

Contract access authorization form



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

Instructions

Use this form to:

- Authorize an individual(s) to enact changes to your Contract on your behalf.
- Authorize your Agent/Representative(s) and their assistant(s) to enact changes to your Contract on your behalf.

1. Contract information

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

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

2. Telephone/Electronic authorization

By initialing below, I hereby authorize and direct Midland National to act on telephone, Internet, or other electronic medium instructions, when proper identification is furnished (Social Security Number, Tax Identification, or other established identifiers), concerning, but not limited to, exchange of units between the Investment Options, to change allocation of future premium payments, to request partial withdrawals, and/or other authorized transactions. I agree that Midland National is not liable for any losses or expenses arising from any exchange, change in allocation of future premium payments, or partial withdrawal by acting in accordance with telephone, Internet, or other electronic medium instructions that we believe to be genuine. Midland National will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the Electronic Information and Document Delivery Consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify Midland National of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.

In absence of initials, Midland National will default to no authorization given to any individuals (including the Registered Representative) for electronic and telephone transactions.

Owner(s)'s initials

I/We hereby authorize my Registered Representative and their assistant(s) to enact changes to my Contract on my behalf.

Owner(s)'s initials

I/We hereby authorize the following individuals to enact changes to my Contract on my behalf.

Name (first, middle initial, last): _____ Social Security number: _____

Name (first, middle initial, last): _____ Social Security number: _____

If a Social Security number is not provided, the proposed individual will not be authorized for certain transactions.

This authorization will remain in effect until: 1) Midland National receives written or telephone notification from the Contract Owner; 2) a change of ownership is processed; 3) the Contract is terminated; or 4) the Agent/Representative of record is no longer contracted with Midland National.

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. 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.

4. Signatures

All Owners are required to sign this form.

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"/>

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

