

Non-financial change request



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

1. Contract information

Contract number

Name or Non-Natural Entity (first, middle initial, last)*			SSN/TIN/EIN
Joint Owner's name (first, middle initial, last)			Social Security number
Street address			Apartment/Suite number
City	State	ZIP	Phone number

**Please complete and submit a copy of the Certification of Trust Agreement if this policy is owned by a Trust.*

2. Change of name

Additional documentation is required to process a name change (i.e. marriage certificate or divorce decree)

Requested name to change:

First name	MI	Last name
------------	----	-----------

Change name to:

First name	MI	Last name
------------	----	-----------

3. Change of address

Previous address:

Mailing address*			Apartment/Suite number
City	State	ZIP	Phone number

Change address to:

Mailing address*			Apartment/Suite number
City	State	ZIP	Phone number

**If your mailing address is different than your street address, please list on a separate piece of paper.*

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

4. Change of ownership

To help fight the funding of terrorism and money-laundering activities, the U.S. government passed the USA Patriot Act, requiring financial institutions, including insurance companies, to obtain, verify and record information that identifies persons who engage in certain transactions with or through our company. This means we will verify the name, address, date of birth and social security number or other tax identification number on the proposed owner of all insurance applications. We request a legible copy of a driver's license, passport or other identifying documents from each new owner.

- This Non-Financial Change Request form meets the Written Notice requirement defined in the policy.
- Any ownership change is subject to Midland National Life Insurance Company's underwriting rules in force at the time of the change.
- Ownership restrictions apply to qualified plans such as IRAs and Roth IRAs per IRS regulations.
- An ownership change may have tax consequences. Tax advice should be obtained prior to making this change. Please consult with and rely upon your own tax and legal professionals.
- A copy of the Certification of Trust Agreement must be submitted if the new owner designation is a trust.

New Owner's name (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)
--	------------------------	----------------------------

Address (P.O. boxes are not allowed)

City	State	ZIP
------	-------	-----

Relationship to Owner

Verification of identity

Driver's License State-issued ID Military ID Passport Alien Registration Card

State/Country	Number	Exp. date
---------------	--------	-----------

Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien/Citizen of: _____
--	---

New Owner's Name (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)
--	------------------------	----------------------------

Address (P.O. boxes are not allowed)

City	State	ZIP
------	-------	-----

Relationship to Owner

Verification of identity

Driver's License State-issued ID Military ID Passport Alien Registration Card

State/Country	Number	Exp. date
---------------	--------	-----------

Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien/Citizen of: _____
--	---

Non-Natural Entity	TIN/EIN	Date of Trust (mm/dd/yyyy)
--------------------	---------	----------------------------

Address (P.O. boxes are not allowed)

City	State	ZIP
------	-------	-----

Trust or Corporation (Below you should show the different certification forms you have for the entities allowed)

Partnership/Trust Agreement Certification of Trust

State/Country	Number	Exp. date (mm/dd/yyyy)
---------------	--------	------------------------

5. Fraud statements

CA Residents only: for your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

6. Signatures

If a change of ownership is requested, please have the Owner(s) and New Owner(s) sign below.

Owner's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
New Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
New Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Spouse's signature* (Only applicable if owner resides in: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Disinterested witness' signature**	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

* If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the line above to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. You understand and agree that Midland National may presume that no community property interest exists if you have not obtained your spouse's signature above. Further, you understand and agree that Midland National has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold Midland National harmless from any consequences relating to community property interests and this transaction.

** If the current owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary. An agent may not sign as a disinterested witness.

Variable annuity products are issued by Midland National[®] Life Insurance Company distributed by Sammons Financial Network[®], LLC., member FINRA.

Sammons Institutional Group[®], Inc., Sammons Financial Network[®], LLC., member FINRA, and Midland National[®] Life Insurance Company do not give tax, legal, or investment advice. Please have your client consult with and rely on their own tax, legal, or investment professional(s). Taxes are payable upon withdrawal of funds, and a 10% IRS penalty may apply to withdrawals prior to age 59½.

