

Oak Elite ADVSM partial withdrawal or full surrender request



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 833-492-0022, Option 1 | Fax: 833-492-0023

Instructions

Use this form when requesting a partial or full distribution, or to set up systematic withdrawals.

1. Contract information

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

Contract number

Owner's name (first, middle initial, last)

Social Security number

Joint Owner's name (first, middle initial, last) – If applicable

Social Security number

Non-natural Owner – If applicable

TIN/EIN

Street address

Apartment/Suite number

City

State

ZIP

Phone number

2. Disbursement instruction

Please select one of the following withdrawal options. If multiple are selected, it will result in a delay in processing your request.

☐ Partial withdrawal (select one):

☐ Fixed dollar (specify amount - \$1,000 minimum) \$ _____ ☐ Gross or ☐ Net¹

☐ Percentage of Accumulation Value _____ %

☐ Systematic withdrawal (select one):

☐ Fixed dollar (specify amount - \$1,000 minimum) \$ _____ ☐ Gross or ☐ Net¹

☐ Percentage of Accumulation Value (withdrawal amounts will fluctuate based on the accumulation value) _____ %

☐ Please withdraw in the following frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Date of first payment² (mm/dd/yyyy): _____

Withdrawals are taken pro rata from all separate account investment options until the Accumulation Value in the separate account investment options is exhausted. Then, if any remaining withdrawal amount is taken pro rata from all cycle investment options. The Floor or Buffer Rate will not apply to withdrawals prior to maturity date from cycle investment options.

¹ Net amount of check after applicable charges and/or taxes are applied.

² Please select a day of the month between the 1st and the 28th. If the date is not complete or an invalid date is chosen, the form will be considered "Not in good order." If the elected start date has already passed, the first systematic withdrawal will be processed immediately, and the next systematic withdrawal will be processed one modal frequency from the elected start date. If the elected date is not a business day, the systematic withdrawal will be processed on the next available business day.

☐ **Full Surrender:** I/We hereby cancel this annuity and request payment of its Surrender Value, if any. Such payment is acknowledged as full settlement of any and all claims under this annuity. Such cancellation shall be effective immediately. I/We further represent that no bankruptcy proceedings filed by or against me are now pending and that no liens are outstanding against this annuity.

THE ANNUITY MUST BE RETURNED BEFORE THE CASH SURRENDER CAN BE PROCESSED. Please check one of the following:

☐ Annuity enclosed.

☐ I/We have lost, destroyed or mislaid my annuity specified above and request that the value of said annuity be paid. I/We hereby agree (on behalf of my heirs, assignees, and legal representatives, or any other person claiming rights through me) to indemnify and protect Midland National ("the Company") against any claim which may be asserted against the Company on the basis of such policy certificate, and to reimburse the Company for any payment it may make, or expense it may incur with respect to any such claim.

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.

3. Type of disbursement

Withdrawals taken prior to age 59½ may be subject to IRS penalties. I further acknowledge that Midland National has made no representation that the above withdrawal schedule will fulfill my specific tax obligations.

- ☐ **Normal:** I am age 59½ or older.
- ☐ **Early:** I am under 59½. I understand that I may be subject to an IRS 10% early distribution penalty unless an IRS exception exists or the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. Please consult a qualified tax professional for more information.
- ☐ **Disability*:** Provide the information below.

Date you first became disabled (mm/dd/yyyy): _____

* The IRS considers a taxpayer to be exempt from the 10% early distribution penalty if the individual's condition meets the definition of "disabled" in IRC section 72(m)(7). A physician's statement that acknowledges your condition as meeting the IRS 72(m)(7) definition of "disabled" is required. Please consult a qualified tax professional for more information.

4. Federal election of withholding

See the instructions on pages 4-5 and Marginal Rate Tables for additional information.

Your withholding rate is determined by the type of payment you will receive.

- For non-periodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100%. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%.

