Individual Single Premium Immediate Annuity Application MIDLAND NATIONAL Life Insurance Company



Mail: P.O. Box 79907, Des Moines, IA 50325-0907

Overnight: 4350 Westown Pkwy, West Des Moines, IA 50266

1. Annuitant
☐ Male ☐ Female U.S. Citizen: ☐ Yes ☐ No
First Name MI Last Name Social Security Number/TIN
Street Address (P.O. Boxes are not allowed)* Birth Date (mm/dd/yyyy)
City State Zip Phone
2. Joint Annuitant (If applicable, must be spouse of Annuitant.)
☐ 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)* Birth Date (mm/dd/yyyy)
City State Zip Phone
3. Owner (If different from Annuitant.)
· ·
Male Female
☐ Male ☐ Female First Name MI Last Name Birth Date (mm/dd/vvvv)
☐ Male ☐ Female First Name MI Last Name Birth Date (mm/dd/yyyy)
First Name MI Last Name Birth Date (mm/dd/yyyy)
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust Date (mm/dd/yyyy)
First Name MI Last Name Birth Date (mm/dd/yyyy)
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)* Social Security Number/TIN
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust Date (mm/dd/yyyy)
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)* Social Security Number/TIN
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)* Social Security Number/TIN
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)* City State Zip Phone 4. Joint Owner (If different than joint Annuitant.)
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust/Corporation Name Street Address (P.O. Boxes are not allowed)* City State Zip Phone 4. Joint Owner (If different than joint Annuitant.)
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust/Corporation Name Street Address (P.O. Boxes are not allowed)* City State Zip Phone 4. Joint Owner (If different than joint Annuitant.)
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust Date (mm/dd/yyyy) Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)* Social Security Number/TIN City State Zip Phone 4. Joint Owner (If different than joint Annuitant.) Male Female First Name MI Last Name Social Security Number/TIN
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust/Corporation Name Street Address (P.O. Boxes are not allowed)* City State Zip Phone 4. Joint Owner (If different than joint Annuitant.)
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)* Social Security Number/TIN City State Zip Phone Address (P.O. Boxes are not allowed)* Social Security Number/TIN Address and Phone Number Same as Owner
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)* Social Security Number/TIN City State Zip Phone Address (P.O. Boxes are not allowed)* Social Security Number/TIN Address and Phone Number Same as Owner
First Name MI Last Name Birth Date (mm/dd/yyyy) Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)* Social Security Number/TIN Address and Phone Number Same as Owner Street Address (P.O. Boxes are not allowed)* Birth Date (mm/dd/yyyy) Social Security Number/TIN Address and Phone Number Same as Owner Street Address (P.O. Boxes are not allowed)* Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy)

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5. Beneficiary Designation*

If there are joint Owners, each Owner shall be deemed the sole primary beneficiary of the other joint Owner, and any other beneficiaries on record will be treated as contingent beneficiaries. If there are joint Owners, any death benefit on or after the payment start date will be payable upon death of the second Owner. If the primary beneficiary is no longer living at the time the death benefit becomes payable, the contingent beneficiary will receive any death benefit proceeds. 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.								
□ Primary □ Contingent □ Per Stirpes □ Per Capita								
First Name MI Last Name	Social Security Number/TIN							
Birth Date (mm/dd/yyyy) Relationship to Owner	Phone Number							
Beneficiary's Mailing Address (must be completed) Percentage**								
	<u> </u>							
City	State Zip Code							
☐ Primary ☐ Contingent								
First Name MI Last Name	Social Security Number/TIN							
Birth Date (mm/dd/yyyy) Relationship to Owner	Phone Number							
Beneficiary's Mailing Address (must be completed)	Percentage**							
City	State Zip Code							
☐ Primary ☐ Contingent │ ☐ Per Stirpes ☐ Per Capita								
First Name MI Last Name	Social Security Number/TIN							
Birth Date (mm/dd/yyyy) Relationship to Owner	Phone Number							
Beneficiary's Mailing Address (must be completed) Percentage**								
City	State Zip Code							
☐ Trust ☐ Corporation ☐ Estate ☐ Other ☐ Primary ☐	Contingent							
Full Name								
Tax ID Number (TIN) Trust Date (mm/dd/yyy	yy) Percentage**							
* In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.								

