ANNUALLY RENEWABLE TO AGE 95
NON-PARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS**



North American Company for Life and Health Insurance

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ANNUALLY RENEWABLE TERM LIFE INSURANCE POLICY

ANNUALLY RENEWABLE TO AGE 95

NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS

In this Policy, North American Company for Life and Health Insurance is referred to as “We”, “Us”, “Our”, or the “Company”. “You” and “Your” refer to the Owner.

We agree to pay to the Beneficiary the Death Benefit upon the Insured’s death prior to the Expiry Date while this Policy is in effect. Payment will be made upon receipt at Our Corporate Markets Center of due proof of the Insured’s death. This agreement is subject to the terms of this Policy.

CONSIDERATION - This Policy is issued in consideration of the application and payment of the first Premium.

PLEASE READ THIS POLICY CAREFULLY

This Policy is a legal contract between the Policyowner and North American Company for Life and Health Insurance.

20 DAY RIGHT TO CANCEL

It is important to Us that You are satisfied with this Policy and that it meets Your insurance goals. Read it carefully. If You are not satisfied with it You may return it to Corporate Markets Center or to Your agent within 20 days after You receive it. Within 10 days after We receive the returned Policy, We will then void it as of the Effective Date as though it was never issued and We will refund all Premiums that have been paid.

Issued and Signed by North American Company for Life and Health Insurance.


President


SECRETARY

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RIDERS, ENDORSEMENTS OR AMENDMENTS

Riders, endorsements, or amendments, if any, follow page 6.

***** SPECIFICATIONS PAGE *****

*** SCHEDULE OF BENEFITS ***

TYPE BASIC BENEFIT	AMOUNT	EXPIRY DATE	FORM
[ONE YEAR TERM]	[\$100,000]	[01-01-2072]	2570

*** SCHEDULE OF FIRST YEAR PREMIUMS ***

TYPE OF BENEFIT	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	GTD PERIOD
ONE YEAR TERM	[\$116.00]	[\$59.46]	[\$30.96]	[\$11.04]	1 YEAR

THE INSURANCE DEPARTMENT OF THE STATE IN WHICH THIS POLICY WAS DELIVERED MAY BE CONTACTED BY CALLING [(XXX-XXX-XXXX)]

INSURED:
[JOHN DOE]

ISSUE AGE AND SEX:
[35] [MALE]

RATE CLASS:
[STANDARD]

EFFECTIVE DATE: [JANUARY 1, 2012]

POLICY NUMBER: [01232090]

ISSUE DATE: [JANUARY 1, 2012]

BASIC BENEFIT AMOUNT: [\$100,000]

OWNER: [THE INSURED]

INSURED: [JOHN DOE]

POLICY NUMBER: [01232090]

*** SCHEDULE OF RENEWAL PREMIUMS ***

ANNUAL PREMIUMS FOR POLICY

POLICY DURATION	GUARANTEED PREMIUM	POLICY DURATION	GUARANTEED PREMIUM
2	128.00	32	3,580.00
3	143.00	33	3,949.00
4	164.00	34	4,345.00
5	192.00	35	4,777.00
6	228.00	36	5,265.00
7	275.00	37	5,907.00
8	335.00	38	6,454.00
9	413.00	39	7,186.00
10	514.00	40	8,008.00
11	568.00	41	8,890.00
12	609.00	42	9,829.00
13	652.00	43	10,816.00
14	699.00	44	11,841.00
15	751.00	45	12,928.00
16	807.00	46	14,121.00
17	873.00	47	15,448.00
18	949.00	48	16,948.00
19	1,035.00	49	18,688.00
20	1,134.00	50	20,670.00
21	1,243.00	51	22,884.00
22	1,365.00	52	25,338.00
23	1,494.00	53	28,018.00
24	1,633.00	54	30,890.00
25	1,791.00	55	33,920.00
26	1,966.00	56	37,082.00
27	2,161.00	57	40,056.00
28	2,383.00	58	43,156.00
29	2,637.00	59	46,426.00
30	2,923.00	60	49,880.00
31	3,240.00		

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR CORPORATE MARKETS CENTER AT THE FOLLOWING ADDRESS:

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
[ATTN: POLICYOWNER SERVICE
CORPORATE MARKETS CENTER
2000 44TH ST. SOUTH, SUITE 300
FARGO, ND 58103
(800) 283-5433]

Definitions

The following are key words used in this Policy. They are important in describing both Your rights and Ours. As You read Your Policy, refer back to these definitions.

