

# Change of Agent/Registered Representative request



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261  
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833  
Phone: 1-877-586-0242 | Email: annuitycommissions@sfgmembers.com

## Instructions

Use this form to:

- Change the servicing Agent/Registered Representative on the Contract
- Agent/Registered Representative use only: assign partnership/split information for additional agents/representatives
- Authorize Your new Agent/Registered Representative and their assistant(s) to enact changes to Your Contract on Your behalf

## 1. Contract information

Contract number

Contract Owner's name (first, middle initial, last)			Social Security number
Joint Contract Owner's name (first, middle initial, last) - if applicable			Social Security number
Non-Natural Contract Owner - if applicable			Tax identification number/EIN
Street address			Apartment/suite number
City	State	ZIP	Phone number

## 2. Agent/Registered Representative information

Agent/Registered Representative's name (first, middle initial, last)			Agent ID number
Street address			CRD number
City	State	ZIP	Apartment/suite number
Agent/Registered Representative's email			Phone number
Broker/dealer name			Broker/dealer number

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. Telephone, internet, and electronic medium transaction authorization

By initialing below, I hereby authorize and direct Midland National to act on telephone, internet, or other electronic medium instructions when properly furnished according to Company verification procedures, concerning matters such as (1) exchanging units between Investment Options, (2) accessing Contract information online, (3) changing allocation of future purchase payments, (4) making administrative updates to the Contract, and (5) requesting Gross Partial Withdrawals and any other authorized transaction not included herein. I agree that Midland National is not liable for any losses or expenses arising from any transaction listed above by acting in accordance with instructions received in Good Order from a party currently authorized under this Contract that We believe to be genuine. Midland National will employ reasonable procedures to confirm that all received instructions are genuine.

I understand that a confirmation statement for all transactions will be returned to Me by Midland National in accordance with document delivery preferences. I acknowledge that I am responsible for promptly reviewing all confirmation statements and must 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 for the Registered Representative.

Contract Owner/Joint Contract Owner's Initials \_\_\_\_\_ I/We hereby authorize the Registered Representative, information provided below in Section 6, to act in accordance with the limits outlined above under "Registered Representative (RR)".

#### 5. 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.

#### 6. Authorization and signature

Complete only if you are changing your Agent/Registered Representative. If multiple Agent/Registered Representatives are elected, please list all.

Contract Owner's Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Contract Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Agent/Registered Representative's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
New Additional Agent/Registered Representative's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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