

Fixed Annuity Application

Mail to: P.O. Box 10385, Des Moines, IA 50306-0385

Overnight to: 8300 Mills Civic Pkwy, West Des Moines, IA 50266



Annuitant

Gender: Male Female

U.S. Citizen: Yes No

First Name

MI

Last Name

Social Security Number/TIN

Street Address (P.O. Boxes are not allowed)¹

Birth Date (mm/dd/yyyy)

 - -

City

State

Zip

Phone

 - -

Joint Annuitant (if applicable must be spouse of annuitant)

Gender: Male Female

U.S. Citizen: Yes No

First Name

MI

Last Name

Social Security Number/TIN

Address and Phone Number Same as Annuitant

Street Address (P.O. Boxes are not allowed)¹

Birth Date (mm/dd/yyyy)

 - -

City

State

Zip

Phone

 - -

Owner (if different than annuitant)

Gender: Male Female

First Name

MI

Last Name

Birth Date (mm/dd/yyyy)

 - -

If the owner is a Trust you must complete and submit the Certificate of Trust Agreement form with this application.

Trust/Corporation Name

Trust Date (mm/dd/yyyy)

 - -

Street Address (P.O. Boxes are not allowed)¹

SSN/TIN/Employee ID No.

City

State

Zip

Phone

 - -

Joint Owner (if different than joint annuitant)

Gender: Male Female

First Name

MI

Last Name

Social Security Number/TIN

Address and Phone Number Same as Owner

Street Address (P.O. Boxes are not allowed)¹

Birth Date (mm/dd/yyyy)

 - -

City

State

Zip

Phone

 - -

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



\$102509

Owner's Beneficiary Designation² - For individual owners, the death benefit is payable to the owner's primary beneficiary. If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the death benefit.

For joint owners, the death benefit is payable on the death of the first owner (except in cases of spousal continuance) and the surviving joint owner is the designated sole primary beneficiary. Name only contingent beneficiaries below.

Please designate if you want the beneficiary designation to be Per Stirpes or Per Capita. If an election is not made then by default it will be Per Capita. Per Stirpes designations require a listing of the children on a separate sheet of paper that is signed and dated. The list must include the children's names, addresses, phone numbers, dates of birth and social security numbers.

- Per Stirpes definition: A common way of distributing proceeds where if one or more beneficiaries has died, his or her children share equally in his or her share of the proceeds.
 - Per Capita definition: Proceeds are split amongst the beneficiaries that survive the owner/annuitant. If one of the beneficiaries does not survive the owner/annuitant then the remaining beneficiaries receive the proceeds split equally.

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		<input type="checkbox"/> Per Stirpes	<input type="checkbox"/> Per Capita						
First Name		MI	Last Name		Social Security Number/TIN					
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>					
Birth Date (mm/dd/yyyy)		Relationship to Owner			Phone Number					
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>			<input type="text"/> - <input type="text"/> - <input type="text"/>					
Beneficiary's Mailing Address (must be completed)					<input type="text"/>				Percentage ³	
<input type="text"/>					<input type="text"/>				<input type="text"/> . <input type="text"/>	%
City					State		Zip Code			
<input type="text"/>					<input type="text"/>		<input type="text"/>			
Email address										
<input type="text"/>										

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		<input type="checkbox"/> Per Stirpes	<input type="checkbox"/> Per Capita				
First Name		MI	Last Name		Social Security Number/TIN			
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)		Relationship to Owner			Phone Number			
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary's Mailing Address (must be completed)						Percentage³		
<input type="text"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>
City			State			Zip Code		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Email address								
<input type="text"/>								

- 2.** In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.

- ### **3. Must equal 100%.**



\$102510

Owner's Beneficiary Designation (continued)

Full Name

Trust⁴ Primary Contingent

Trustee Name

Tax ID Number (TIN)

Trust Date (mm/dd/yyyy)

Trustee Phone Number

- - - -

Trustee Mailing Address (must be completed)

Percentage³

City

State

Zip Code

Email address

Corporation Estate Other

Full Name

Primary Contingent

Tax ID Number (TIN)

Date (mm/dd/yyyy)

Percentage³

- -

. %

3. Must equal 100%.

4. Accepted trust types are listed on the Non-living entity ownership types flyer. Additional documentation may be required to determine whether we can accept the trust as beneficiary. If the trust named as beneficiary is not an accepted trust type, the trustee(s) waive any and all claims against Midland National and agree to release, indemnify and hold harmless Midland National, its officers, employees, agents/representatives, and affiliates from and against any and all claims, legal or financial, associated with naming the trust as Beneficiary of the Contract.



\$102511

Annuitant's Beneficiary Designation² - Complete this section only if the owner(s) and annuitant(s) are not the same. In the event of the annuitant's death, death benefit proceeds are payable to the annuitant's primary beneficiary. If there are joint annuitants, the death benefit is payable upon the second death. If the annuitant's primary beneficiary is no longer living at the time of the annuitant's death, the annuitant's contingent beneficiary will receive the death benefit proceeds. If an election is not made then by default it will be Per Capita.

