

Fixed Annuity Application Mail to: P.O. Box 79907, Des Moines, IA 50325-0907

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

Annuitant Gender: Male Female U.S. Citizen: Yes No								
First Name MI Last Name Social Security Number/TIN								
This Name Social Security Number/Tile								
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								
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								
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) If the owner is a Trust you must complete and submit the Certificate of Trust Agreement form with this application.								
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)								
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)								
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.								
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)								
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.								
First Name								
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) Street Address (P.O. Boxes are not allowed) City State Zip Phone Joint Owner (if different than joint annuitant)								
First Name								
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								
First Name								
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) 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) Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy)								
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								

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



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.

□ Primary □ Contingent │ □ Per Stirpes □ Per Capita						
irst 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 ³						
<u> </u>						
City State Zip Code						
□ Primary □ Contingent │ □ Per Stirpes □ Per Capita						
irst Name MI Last Name Social Security Number/TIN						
Sirth Date (mm/dd/yyyy) Relationship to Owner Phone Number						
Beneficiary's Mailing Address (must be completed) Percentage ³						
City State Zip Code						
☐ Primary ☐ Contingent │ ☐ Per Stirpes ☐ Per Capita						
First Name MI Last Name Social Security Number/TIN						
Sirth Date (mm/dd/yyyy) Relationship to Owner Phone Number						
Beneficiary's Mailing Address (must be completed) Percentage ³						
State Zip Code						
	_					
☐ Trust ⁴ ☐ Corporation ☐ Estate ☐ Other						
full Name						
Primary □ Contingent						
ax ID Number (TIN) Trust Date (mm/dd/yyyy) Percentage ³						

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%. 4. Certification of Trust Agreement form must be attached.



\$1023540

Annuitant's Beneficiary Designation ² - 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.
☐ Primary ☐ Contingent │ ☐ Per Stirpes ☐ Per Capita
First 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
☐ Primary ☐ Contingent │ ☐ Per Stirpes ☐ 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
<u> </u>
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 Annuitant Phone Number
Beneficiary's Mailing Address (must be completed) Percentage ³
City State Zip Code
☐ Trust⁴ ☐ Corporation ☐ Estate ☐ Other
Full Name
☐ ☐ Primary ☐ Contingent
Tax ID Number (TIN) Trust Date (mm/dd/yyyy) Percentage ³
2. In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.

- ${\it 3. Must equal 100\%. 4. Certification of Trust Agreement form must be attached.}\\$



\$1023550

Verification of Identity

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

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. U.S. Citizen Resident Alien – Country of Citizenship: b. Driver's License ☐ State-Issued ID ☐ Military ID ☐ Passport Alien Registration Card c. State Number Country Exp. Date d. Occupation **Employer Name** Years Employed Retired 2. Non-Natural/Business or Corporation: a. Trust Agreement Certificate of Incorporation b. State Country 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. Resident Alien – Country of Citizenship:

☐ Passport

Alien Registration Card

Exp. Date

Years Employed

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

4	Non No	tural/Du	ainaga ar	Corporatio	n.
4.	non-na	turai/Bu	siness or	Corporatio	n:

b. Driver's License

Country

c. State

d. Occupation

a. l	Trust Agreement		Certificate of Incorporati	or
------	-----------------	--	----------------------------	----

☐ State-Issued ID ☐ Military ID

Number

Employer Name

b. Sta	te	e Country								



Retired

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) ☐ Non-Qualified Stretch (form required)) Inherited IRA (form required)							
Complete if applicable - Contribution intended for the Tax Year:								
Premium Contract funded by: Check - Amount \$	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 either through a personal check, Section 1035 Exchange, Qualified or No	reflected above. This annuity is being funded with more than one premium on-Qualified transfer.							
the annuity is index linked, the initial index will be set on the effective will be applied to the fixed account until the contract anniversary. (The	ements): I would like my contract issued with the first funds received. If e date of the annuity. I understand that any additional deposits after issue his option is not available for single premium contracts or Inherited IRAs.) unds received. I understand that my interest will be credited from the date I index will be set on the effective date of the annuity.							
	annuity contract, please complete any state required replacement forms. printed sales material used in the sale of this product. Please retain all such							
1. Do you have any existing or pending life insurance or annuity contracts								
2. Will this annuity replace or change any existing life insurance or annuity								
If you answered "yes" to #2, please provide company name and contract Company Name:								
Contract Number:								



Fraud Warnings and Other Disclosures

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **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, 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 Signature ⁵
Signed at City:	State Date Signed	-
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.