^{**} For Beneficiaries designated as Primary, total must equal 100%; for Beneficiaries designated as Contingent, total must equal 100%.



reiny beneficially identification, a request to obtain miorination will be sent to the owner information.

6. 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: Indicate the form of ID presented and used to verify this Owner's identity. Expired IDs are not acceptable. Resident Alien – Country of Citizenship: b. Driver's License ☐ Passport ☐ State-Issued ID ☐ Military ID ☐ Alien Registration Card c. State Country **ID Number** Exp. Date **Employer Name** Retired d. Occupation Years Employed 2. Non-Natural/Business or Corporation: a. Trust Agreement Certificate of Incorporation b. State Country Joint Owner (If applicable.): 3. Natural Person: Representative: Indicate the form of ID presented and used to verify this Owner's identity. Expired IDs are not acceptable. a. U.S. Citizen Resident Alien – Country of Citizenship: ☐ Military ID ☐ Passport ☐ Alien Registration Card b. Driver's License ☐ State-Issued ID c. State **ID Number** Exp. Date Country d. Occupation **Employer Name** Years Employed Retired



7. Tax Status							
□ Non-Qualified □ Roth IRA □ SEP IRA □ IRA							
Complete if applicable - Contribution intended for the Tax Year:							
8. 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 \$	Qualified Rollover - Amount \$						
Transfer Involving Multiple Checks If this annuity is being funded with more than one premium, then I acknowledge that my contract will be issued with the last funds received. I understand that my interest will be credited to my annuity from the date the annuity becomes effective.							
9. Replacement (Must be completed.)							
If you have an existing life insurance or annuity contract, 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. 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, provide company name and contract number b	elow.						
Company Name:							
Contract Number:							



10. Annuity Payment Election (Check product brochure for available duration.)
Payment Mode (Choose one option.): ☐ Monthly (EFT Required) ☐ Quarterly ☐ Semi-annually ☐ Annually*
Payment Start Date (mm/dd/yyyy)**
Annuity Payment Option: Proof of date of birth is required for all annuity payment options.
Period Certain (5 to 20 years). yrs. The period certain (5 to 20 years) plus age at issue cannot exceed 98 years.
Life Only. The Life Only Disclaimer Statement section below must be completed.
☐ Life with Installment Refund.
☐ Life with Cash Refund.
Life with Period Certain. yrs. The period certain (5 to 20 years) plus age at issue cannot exceed 98 years.
Joint Life and Survivorship with Period Certain. yrs. Survivorship: 100% 66.67% 50% The period certain (5 to 20 years) plus age at issue cannot exceed 98 years. If this Joint Life option is chosen, the Joint Life Information section below must be completed.
☐ Joint Life Only and Survivorship. Survivorship: ☐ 100% ☐ 66.67% ☐ 50% The Life Only Disclaimer Statement and the Joint Covered Life Information sections below must be completed.
Joint Covered Life Information for a Qualified Contract (For a Non-Qualified contract the Joint Life is the joint Annuitant, if applicable.)
First Name MI Last Name Social Security Number
Birth Date (mm/dd/yyyy) Male Female
Life Only Disclaimer Statement (Must be completed for Life Only and Joint Life Only options.)
You have elected a Life Only or Joint Life Only payment option which means that payments will be made only during the life of the Annuitant(s).
After the Annuitant(s) death, no further payments will be made.
Witness must be individual other than signing agent.
Witness First Name (Please Print) Witness Last Name (Please Print) Date (mm/dd/yyyy)
Signature of Witness

*When funding a Midland National Life policy the annual payment mode must be elected.

^{**}If payment start date is not specified payments will begin one mode from issue date. Once Contract is issued the payment date cannot be changed. Payments are generated approximately 7 days before the specified payment date. January 1st through 7th payments may generate in December of the prior tax year and will be reportable on form 1099-R for the year in which they are generated.