Attained Age	The Insured's age on this Policy's Effective Date increased by the number of years the Policy has been in effect.
Beneficiary	The person(s), company, estate or trust You last named during the Insured's life to receive this Policy's Proceeds when the Insured dies.
Effective Date	The date when this Policy begins and from which Policy anniversaries, years and months are set. We show the Effective Date on page 1 or any endorsement.
Expiry Date	The date when this Policy terminates as shown on page 1.
Grace Period	If We do not receive the Premium by the date it is due, the Grace Period begins. The Grace Period is the next 31 days.
In Effect	The Insured's life remains Insured under this Policy's terms.
Insured	The person whose life is insured under this Policy as shown on page 1 or any endorsement.
Issue Age	The Insured's age at the birthday nearest the Effective Date.
Issue Date	The date We show on page 1 from which We measure Incontestability and Suicide provisions.
Lapse	The Policy terminates because We have not received the Premium due by the end of the Grace Period.
Policy Anniversary	The day and month every year that is the same as Your Effective Date.
Policy Duration	Each successive twelve-month period measured from the Effective Date.
Premium	The amount paid to purchase or maintain the Policy and any riders.
Proceeds	The amount this Policy pays at death.
Written Notice	A signed written form from You satisfactory to Us and received and filed by Us at Our Corporate Markets Center.

General Provisions

Consideration	This Policy is issued in consideration of the application and payment of the first Premium.
Entire Contract	<p>This Policy, the application(s) and any supplemental applications that We endorse upon or attach to the Policy when We issue or deliver it are the entire contract. We attached a copy of any application when We issued this Policy, and We will attach any supplemental applications to or endorse them on this Policy when the supplemental coverage becomes effective. We consider all statements made in any application, except in the case of fraud, to be representations and not warranties. No statement will be used to void this Policy unless contained in the application. No change or waiver of any part of this Policy will be valid unless one of Our officers states it in writing. No agent or other person can change or waive any part of this Policy.</p> <p>For purposes of this provision, "Policy" includes any riders, endorsements or amendments.</p>
Incontestability	<p>We cannot contest this Policy or any rider attached to it as to statements contained in the application after it has been in effect, during the Insured's lifetime, for two years from its Issue Date, except for:</p> <ol style="list-style-type: none">1) Non-payment of Premium2) Fraud, when permitted by applicable state law in the state where this Policy is issued or delivered. <p>We cannot contest this Policy or any riders attached to it after it has been in effect, during the Insured's lifetime, for two years from its reinstatement date. We can only contest statements contained in the reinstatement application.</p>
Suicide	If the Insured, whether sane or insane, dies by suicide within two years from the Issue Date, Our liability will be limited to the Premiums paid.
Misstatement of Age or Sex	If the Insured's age or sex has been misstated, We will adjust the basic benefit amount to equal that which the Premiums paid in the previous Policy year would have purchased at the correct age and sex.
Assignment	You may assign this Policy. We will only be bound by an assignment if We receive it at Our Corporate Markets Center and it is accepted and recorded by Us. We are not liable for any payment made by Us before We record the assignment. Unless You specify otherwise, the assignment takes effect on the date You sign it. We will not be liable for the validity of any assignment.
Nonparticipation	This Policy is nonparticipating and does not share in Our earnings. You will not receive any dividends.
Termination	<p>All coverage this Policy provides will end on the earliest of the following:</p> <ol style="list-style-type: none">1. The Insured's death.2. The end of the Grace Period.3. The Expiry Date. <p>All riders will also terminate unless the rider states otherwise.</p>
Right to Amend Policy and Disclaimer	The Internal Revenue Code sets forth certain requirements that policies such as this must meet to qualify for treatment as life insurance. We base the calculations and provisions of this Policy on these requirements. We have the right to amend this Policy so it remains qualified for treatment as a life insurance Policy. You have the right to refuse any amendment.