\$1023580

Agent's Certific	ation (completed b	y agent only)					
Replacement	• • •	-	• .		uity contracts? \Box		
Information	Will this annuity re	place or change	any existing life ins	urance or annui	ity contracts? \square Y	'es 🗆 No	
	If yes, please prov	ide the name of tl	he company:				
applicant and reco the document did i modification or add an examination of Applicant and have	rded full details as a not appear altered a ditions made to the the interests of the	required. I attest t and the picture ide application after i Applicant and an ements which col	to the fact that I have entification supplied it is submitted must assessment of the ntradict the disclosi	re viewed the volument to be to be initialed by stated goals of ure materials pr	erification of identity e that of the owner(the client. This appl the Applicant. I have	d accurately as supplied by the y documentation. I also attest that is). I understand that any subsequer lication is being submitted after e discussed this product with the cant. I have not made any promises	
Midland National	Writing Agent					F	
Agent Number		Percentage ⁷ %	Date Signed	- 📗		For Agent Use Only ⁶ A B C D	
Agent/Broker's Full N	Name (please print)	Agent/	/Broker's Signature		Phone	e Number	
Agent's Email Addres	SS					_	
Agent 2 (if applicab	ole)					For Agent Use Only ⁶	
Agent Number		Percentage ⁷ %				For Agent Use Only ⁶	
Additional Agent Nan	ne (please print)						
Additional Agent's En	nail Address					_	
Agent 3 (if applicab	nle)					F	
Agent Number	,	Percentage ⁷				For Agent Use Only ⁶	
		<u> </u>					
Additional Agent Nan	ne (please print)						
Additional Agent's En	nail Address					_	
6. Commission optio 7. Must total 100%.	n A does not offer a t	rail commission.					





4350 Westown Parkway West Des Moines, IA 50266 www.MidlandNational.com



102360 Page 8 of 8



Important Notice About the Annuity Contract for Which You Have Applied This Document Affects Your Legal Rights • Read the Following Information Carefully

- 1. The Contract for which You have applied includes a binding arbitration agreement.
- 2. The arbitration agreement requires that any dispute related to the Contract must be resolve by arbitration and not in a court of law (except for matters that may be taken to small claim court).
- 3. In an arbitration, disputes are resolved by an arbitrator, not a judge or jury. An arbitrator is an independent, neutral decision maker who gives a decision after hearing the positions of the parties.
- 4. When You accept this Contract, You agree to resolve any dispute related to the Contract by binding arbitration instead of a trial in court, including a trial by jury.
- 5. In an arbitration, You are entitled to a fair hearing, but the procedures for arbitration are simpler and more limited than the rules applicable in court.
- 6. The results of the arbitration are final and binding on all parties. Such results are subject to very limited review by a court.
- 7. Should You need additional information regarding the binding arbitration provision in the Contract, You may contact our toll free assistance line at 1-877-586-0240 and ask for the Legal Department.

Acknowledgement of Arbitration Agreement

I have read the Notice, and I have been given a copy of this document to keep. I understand that I am voluntarily surrendering my right to have any dispute with Midland National Life Insurance Company resolved in court (except for matters that may be taken to small claims court). This means I am waiving any right to a trial by jury.

I understand that upon receipt of the Contract, I should read the arbitration provision contained in the Contract and that I have the right to reject the Contract within the Right to Examine Policy period as stated in the Contract if I do not want to accept the requirements for arbitration.

I understand that this same type of insurance may be available through an insurance company that does not require that policy-related disputes be resolved by binding arbitration.

Ounce Cignotive	
Owner Signature	Date
Joint Owner Signature	Date
Agent/Broker/Licensed Representative Signature	Date

Not FDIC/NCUA Insured	Not A Deposit Of A Bank	Not Bank Guaranteed
May Lose Value	Not Insured By Any Federal Government Agency	



1119810

AGENT INSTRUCTION: Two Copies Needed.

Return this signed original to the Home Office and leave a signed copy with the Applicant.



