

## **Full Surrender Request**

To be completed for full surrenders. For questions, please contact Midland National Annuity Division's Customer Service Department. Phone: (866) 388-2452 Fax: (866) 484-4508.

Mail to: P.O. Box 79907, Des Moines, IA 50325-0907 Overnight to: 4350 Westown Pkwy, West Des Moines, IA 50266

I/We hereby cancel this annuity and request payment of its Surrender Value, if any. Such payment is acknowledged as full settlement of any and all claims under this annuity. Such cancellation shall be effective immediately. I/We further represent that no bankruptcy proceeding filed by or against me/us are now pending and that no liens are outstanding against this annuity, except as follows:

I/We further acknowledge that the information provided herein is to the best of our knowledge true and accurate. I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of this request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in Section 1 of your annuity contract.

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	Contract Number
IV. Consumer Feedback (Must be completed	d.)
Our company is committed to providing superior products at develop and provide improved products and services to our of	nd services. Knowing the reasons for your surrender will help us contract holders.
A) I need use of the money.	B) I intend to place funds with another financial institution.
C) Dissatisfied with current interest rates.	D) Dissatisfied with the service received from your agent.
E) Dissatisfied with the service from the Home Office.	F) Other:
Please indicate the name of the agent or representative assisti	ng you with this request: (Must be completed and printed or typed.)
V. Election of Withholding (Must be complete)	leted.)
returning in to Midland National Life Insurance Company. Select not to have Federal/State income taxes withheld, you as benefits. You may also be subject to tax penalties under the	State taxes will be withheld only if required by your state. Even if you re liable for Federal/State income taxes on the taxable portion of your Estimated Tax Payment rules if your payments of estimated tax and e, we are required to withhold Federal Tax at a rate of 10%.
☐ I do NOT want Federal/State income taxes withheld from	om my payment.
☐ I do want Federal/State income taxes withheld from my	payment. Federal % State %
TAXPAYER IDENTIFICATION NUMBER (TIN):	
Social Security Number	or Employer Identification Number
JOINT TAXPAYER IDENTIFICATION NUMBER (TIN)	
Social Security Number	or Employer Identification Number
2. I am not subject to backup withholding because (a) I am ea	entification number (or I am waiting for a number to be issued to me), and exempt from backup withholding, or (b) I have not been notified by the lding as a result of a failure to report all interest or dividends, or (c) the ithholding, and
Owner Signature/Assignee:	Date:
Joint Owner Signature/Assignee:	Date:
Signature of Spouse:	Date:
(Required in the following community property states: AZ, CA if applicable	A, ID, LA, NM, NV, TX, WA, or WI), or check here
Notary Signature:	ler Date:
(A notary signature is needed for all surrenc charges greater than \$10,000))	er er
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BANK DIVISION

## **Electronic Funds Transfer for Withdrawals**



I. This authorization gives Midland National Life Insurance Company and your Financial Institution named below the <a href="authority to deposit your withdrawals">authority to deposit your withdrawals</a> directly to your designated account. You should generally expect to have your funds available in your account within three (3) business days of the date of processing by Midland National. Midland National is not responsible for any direct or indirect loss of interest, expenses, penalties, fees, costs, or other monetary consequences related to or arising from the electronic funds transfer (EFT) process.

II. Owner, Joint Owner and/or Trust Information
Contract Number (Please note that EFT is not available on contracts that have a contract number beginning with 15, 16, and 25.)
☐ I have multiple contracts with Midland National. Please use this bank information to update all contracts.
Owner First Name MI Last Name Phone
Owner Email Address (optional)
Joint Owner First Name MI Last Name Phone
Trust Name Phone
This authorization will remain in effect until Midland National and your Financial Institution have each received written
notification of its termination in such time and in such manner as to afford them a reasonable opportunity to act on the request.
I (We) authorize you and the Financial Institution listed below to automatically deposit my withdrawals:
Checking Account—A voided check with a pre-printed name is required. Starter checks and deposit slips are not accepted.
☐ Savings Account—A bank 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.
Should an inappropriate deposit be made, the Financial Institution is authorized to make debit entries to my account and
return to Midland National the corrected amount. This authorization will remain in effect until I have cancelled it in writing.
III. Financial Institution's Information
Account Number at Financial Institution Routing Number
Name of Financial Institution
IV. Acknowledgement
I (We) hereby acknowledge that the information provided herein is to the best of my (our) knowledge true and accurate. I
(We) also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of the request. The completion of this form is necessary to satisfy the Written Notice Requirement as
defined in Section 1 of the annuity contract. All Financial Institution account owners must sign.
Owner's Signature  Date Signed Date Signed
Date Signed
Joint Owner's Signature
Midland National Life Insurance Company Mail to: P.O. Box 79907. Des Moines, IA 50325-0907

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Overnight to: 4350 Westown Parkway, West Des Moines, IA 50266

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