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		<input type="checkbox"/> Per Stirpes	<input type="checkbox"/> Per Capita		
First Name		MI	Last Name		Social Security Number/TIN	
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	
Birth Date (mm/dd/yyyy)		Relationship to Annuitant			Phone Number	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>			<input type="text"/>	<input type="text"/>
Beneficiary's Mailing Address (must be completed)						Percentage ³
<input type="text"/>						<input type="text"/> . <input type="text"/>
City			State		Zip Code	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
Email address						
<input type="text"/>						

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		<input type="checkbox"/> Per Stirpes	<input type="checkbox"/> Per Capita											
First Name					MI	Last Name					Social Security Number/TIN				
Birth Date (mm/dd/yyyy)					Relationship to Annuitant					Phone Number					
Beneficiary's Mailing Address (must be completed)										Percentage ³					
City										State		Zip Code			
Email address															

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent		<input type="checkbox"/> Per Stirpes	<input type="checkbox"/> Per Capita					
First Name		MI	Last Name		Social Security Number/TIN				
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)		Relationship to Annuitant			Phone Number				
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary's Mailing Address (must be completed)					Percentage ³				
<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City					State		Zip Code		
<input type="text"/>		<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address									
<input type="text"/>									

- 2.** In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.
3. Must equal 100%.



\$102512

Annuitant's Beneficiary Designation (continued)

Full Name								<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Trust ⁴								Tax ID Number (TIN)		
Trustee Name										
Trust Date (mm/dd/yyyy)	Trustee Phone Number									
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>									
Trustee Mailing Address (must be completed)								Percentage ³		
							<input type="checkbox"/> . <input type="checkbox"/>	%		
City				State				Zip Code		
							<input type="checkbox"/> <input type="checkbox"/>			
Email address										

Corporation Estate Other

Full Name

Full Name								<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	
Tax ID Number (TIN)	Date (mm/dd/yyyy)							Percentage ³		
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>							<input type="checkbox"/> . <input type="checkbox"/>	%	

3. Must equal 100%. **4.** Accepted trust types are listed on the Non-living entity ownership types flyer. Additional documentation may be required to determine whether we can accept the trust as beneficiary. If the trust named as beneficiary is not an accepted trust type, the trustee(s) waive any and all claims against Midland National and agree to release, indemnify and hold harmless Midland National, its officers, employees, agents/representatives, and affiliates from and against any and all claims, legal or financial, associated with naming the trust as Beneficiary of the Contract.

Verification of Identity - Note: The licensed representative must complete this section before submitting to the home office.

Owner: If Owner is a Natural Person, complete question 1. If Owner is a Trust or Business/Corporation, complete questions 1 and 2.

1. Natural Person/Trust Accounts (trustee information):

Representative: Please indicate the form of ID presented and used to verify this owner's identity. Expired IDs are not acceptable.

a. <input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien – Country of Citizenship:								
b. <input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> Military ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Alien Registration Card					
c. State	Country	Number							
<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>								
d. Occupation	Employer Name			Exp. Date		Years Employed			or Retired
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>			<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>			<input type="checkbox"/>	

2. Non-Natural/Business or Corporation:

a. <input type="checkbox"/> Trust Agreement	<input type="checkbox"/> Certificate of Incorporation	b. State	Country
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>		

Joint Owner: If Owner is a Natural Person, complete question 3. If Owner is a Trust or Business/Corporation, complete questions 3 and 4.

3. Natural Person/Trust Accounts (trustee information):

Representative: Please indicate the form of ID presented and used to verify this owner's identity. Expired IDs are not acceptable.

a. <input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Resident Alien – Country of Citizenship:								
b. <input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> Military ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Alien Registration Card					
c. State	Country	Number							
<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>								
d. Occupation	Employer Name			Exp. Date		Years Employed			or Retired
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>			<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>			<input type="checkbox"/>	

4. Non-Natural/Business or Corporation:

a. <input type="checkbox"/> Trust Agreement	<input type="checkbox"/> Certificate of Incorporation	b. State	Country
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>		



\$102513

Product Selection:

If electing Optional Benefit Riders an additional form(s) may be required.

Tax Status

- Non-Qualified Roth IRA SEP IRA IRA TSA/403(b) Inherited IRA (form required)
 Non-Qualified Stretch (form required)

Complete if applicable - Contribution intended for the Tax Year:

Premium Contract funded by:

Check - Amount \$.

Must be payable to Midland National® Life Insurance Company

Direct Transfer - Amount \$.

(Example: Qualified funds - IRA to IRA, Non-Qualified funds-CD or Mutual Fund to a Midland National Annuity.)

1035 Exchange - Amount \$.

Must be payable to Midland National Life Insurance Company

Qualified Rollover - Amount \$.