MNL Savers[™] Income 7

Annuity Disclosure Statement

Thank you for your interest in the MNL SaversSM Income 7 Annuity from Midland National[®] Life Insurance Company. It is important for you to read and understand this summary before you decide to purchase the annuity. This summary will help you understand the features of the annuity and determine if it will help you meet your financial goals. Once you have read this summary, please sign pages 8 and 10 to confirm that you understand the annuity and submit this document with your application for the annuity. *Refer to the Contract for complete details*.

This Annuity Disclosure Statement must be signed by the applicant and agent, then return the Home Office copy to Midland National Life Insurance Company, Annuity Division with the application.

4350 Westown Parkway, West Des Moines, IA 50266 Phone: (877) 586-0240 • www.MidlandNational.com

The MNL SaversSM Income 7 is issued on form ICC16-AS147A (certificate/contract), ICC16-AR226A, ICC15-AR311A, ICC15-AR314A, ICC15-AR316A, ICC15-AR317A, ICC16-AR318A and ICC16-AR323A (riders/endorsements) or appropriate state variation by Midland Nationa^{III} Life Insurance Company, West Des Moines, IA. This product, its features and riders may not be available in all states.

25378Y Page 1 of 10 REV 11-17

The MNL Savers Income 7 is a flexible premium deferred fixed index annuity from Midland National Life Insurance Company which offers lifetime income through Lifetime Payment Amounts (LPA). The MNL Savers Income 7 accumulates interest in the following ways: A) based on the change in the Index Account during each contract year, without the risk of losing premium due to market volatility, and/or B) a traditional Fixed Account. Those individuals who intend to take withdrawals prior to utilizing the Guaranteed Lifetime Withdrawal Benefit (GLWB) may not receive the full benefit of the (GLWB) feature.

Fixed Account

The portion of premium allocated to this account will earn the current Fixed Account interest rate. This rate will be guaranteed for the first contract year and the rate for future contract years will be declared annually thereafter at the Company's discretion. This rate will never fall below the Minimum Guaranteed Fixed Account Interest Rate of 0.25%. Ask your sales representative for the current interest rate.

Index Account

The Index Account is the portion of your premium that you determine will earn interest based on one or more of the following crediting methods:

- Annual Point-to-Point Crediting Method with Index Cap Rate
- Annual Point-to-Point Crediting Method with Participation Rate
- Annual Point-to-Point Crediting Method with Index Margin
- · Performance Trigger with Declared Performance Rate

Please see the MNL Savers Income 7 product brochure for specific details regarding these crediting methods.

Ask your sales representative for the current Index Cap Rates, Index Margins, Participation Rates, and Declared Performance Rates

Index Margin

The Index Margin is subtracted from any index gain to determine any Interest Credit. For the Annual Point-to-Point with Index Margin Index Account option, the Index Margin is subtracted on each contract anniversary. It is guaranteed for the first year and declared annually thereafter at the Company's discretion. The maximum Index Margin is 15% for the Annual Point-to Point with Index Margin Index Account.

Index Cap Rate

The Index Cap Rate is an upper limit used to determine Interest Credits. The Index Cap Rate applies to the Annual Point-to-Point with Index Cap Rate Index Account option. It will always be declared on the Contract Anniversary by the Company at their discretion and is guaranteed for the following contract year. The Index Cap Rate may change annually. However, at no time will the Index Cap Rate be less than 0.50%.

Participation Rate

The Participation Rate is the percentage of any index gain that will be credited to the Contract as the Interest Credit to the Annual Point-to-Point with Participation Rate Index Account option. The rate is guaranteed for the first year and declared annually thereafter at the Company's discretion, never to be less than 5% for Annual Point-to-Point with Participation Rate Index Account.

Performance Trigger

The Performance Trigger (or Annual Declared Rate Performance Option) credits a Declared Performance Rate of interest when the index stays the same or goes up throughout the year. This Declared Performance Rate may be changed by the Company at their discretion annually and will never fall below the minimum guaranteed rate of 1%.

Accumulation Value

Your Accumulation Value is equal to 100% of premium, plus any fixed and index account interest earned, minus withdrawals. The Accumulation Value is used to determine the Death Benefit as well as penalty-free withdrawals.

Surrender Value

The Surrender Value is the amount that is available at the time of surrender. The Surrender Value is equal to the Accumulation Value, subject to the Market Value Adjustment (if any), less applicable surrender charges, and state premium taxes where applicable.