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Initial Payee Inform	ation (Paym	ents will b	oe sent d	irectly to	o the	Owne	r unles	ss this	sec	tion	is co	mple	ted.	.)										
Send to: Owner	Other																							
		Payee Na	ame, Ado	dress ar	nd Aco	count	Numb	er (if a	appli	cabl	e)													
Relationship to Owne	er		Indiv	idual Th	nird Pa	arty Pa	ayee S	ignat	ure _										_ D	ate _				
Social Security Numb	oer																							
Electronic Funds Tr	ansfer (EFT) for Ann	uity Payı	ments																				
Section must be com a physical check will			payment	mode is	elect	ed. Ef	T is c	ption	al for	all o	other	payn	nent	mo	des.	. If E	FT	sect	ion	is no	ot cc	mple	eted,	
This authorization your designated a processing by Mid other monetary of Financial Institution opportunity to act	ccount. You lland Nationa onsequences on have each	should ge al. Midland related to received	nerally ex I Nationa o or arisir	kpect to I is not in g from	have respo the El	your f nsible FT pro	unds a for an ocess.	availa y dire This a	ble ir ct or autho	n you indi oriza	ur ac rect l tion v	count oss o will re	with f int mai	hin t tere: in in	three st, e effe	e (3) xpe ect u	bus nses	sines s, pe Midla	ss d nalt and	ays (ies, i Nati	of th fees ona	ne da s, cos l and	ite of sts, o I you	r
I (We) authorize y Checking Ac Savings Acc Should an inappr the corrected am	count - Cop ount - Attacl opriate depo	y of voide n letter from sit be mad	d check of m bank of de, the Fi	required on bank nancial	d (dep letteri Institu	osit ar head v	nd with with ac	ndraw coun	al slip t info to m	ps a rma nake	re no tion a	ot valid and ro	d). outir	ng n	umb		ınt a	ınd r	etur	n to	Mid	lland	Nati	ional
2. Financial Institution	n's Information	on																						
Account Number at	Financial Inst	tution		1	Rout	ing Nu	mber																	
Name of Financial I	nstitution																							
																		\Box	T					
Election of Withhol You must indicate if I Midland National. Sta liable for Federal/Sta rules if your payment Withhold Federal Ta	Federal/State ate taxes will te income ta is of estimate axes - (Selec	e income to be withhe xes on the ed tax and at One)	axes sho eld only if taxable d withhold	require portion ling, if a	ed by y of you any, ar	our st ur ben e not Withh	ate. E efits. ` adequ	ven if You m ate. I	you ay a f no faxe	election is election in election is electronic electron is electronic ele	ct not be su ction Selec	to habject is materials	ive foto to to ade	Fede ax p	eral/ enal	Stat Ities	e in	com der th	e ta he E	xes v Estim	with ate	held, d Tax	you Pay	yment
□ No □ Yes		% (mini	imum 10	%)		□N	0		Yes				%											



11. Fraud Warnings and Other Disclosures

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

<u>Financial Institution Disclosure:</u> 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.

12. 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.

Taxpayer 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 a U.S. Resident Alien).
- 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

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 Signature*
Signed at City:	State Date Signed	
Owner's Email Address	Joint Owner's Er	nail Address

*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. Note that the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnerships, or similar law.



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13. Agent's Certification (Completed by agent only.)									
Replacement	Does the applicant have any existing or pending life insurance or annuity contracts? Yes No								
Information	Will this annuity replace or change any existing life insurance or annuity contracts? Yes No If yes, 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 initialed 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	Agent Number Percentage* Date Signed								
Agent/Broker's Full Name (print) Agent/Broker's Signature									
Agent's Email Addre	SS .	Phone Number							
Agent 2 (if applicab	Percentage*								
Additional Agent Na	ame (print)	Additional Agent's Email Address							
Agent 3 (if applicab	le)								
Agent Number Percentage*									
Additional Agent Na	ame (print)	Additional Agent's Email Address							

* Must total 100%.

