# 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 a	re not allowed)*	Birth Date (mm/dd/yyyy)
City		State Zip Phone
2. Joint Annuitant (If	applicable, must l	pe spouse of Annuitant.)
☐ Male ☐ Female	U.S. Citizen: Yes	□No
First Name	MI	Last Name Social Security Number/TIN
Address and Phone Num		
Street Address (P.O. Boxes a	ire not allowed)"	Birth Date (mm/dd/yyyy)
City		State 7in Phone
City		State Zip Phone
3. Owner (If different	from Annuitant.)	
☐ Male ☐ Female		
☐ Male ☐ Female First Name	MI	Last Name Birth Date (mm/dd/yyyy)
First Name	MI	
	MI	Last Name  Birth Date (mm/dd/yyyy)  Trust Date (mm/dd/yyyy)
First Name Trust/Corporation Name		Trust Date (mm/dd/yyyy)
First Name		
First Name Trust/Corporation Name		Trust Date (mm/dd/yyyy)  Social Security Number/TIN
First Name Trust/Corporation Name		Trust Date (mm/dd/yyyy)
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a		Trust Date (mm/dd/yyyy)  Social Security Number/TIN
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a	are not allowed)*	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Phone
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a	are not allowed)*	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Phone
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a	are not allowed)*	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Phone
First Name  Trust/Corporation Name  Street Address (P.O. Boxes at the control of	are not allowed)*	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Innuitant.)
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a  City  Male Female  First Name  Address and Phone Num	are not allowed)*  erent than joint A  MI  aber Same as Owner	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Innuitant.)  Last Name  Social Security Number/TIN
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a	are not allowed)*  erent than joint A  MI  aber Same as Owner	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Innuitant.)
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a City  4. Joint Owner (If different Name  Address and Phone Num Street Address (P.O. Boxes a City)	are not allowed)*  erent than joint A  MI  aber Same as Owner	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Innuitant.)  Last Name  Social Security Number/TIN  Birth Date (mm/dd/yyyy)  Innuitant.
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a  City  Male Female  First Name  Address and Phone Num	are not allowed)*  erent than joint A  MI  aber Same as Owner	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Innuitant.)  Last Name  Social Security Number/TIN
First Name  Trust/Corporation Name  Street Address (P.O. Boxes a City  4. Joint Owner (If different Name  Address and Phone Num Street Address (P.O. Boxes a City)	erent than joint All MI where same as Owner are not allowed)*	Trust Date (mm/dd/yyyy)  Social Security Number/TIN  State Zip Phone  Innuitant.)  Last Name  Social Security Number/TIN  Birth Date (mm/dd/yyyy)  Innuitant.

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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**
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
☐ Primary ☐ Contingent ☐ Per Stirpes ☐ Per Capita	
,	
First Name MI Last Name	Social Security Number/TIN
	Social Security Number/TIN
	Social Security Number/TIN  Phone Number  Phone Number
First Name MI Last Name	
First Name MI Last Name	
First Name  MI Last Name  Birth Date (mm/dd/yyyy)  Relationship to Owner	Phone Number  -
First Name  MI Last Name  Birth Date (mm/dd/yyyy)  Relationship to Owner	Percentage**
First Name  MI Last Name  Birth Date (mm/dd/yyyy)  Relationship to Owner  Beneficiary's Mailing Address (must be completed)	Phone Number  Percentage**  %
First Name  MI Last Name  Birth Date (mm/dd/yyyy)  Relationship to Owner  Beneficiary's Mailing Address (must be completed)	Phone Number  Percentage**  %
First Name  MI Last Name  Birth Date (mm/dd/yyyy)  Relationship to Owner  Beneficiary's Mailing Address (must be completed)  City	Phone Number  Percentage**  %
First Name  MI Last Name  Birth Date (mm/dd/yyyy)  Relationship to Owner  Beneficiary's Mailing Address (must be completed)  City  Trust  Corporation  Estate  Other  Primary  Contingent	Phone Number  Percentage**  %
First Name  MI Last Name  Birth Date (mm/dd/yyyy)  Relationship to Owner  Beneficiary's Mailing Address (must be completed)  City  Trust  Corporation  Estate  Other  Primary  Contingent	Phone Number  Percentage**  %
First Name  MI Last Name  Birth Date (mm/dd/yyyy)  Relationship to Owner  Beneficiary's Mailing Address (must be completed)  City  Trust Corporation Estate Other Primary Contingent  Full Name	Phone Number Percentage** State Zip Code

<sup>\*\*</sup> For Beneficiaries designated as Primary, total must equal 100%; for Beneficiaries designated as Contingent, total must equal 100%.



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<sup>\*</sup> In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.

## 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 Years Employed Retired **Employer Name** 



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 original copy of all written or printed sales material used in the sale of this p								
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 c	ontracts?  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.

<sup>\*\*</sup>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	nents w	ill be so	ent di	rectly t	to the	Ow	ner	unle	ss th	nis s	ectic	on is	s co	mple	ete	d.)													
Send to: Owner	Other																													
		Payee	e Name	, Add	lress a	nd A	ccou	nt N	lumb	er (i	fap	olica	ble)	)																
Relationship to Owne	er			Indivi	dual Tl	hird F	Party	Pa	yee S	Signa	ature												[	Date	e_					_
Social Security Numb	oer																													
Electronic Funds Tr	ansfer (EF1	) for A	nnuity	Payr	nents																									
Section must be com a physical check will				nent r	mode is	s ele	cted.	EF	Tis	optio	nal f	or a	ll ot	her	payı	mei	nt m	nod	es.	lf E	FT	sec	tion	is	not	con	nple	eted	,	
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I (We) authorize y Checking Acc Savings Acc Should an inappr the corrected am	count - Cop ount - Attac opriate depo	oy of voi h letter osit be n	ided ch from ba made, t	eck r ank o he Fi	equireon n bank	d (de : lette   Insti	posi rhea tutio	t and ad w n is	d wit vith a auth	hdra ccou	wal sunt in	slips forn ma	are natio	e no on a debi	t val and r t ent	id). out	ing	nu	mbe		nt a	ınd	retu	rn t	o N	1idla	and	Nat	ional	
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Account Number at	Financial Inst	itution			ı	Rou	uting	Nun	nber				_	_																
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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 be income tacts of estimate	e incom be with xes on ed tax a	ne taxes hheld o the tax and with	s showing should be should	require portion ling, if	ed by of yany, a	you our b are n Wi	r sta ene ot a	ate. E efits. adequ old \$	ven You uate	if yo may If n	u el also <b>o el</b>	ect o be ect	not sul ion elec	to h bject <b>is m</b> at Or	ave t to nad	Fe tax	dei pe	al/S nalt	tate ies	e in unc	com der t	ne ta he l	axe: Esti	s w ma	ithh ted	eld, Tax	you Pa	ymer	nt



## 11. Fraud Warnings and Other Disclosures

Any person who knowingly, and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

<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 Email A	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 Ce	ertification (Completed by agent only.)									
Replacement	Does the applicant have any existing or pending life insurance or annuity contracts?									
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	Percentage* Date Signed	License ID Number (Required in FL)								
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	nme (print)	Additional Agent's Email Address								
Agent 3 (if applicab	le)									
Agent Number	Percentage*									
Additional Agent Na	nme (print)	Additional Agent's Email Address								
		,								

\* Must total 100%.