The Minimum Surrender Value will never be less than 87.5% of all premiums less any partial surrenders (after Market Value Adjustment or reduction for surrender charges); accumulated at 1.00%, or otherwise directed by your Contract.

Payment of Commission

Midland National will pay a sales commission in connection with the sale of this product. This commission is one of many costs which Midland National considers and factors into the product's design and policy performance, including setting the guaranteed rates in the Contract and the manner in which nonguaranteed benefits may be offered. One-hundred percent of your premium deposit will be credited to your account, and no deductions from your premium payment or from your account value will be made due to the payment of this sales commission.

Midland National may enter into written sales agreements with other financial institutions ("selling firms") for the sale of the Contract. The selling firms and their representatives are independent of Midland National. In this case, the selling firms are responsible for evaluating product proposals or recommendations independently and for exercising independent judgment about these proposals. Midland National pays selling firms all or a portion of the commissions received for their sales of the Contract.

SURRENDER CHARGES AND MARKET VALUE ADJUSTMENT

Please read the following information and sign the last page of this disclosure to acknowledge your understanding that Surrender Charges and Market Value Adjustments will apply when withdrawals are taken from your Contract during the Surrender Charge Period.

Surrender Charges

A surrender charge is assessed on any amount withdrawn, whether as a partial withdrawal or full surrender, that is in excess of the penalty-free amount. I also understand surrenders and surrender charges assessed will have a negative impact on future lifetime income. A surrender during the surrender charge period may result in a loss of premium.

The Surrender Charges that apply for each Contract Year are based on the state where your Contract is issued and are shown as follows:

For contracts issued in all states other than those specifically listed below:

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
7%	6%	5%	4%	3%	2%	1%

Surrender charges allow the Company to invest long-term, and in turn, generally credit higher yields.

Surrender charges and Market Value Adjustments on IRS-Required Minimum Distributions that exceed the 5% penalty-free amount are waived by current company practice*.

*A feature offered "by current company practice" is not a contractual guarantee of this annuity Contract and can be removed or changed at any time.

Market Value Adjustment

The MNL Savers Income 7 includes a Market Value Adjustment that is applied only during the surrender charge period to full surrenders and to any partial surrender in excess of the applicable penalty-free partial surrender amount. This adjustment may decrease or increase the Surrender Value or partial surrender depending on the change in the Index Value of the Market Value Adjustment External Index during the period since you purchased this annuity. Lower interest rates at time of issue may result in less opportunity for a positive Market Value Adjustment in future contract years. In certain rate scenarios at the time of issue, it may not be possible to experience a positive Market Value Adjustment.

Example of Market Value Adjustment (MVA) Formula

The Market Value Adjustment will be calculated by multiplying the portion of any full or partial surrender that exceeds any available penalty-free withdrawal amount before the reduction for any surrender charge by the formula* described below

*The Market Value Adjustment Factor is: $(i_0$ - $i_t)$ x (T)

In all states except those listed to the right the key below applies:

i₀ = The Index Value of the Market Value Adjustment External Index on the issue date of the annuity Contract.

i, = The Index Value of the Market Value Adjustment External Index at the time of partial or full surrender.

T = Time in years as follows: number of days from the date of the partial or full surrender to the end of the current contract year divided by 365; plus whole number of years remaining in the market value adjustment period.

In all states except California, the amount of the Market Value Adjustment will never exceed the lesser of a) the total interest credited to the Accumulation Value since issue, less the sum of the absolute values of all Market Value Adjustments on prior partial surrenders (i.e. all adjustments positive or negative added together), or b) the applicable surrender charge.

In California, the amount of the Market Value Adjustment will never exceed the lesser of a) the applicable surrender charge or b) 0.50% of the Accumulation Value at the time of the surrender.

See the "Understanding the Market Value Adjustment" brochure for more information.

GUARANTEED LIFETIME WITHDRAWAL BENEFIT (GLWB) FEATURE

Please read the following information and sign the last page of this disclosure to acknowledge your understanding of purchasing this annuity product with the purpose of generating a lifetime income sometime in the future.

What is the Guaranteed Lifetime Withdrawal Benefit (GLWB)

This Guaranteed Lifetime Withdrawal Benefit feature provides you with a way to receive income payments for life without incurring a surrender charge or Market Value Adjustment.

