

Systematic Withdrawal Request

To be completed for systematic withdrawals. For questions, please contact the Midland National® Life Insurance Company Customer Service Department Phone: 877-586-0244 Fax: 877-586-0249. Completed forms may be faxed to 877-586-0249.

The completion of this form is necessary to satisfy the Written Notice Requirement as defined in Section 1 of your Contract. Altered forms, including but not limited to correction fluid, strike out, or photocopies will not be accepted. Please ensure both pages of this form are submitted and all sections are completed accurately to ensure prompt processing of your request. Failure to do so may result in a delay of the withdrawal.

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	Interest Only (actual interest credited during the check period);																																									
	Fixed amount of \$ (gross amount)																																									
	Please elect the frequency in which you would like to receive your Systematic Withdrawals. If no frequency is elected or if multiple													le																												
	elections are made, the Contract will be set up to receive annual distributions.																																									
	☐ Monthly* ☐ Quarterly ☐ Semi-Annual ☐ Annually																																									
	*If monthly payment is selected, the method of payment must be EFT. Please complete the EFT section below.																																									
	I wish to receive income via Systematic Withdrawals from the above named annuity with payments to begin:																																									
			ate].	. [_ [

Note: Payments that exceed penalty free withdrawal amounts as specified in the Contract may incur a surrender charge.

I understand that if withdrawals exceed my annual penalty-free amounts, subsequent checks will be reduced by the appropriate surrender penalty. Systematic Withdrawals will be deemed as interest first and as such reported as taxable income. Distributions prior to my age 591/2 may also be subject to IRS premature distribution penalties. I further acknowledge that Midland National has made no representation that the above distribution schedule will fulfill my specific tax obligations.

III. Delivery Method

You may elect to have your funds sent by regular mail or Electronic Funds Transfer. If no election is indicated, a check will be mailed to you.

Important Information Regarding EFT (Please Read)

- Once your withdrawal has been processed, funds will generally be available after three business days.
- EFT may not be available for all products.
- Should an inappropriate deposit be made, the financial institution is authorized to make a debit entry to my account and return the corrected amount to Midland National.



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III. Delivery Method (continued)											
Send Check out regular mail.											
Send funds EFT – I authorize Midland National to automatically deposit this withdrawal into the a documentation is not provided at the time of this request, a check will be sent to your address of											
Checking Account – A voided check is required to send funds EFT to your checking account. If one is not provided at the time of this request, a check will be issued and sent to your address of record.											
 Savings Account – To send funds to a savings account, a letter is required. Please provide a letter on your bank's letterhead, signed by a bank official, with your name, account number and routing number. If this is not provided at the time of this request, a check will be issued and sent to your address of record. Please use EFT information currently on file. If no information is on file, a check will be issued and sent to 											
your address of record.	ooded and oon to										
IV. Election of Withholding (Must be completed)											
You must indicate if Federal/State income taxes should be withheld from your payment by signing and it to Midland National. State taxes will be withheld only if required by your state. Even if you elect not withheld, you are liable for Federal/State income taxes on the taxable portion of your benefits. You make Estimated Tax Payment rules if your payments of estimated tax and withholding, if any, are not adequincome tax will be withheld.	to have Federal/State income taxes ay also be subject to tax penalties under the										
Withhold Federal Taxes – Select one Withhold State Taxes – Select	one										
□ No □ Yes □ 10% (minimum 10%) □ No □ Yes □ 10%											
Taxpayer Identification Number (TIN):											
Social Security Number Employer Identification Number											
Joint Taxpayer Identification Number (TIN):											
Social Security Number Employer Identification Number											
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 r 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I h Revenue Service that I am subject to backup withholding as a result of a failure to report all interest that I am no longer subject to backup withholding, and; 3. I am a U.S. citizen.	ave not been notified by the Internal										
V. Acknowledgement											
I/We hereby acknowledge that the information provided herein is to the best of our knowledge true and action must be fully completed, and failure to complete any portion of this form may delay the processing onecessary to satisfy the Written Notice Requirement as defined in Section 1 of your Contract.	_										
If this transaction is subject to a community property interest, we strongly recommend that You obtain you document his/her consent to this transaction. States that recognize community property interests in proper Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.	or spouse's signature on the line below to erty held by married persons include Alaska,										
You understand and agree that the Company may presume that no community property interest exists if signature below. Further, You understand and agree that the Company has no duty to inquire further above result, You agree to indemnify and hold the Company harmless from any consequences relating to common Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partner or other partner.	ut any such community property interest. As a nunity property interests and this transaction.										
Contract Owner Signature/Assignee:	Date:										
Joint Owner Signature/Assignee:	Date:										
Spousal Signature:	Date:										
Noton: Cignoturo:	Date:										
Notary Signature: (A notary signature is needed for all surrender charges greater than \$10,000)	Date:										



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