☐ I would like the default withholding rate.

☐ I would like rate of withholding that is different from the default withholding rate.

_____ % Enter the rate (percent) as a whole number (enter a rate between 0% and 100%, no decimals)

5. State election of withholding

Important state tax withholding information: If you reside in a state that requires tax withholding, we will withhold state income tax in accordance with the respective state's rules.

Withhold state taxes - (select yes or no)

☐ **No** ☐ **Yes** _____ %

6. Method of payment

Please check one of the following options. If no election is indicated, a check will be mailed to you.

☐ I would like this withdrawal to be paid to me by check and sent to the mailing address listed in section 1 of this form.

To send the withdrawal to a third party brokerage cash management or "sweep" account, complete the Verification of Brokerage Cash Management Account form.

☐ I would like this withdrawal to be sent via Automated Clearing House (ACH) to the financial institution account indicated below. I understand the proceeds will arrive at my financial institution account in approximately three to five business days. I authorize Midland National and the financial institution listed below to automatically deposit distributions into my account. **Please attach a voided check.**

Type of account: ☐ Checking ☐ Savings

Name(s)* on account (first, middle initial, last)

Financial institution name

Financial institution phone number

Financial institution routing number (ABA #)

Financial institution account number

Include a preprinted, voided check or letter from the bank on their letterhead for the Automated Clearing House (ACH) debit to ensure accurate account information.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

7. Signatures

I/We hereby acknowledge that the information provided herein is to the best of our knowledge true and accurate. I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of this request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in your contract.

Taxpayer certification

Under penalty of perjury, my signature certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from FATCA reporting.

8. Fraud Statements

CA Residents: 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.

Owner's signature	Date signed (mm/dd/yyyy)
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
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)

* If this transaction is subject to community property interest, we strongly recommend that you obtain your spouse's signature in the box 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. Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

Securities products are distributed by Sammons Financial Network®, LLC., member FINRA. Sammons Financial Network®, LLC., Midland National® Life Insurance Company is an affiliated company and wholly owned subsidiary of Sammons® Financial Group, Inc.

General Instructions and Marginal Rate Tables for withholding for non-periodic payments and eligible rollover distributions.

Use the information provided on pages 4-5 to guide you in completing withholding section 4, page 2.

General Instructions

Section references are to the Internal Revenue Code.

Future developments - For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose - Complete section 4, page 2, to have payers withhold the correct amount of federal income tax from any non-periodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement account (IRA). See pages 4-5 for the rules and options that are available for each type of payment.

Caution - If you have too little tax withheld, you will generally owe tax when you file your tax return, and you may also owe a penalty, unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a non-periodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the following page for more information on how to use this table.

Single or married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

For Privacy Act and Paperwork Reduction Act Notice, see page 5.

Non-periodic payments—10% withholding - Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate in section 4, page 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-”. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding - Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% in section 4, page 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, (b) distributions required by federal law, such as required minimum distributions, (c) Eligible distributions to a domestic abuse victim, (d) Qualified disaster recovery distributions, (e) Qualified birth or adoption distributions, and (f) Emergency personal expense distributions. See Pub. 505 for details. See also *Non-periodic payments—10% withholding above*.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” in section 4, page 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

More withholding - If you want more than the default rate withheld from your payment, you may enter a higher rate in section 4, page 2.

Less withholding (non-periodic payments only) - If permitted, you may enter a lower rate in section 4, page 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding - Consider using the Marginal Rate Tables on page 4 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate in section 4, page 2. (*See Example 1 below.*)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate in section 4, page 2. (*See Example 2 below.*)

If you prefer a simpler approach (but one that may lead to over withholding), find the rate that corresponds to your total income including the payment and enter that rate in section 4, page 2.

Examples - Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1 - You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter "22" in section 4, page 2.

Example 2 - You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" in section 4, page 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your non-periodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your non-periodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your non-periodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding of your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.