(Example: Qualified funds - 401(k) or qualified pension plan to a Midland National IRA Annuity.)

Salary Reduction - Amount \$.

per pay period (example: TSA)

Transfers Involving Multiple Checks:

I have recently applied for a Midland National annuity with the plan type reflected above. This annuity is being funded with more than one premium either through a personal check, Section 1035 Exchange, Qualified or Non-Qualified transfer.

Please check one

- Issue with first funds (must still meet minimum premium requirements):** I would like my contract issued with the first funds received. If the annuity is index linked, the initial index will be set on the effective date of the annuity. I understand that any additional deposits after issue will be applied to the fixed account until the contract anniversary. (This option is not available for single premium contracts or Inherited IRAs.)
- Issue with last funds:** I would like my contract issued with the last funds received. I understand that my interest will be credited from the date the annuity becomes effective. If the annuity is index linked, the initial index will be set on the effective date of the annuity.

Replacement (Must be completed) If you have existing life insurance or annuity contract, please complete any state required replacement forms. Your agent is required to leave with you the original copy of all written or printed sales material used in the sale of this product. Please retain all such copies for future reference.

1. Do you have any existing or pending life insurance or annuity contracts? Yes No
2. Will this annuity replace or change any existing life insurance or annuity contracts? Yes No

If you answered "yes" to #2, please provide company name and contract number below.

Company Name: _____

Contract Number: _____



\$102514

Fraud Warnings and Other Disclosures

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NJ Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Financial Institution Disclosure:** Insurance policies and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association.

Owner's Statement

All statements made in this application are true to the best of my/our knowledge and belief, and I/we agree to all terms and conditions as shown on this application. All statements and descriptions in this application are deemed to be representations not warranties. I/We further agree that this application shall be a part of the annuity and that the Annuitant is aware that he/she was designated as Annuitant. **I understand that if I am applying for a Fixed Indexed Annuity that while the values of the contract may be affected by an external index, the annuity does not directly participate in any stock or equity investments. I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties. I understand that if the contract being applied for contains an Interest Adjustment (also known as a Market Value Adjustment), the benefits and values of this contract may increase or decrease. Amounts payable under the contract being applied for will be subject to a Market Value Adjustment (if applicable) when the contract is surrendered or a partial surrender above the free surrender amount is taken prior to the date specified in the contract.** **Tax payer ID Certification** - Under penalties of perjury, I certify 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), and 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (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, and 3. I am a U.S. Person (including an US Resident Alien). 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Applicant/Owner Signature

By Signing this form, I certify that the information provided is accurate. I understand that Midland National Life Insurance Company will use this information to attempt to verify my identity. Midland National may request a copy of the articles of incorporation, trust certification or other similar documents solely for the purpose of attempting to verify my identity as required by federal law.

Owner's Signature

Joint Owner's Signature

Spouse's Signature⁵

Signed at City:

State

1

Date Signed

the one - the one - the one

Owner's Email Address

Joint Owner's Email Address

5. If your spouse is not listed as 100% primary beneficiary and a spousal signature is not provided, you are stating that you are not married. 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. Please note that the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnerships, or similar law.



\$102515

Agent's Certification (completed by agent only)

Replacement Information Does the applicant have any existing or pending life insurance or annuity contracts? Yes No

Will this annuity replace or change any existing life insurance or annuity contracts? Yes No

If yes, please provide the name of the company: _____

I certify that I have reviewed this application, determined that all questions are answered fully, completely and accurately as supplied by the applicant and recorded full details as required. I attest to the fact that I have viewed the verification of identity documentation. I also attest that the document did not appear altered and the picture identification supplied appeared to be that of the owner(s). I understand that any subsequent modification or additions made to the application after it is submitted must be initiated by the client. This application is being submitted after an examination of the interests of the Applicant and an assessment of the stated goals of the Applicant. I have discussed this product with the Applicant and have not made any statements which contradict the disclosure materials provided to the Applicant. I have not made any promises or given any assurances about future values of any non-guaranteed elements.

Midland National Writing Agent

Agent Number

--	--	--	--	--	--	--	--

Percentage⁷

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%For Agent Use Only⁶

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
----------------------------	----------------------------	----------------------------	----------------------------

Date Signed

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 -

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Agent/Broker's Full Name (please print)

Agent/Broker's Signature

Phone Number

Agent's Email Address

Agent 2 (if applicable)

Agent Number

--	--	--	--	--	--	--	--

Percentage⁷

--	--	--

%For Agent Use Only⁶

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
----------------------------	----------------------------	----------------------------	----------------------------

Additional Agent Name (please print)

Additional Agent's Email Address

Agent 3 (if applicable)

Agent Number

--	--	--	--	--	--	--	--

Percentage⁷

--	--	--

%For Agent Use Only⁶

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
----------------------------	----------------------------	----------------------------	----------------------------

Additional Agent Name (please print)

Additional Agent's Email Address

6. Commission option A does not offer a trail commission.

7. Must total 100%.



102516