Owner and Beneficiary

Owner

While the Policy or any benefits provided by rider are in effect, You have all ownership rights.

You may change this Policy's Owner. You must file a Written Notice with Us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Beneficiary

The Beneficiary is as named in the application, unless You have since changed the Beneficiary. Unless You request otherwise, the following will apply:

1. Beneficiaries will share Proceeds equally.
2. If any Beneficiaries die before the Insured, We will divide the shares equally among the surviving beneficiaries.
3. If no Beneficiary survives the Insured, We will pay the Proceeds to You, if You are living, otherwise to Your estate.
4. If any Beneficiary dies at the same time as the Insured, or within 15 days after the Insured but before We receive proof that the Insured died while this Policy was in effect, We will pay the Proceeds as though the Beneficiary died first.

The amount We pay to each Beneficiary will be subject to any prior assignment You made. We will need any irrevocable Beneficiary's written consent to assign the Policy.

Change of Beneficiary

You may change the Beneficiary while the Insured is living. We will need any irrevocable Beneficiary's written consent for a change. The change will be subject to prior assignment.

You must file a Written Notice of the change with us. After We receive the notice, it will take effect on the date You signed it, subject to payments made or other action We took before We received the notice.

Premium Payments and Policy Renewals

Premiums

The first Premium is due on the Effective Date. You must pay each Premium after the first on or before its due date. You may mail or deliver future Premium payments to Us or to a person authorized to accept Premium payments in exchange for a receipt signed by Our President, Secretary or Treasurer. Any Premium not paid on or before its due date will be in default.

You may pay Premiums once, twice, four times a year, or monthly. You must give us Written Notice to change the form of Premium payment. The change must follow our rates and minimums for the form of payment You choose.

Premium Change and Policy Renewal

We show the Premiums for each Policy Duration after the first on the Schedule of Renewal Premiums on page 1A. You may renew this Policy without evidence of insurability if:

1. This Policy is in effect; and
2. The Insured's Attained Age is less than 95.

Each renewal period is for one year. You may renew this Policy by paying the appropriate renewal Premium when due or within the Grace Period.

Grace Period

After the first Premium, there is a 31 day Grace Period for Premium payment. We will send a notice of the Grace Period to Your last known address and to any assignee's last known address no later than 30 days prior to the end of the Grace Period. During the Grace Period, coverage this Policy provides will continue. If the Insured dies during the Grace Period, We will deduct any Premium in default from the Proceeds. If You do not pay this Premium by the end of the Grace Period, this Policy will Lapse without value. Any riders will also Lapse without value unless the rider states otherwise. We will send a notice of Lapsed Policy to Your last known address and to any assignee's last known address when the Grace Period ends.

Reinstatement

You may reinstate this Policy within 5 years after Lapse and before the Expiry Date. The reinstated Policy will be in effect from the date of the reinstatement application, subject to Our approval. To reinstate the Policy We will need:

1. Written Notice from You within five years after the Grace Period ends;
2. Satisfactory evidence of the Insured's insurability; and,
3. Payment of all current Premiums due and all past unpaid Premium.

We reserve the right to charge interest with the payment of all past due Premium to the date of reinstatement, not to exceed a maximum of to 6% interest per year compounded annually.