When income is started by initiating the GLWB feature, you may modify, start and stop income payments under the GLWB feature. When an annuity payout option is elected this income flexibility is not available nor can you utilize the GLWB feature.

Your premium will accumulate as the GLWB Value does and can provide you with a guaranteed lifetime income stream. The withdrawal amount is based on the Annuitant's age, the current GLWB Value and LPA option elected at the time you elect to begin lifetime income. The Lifetime Payment Amount (LPA) is available even if your annuity's Accumulation Value and GLWB Value are reduced to zero, provided no excess withdrawals are taken. You will need to notify us in writing to begin lifetime income payments.

If you elect the level LPA option, your LPA will not increase. If you elect the increasing LPA option, your LPA may increase each year based on the weighted average percentage change in the fixed and indexed accounts.

The Lifetime Payment Amount may be reduced if total partial surrenders (including penalty-free withdrawals) during a contract year exceed the GLWB Value Partial Surrender Allowance.

By current company practice*, if you are taking LPAs and the Required Minimum Distribution (RMD) for this contract exceeds your LPA, we will allow withdrawal of the RMD without reducing your LPA.

*A feature offered "by current company practice" is not a contractual guarantee of this annuity Contract and can be removed or changed at any time.

Will I be taxed on income payments?

Please see your tax advisor. Under current tax law, income payments from this Lifetime Benefit feature may be taxed as ordinary income. Additionally, if taken prior to 59½, income payments may be subject to 10% IRS penalty tax.

GLWB Stacking Roll-Up Credit

A 3% GLWB Stacking Roll-Up Credit may be added to the GLWB Value on each Contract Anniversary during the first 20 contract years. The GLWB Stacking Roll-Up credits compound annually, allowing for greater growth opportunity. On each Contract Anniversary during the first 20 contract years, the current GLWB Value may be increased by 3% of the GLWB value plus 100% of dollar amount of any interest credited (either Fixed or Index Interest Credits) to the Accumulation Value. In contract years when a withdrawal is taken, no GLWB Stacking Roll-Up Credit will apply, unless the withdrawal is used to satisfy a Required Minimum Distribution (RMD). This credit ends once you elect to begin lifetime income.

What is the GLWB Value?

The GLWB Value is only used as the basis for calculating your Lifetime Payment Amount (LPA). It is not part of your annuity's Accumulation Value or a Death Benefit, and is only used to calculate the income available to you if you use the GLWB feature. This value cannot be taken as a surrender. Your initial GLWB Value is the initial premium. This value is increased by the GLWB Stacking Roll Up Credits described above, as well as subsequent premiums. Please note that all withdrawals (including lifetime income payments, also known as LPAs) will reduce both your Accumulation Value and your GLWB Value.

What happens if I should die?

Your GLWB Value is not paid out as a Death Benefit.

Individual Annuitant

Upon the death of an individual annuitant, the GLWB feature will terminate. If the annuitant is the contract owner and the spouse is the sole beneficiary, the Contract may be continued under a Spousal Continuation provision, if applicable.

Joint Annuitants

Upon the death of the first joint annuitant, the GLWB will continue when the contract continues and there will be no change to the Lifetime Payment Amount. Upon the death of the second joint annuitant, the GLWB will terminate.

Transfer Options

You may elect to transfer your values between the Fixed Account and Index Account options. You may also elect to transfer between crediting methods within the Index Account options on an annual basis for all annual crediting method options. By current company practice*, you will have 30 days following each Contract Anniversary to reallocate. Transfers are not allowed until your first contract anniversary. Based on current tax laws, transfers between options will not be taxable or subject to surrender penalties. Please refer to your MNL Savers Income 7 Additional Benefits Specifications Page, found in your Contract, for minimum transfer amounts.

Death Benefit

The Death Benefit is payable upon the death of the first owner, unless the sole beneficiary is the owner's spouse and he or she elects to continue this contract under its spousal continuance provisions. If there are joint annuitants, and an annuitant who is not also the contract's owner dies, the death benefit will be paid upon the death of the second annuitant.

The Death Benefit equals the Accumulation Value plus potential interest credits for the partial contract year as of the date of death. The calculation of the death benefit will vary depending on the Index Accounts to which the Accumulation Value is allocated at the time of death. The beneficiary may choose to receive the Death Benefit in either a lump sum or a series of income payments.

