# Fixed Index Annuity Allocation Form for Strategic Design Annuity℠

North American Company for Life and Health Insurance

Mail to: P.O. Box 79905, Des Moines, IA 50325-0905

Clear Form

**INSTRUCTIONS:** Make sure all allocations equal 100%, and complete all applicable signatures.

**Monthly Point-to-Point** (Subject to an Index Cap Rate)

S&P 500® Index ☐☐☐ %

**Annual Point-to-Point** (Subject to an Index Cap Rate)

S&P 500® Index ☐☐☐ %

**Annual Point-to-Point** (subject to a Participation Rate)

S&P 500® Index ☐☐☐ %

S&P Multi-Asset Risk Control 5% Excess Return Index (S&P MARC 5% ER) ☐☐☐ %

**Inverse Edge Trigger**

S&P 500® Index ☐☐☐ %

**Two-Year Point-to-Point** (Subject to Participation Rate)

S&P Multi-Asset Risk Control 5% Excess Return Index (S&P MARC 5% ER) ☐☐☐ %

**Fixed Account** ☐☐☐ %

**Allocation percentages must be whole numbers and equal 100%**

## Signatures

Signed at:

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐

**Owner Signature:** _____ **Date:** ☐☐ - ☐☐ - ☐☐☐☐

**Joint Owner Signature:** _____ **Date:** ☐☐ - ☐☐ - ☐☐☐☐

**Agent/Representative Signature:** _____ **Date:** ☐☐ - ☐☐ - ☐☐☐☐

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