Death Benefit**Death Benefit**

We pay this Policy's Proceeds to the Beneficiary when We receive due proof that the Insured died while this Policy was in effect, subject to any prior assignment. The Proceeds payable at the Insured's death are:

- The basic benefit amount of this Policy as shown on page 1; plus
- Additional death benefits provided on the Insured's life by any attached rider; plus
- Any Premium payment paid for coverage on the Insured's life past the Policy month in which death occurs; minus
- Any Premium due; plus
- Interest from the date of the Insured's death until the date the Proceeds are paid. We will pay interest at the annual interest rate being paid on Proceeds left on deposit with Us.

We will pay the Proceeds in one lump sum, unless You or the Beneficiary request otherwise and We approve the request. The Beneficiary must file a Written Notice with Us to receive payment.

We will pay an interest rate of 10% annually in the event the Proceeds are not paid within 31 calendar days after the occurrence of the latest of (a), (b), and (c), where:

- (a) Is the date that We receive due proof of death;
- (b) Is the date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee entitled to the Proceeds;
- (c) Is the date that any legal impediments to payment of Proceeds that depend on the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include but are not limited to:
 - 1. The establishment of guardianships and conservatorships;
 - 2. The appointment and qualification of trustees, executors and administrators;
or
 - 3. The submission of information required to satisfy state and federal reporting requirements.

To the extent allowed by law, no payment of Proceeds or interest will be subject to creditors' claims.

**ANNUALLY RENEWABLE TERM LIFE INSURANCE POLICY
ANNUALLY RENEWABLE TO AGE 95
NON-PARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS**

STATEMENT OF VARIABILITY
Policy Form Series 2570

The following is a list of bracketed items and the corresponding range of text and/or values.

Bracketed Item	Variable Text/Range
COMPANY LOGO, ADDRESS, WEBSITE AND OFFICER SIGNATURES	This information is bracketed for future flexibility in the event any of this information should change.
SCHEDULE OF BENEFITS - TYPE BASIC BENEFIT	Plan name
SCHEDULE OF BENEFITS - AMOUNT	Varies by policyowner
SCHEDULE OF BENEFITS - EXPIRY DATE	Anniversary date closest to insured's age 95
SCHEDULE OF FIRST YEAR PREMIUMS - AMOUNT: ANNUAL, SEMI-ANNUAL, QUARTERLY, MONTHLY	Varies by policyowner
INSURANCE DEPARTMENT CONTACT PHONE NUMBER	Varies by state of issue
INSURED	Varies by policyowner
ISSUE AGE AND SEX	Varies by policyowner
RATE CLASS	<p>Preferred, Standard or Special if policy is extra rated</p> <p>If policy is extra rated, the heading on page 2 is asterisked and additional disclosure prints on page 2.</p> <p style="text-align: center;">If the policy is table rated, the following disclosure prints: YOUR POLICY WAS ISSUED IN A SPECIAL RATE CLASS. THIS TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1,000 REFLECTS A [XX]% INCREASE IN 2001 CSO MORTALITY [MALE] RATES. XX = the percentage amount of the increase and may range from 25-400% based on underwriting.</p> <p style="text-align: center;">If the policy has a flat extra rating, the following disclosure prints: YOUR POLICY WAS ISSUED IN A SPECIAL RATE CLASS. THIS TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1,000 REFLECTS A [\$X] PER \$1,000 INCREASE IN 2001 CSO MORTALITY [MALE] RATES FOR [Y] YEARS. X = the dollar amount of the additional premium and may range from \$1- \$50/thousand and Y = the number of years the additional premium applies and may range from 1 year to the duration of the policy, based on underwriting.</p>
EFFECTIVE DATE	Varies by policyowner
POLICY NUMBER	Varies by policyowner
ISSUE DATE	Varies by policyowner
BASIC BENEFIT AMOUNT	Varies by policyowner
OWNER	Varies by policyowner
POLICYOWNER SERVICE ADDRESS ON PAGE 2.1	Bracketed to reserve the right to change or delete addresses and contact information without re-filing this form