A death benefit is not available if an annuity payout option has been elected.

NOTE: The GLWB Value is not available as a Death Benefit

Subsequent Premiums

All subsequent premiums will be credited a fixed interest rate until the next Contract Anniversary. This interest rate will be declared at the time the subsequent premium is received. On each Contract Anniversary, Midland National will allocate any premium received since the prior Contract Anniversary according to your most recent instructions.

LIQUIDITY FEATURES

Certain withdrawals before age 59½ may be subject to a 10% IRS penalty. Exercising the Penalty-free withdrawals or Annuity Payout Options explained below will impact future income payments of the Guaranteed Lifetime Withdrawal Benefit feature.

Penalty-Free Withdrawals

Once per year after the first Contract Anniversary, you may take a penalty-free withdrawal (also known as a Penalty-Free Partial Surrender), without surrender charges or Market Value Adjustment, of up to 5% of your Accumulation Value. If you take a withdrawal it will result in a reduction of your Accumulation Value and GLWB Value. Please review the GLWB section for details on how the penalty-free withdrawals may impact your income payments.

Nursing Home Confinement Waiver For Connecticut, known as the Free Withdrawal Benefit for Nursing Home Confinement Rider:

After the first Contract Anniversary, if the annuitant becomes confined to a qualified nursing home facility for at least 90 consecutive days, we will increase the penalty-free withdrawal amount by 100% of the Accumulation Value each year while the annuitant is confined. This waiver is available for all issue ages and is automatically included with your annuity at no additional charge.

Required Minimum Distributions

By current company practice*, Required Minimum Distributions (RMD) that exceed the 5% penalty-free amount may be withdrawn without a surrender charge or Market Value Adjustment

Annuity Payout Options

In all states except **Florida**, you may select an annuity payout option at any time. If selected during the Surrender Charge period, your payout will be based on the Surrender Value. Available payout options include Life Income, Life Income with Period Certain, Joint and Survivor Life Income and Income for a Specified Period or Amount.

By current company practice*, you may receive an income from the Accumulation Value after the first contract year (without surrender charges or Market Value Adjustment) if you choose a Life Income Option. You can also receive an income based on the Accumulation Value if your annuity has been inforce for at least five years and you elect to receive payments over at least a five year period.

For **Florida**:

You may select an annuity payout option based on the Accumulation Value at any time after the first contract year. Available payout options include Life Income, Life Income with a 10-Year or 20-Year Period Certain, Joint and Survivor Life Income and Joint and Survivor with a 10-Year or 20-Year Period Certain.

Once a payout option is elected it cannot be changed and all other rights and benefits under the annuity end. The GLWB feature of this annuity will terminate upon electing an annuity payout option.

^{*}A feature offered "by current company practice" is not a contractual guarantee of this annuity Contract and can be removed or changed at any time.

Additional Information

The MNL Savers Income 7 is not a registered security, does not directly participate in stock or equity investments. Applicable index returns do not include dividends. Past index performance is not intended to predict future performance. Under current law, annuities grow tax-deferred. Annuities may be subject to taxation during the income or withdrawal phase. The tax-deferred feature is not necessary for a tax qualified retirement account. If purchasing this annuity as a qualified retirement account, you should consider whether other features, such as the GLWB future income and Death Benefit features, lifetime annuity payments and other riders will help meet your needs. Before purchasing this contract you should obtain competent advice as to tax treatment of the contract. Neither Midland National, nor any agents acting on its behalf in the sale of this product, should be viewed as providing legal, tax or securities advice.

Index Account Calculations

The following hypothetical examples are provided as a general explanation of how the Annual Point-to-Point Crediting Option is calculated and how interest may be credited under three scenarios. These examples assume: initial premium of \$10,000, a beginning index value of 1000 for the S&P 500®, an Annual Point to Point Index Cap Rate of 5% and no withdrawals

Annual Point-To-Point With Index Cap Rate (APP Cap) Crediting Method:

This crediting method measures the index growth using two points in time in the contract year; the beginning index value and the ending index value. Index linked gains are calculated based on the difference between these two values. The index growth, if any, is then subject to an Index Cap Rate. The annual Index Credit will never be less than zero, and will not be more than the Index Cap Rate. Index growth is calculated as follows:

Index Return = Ending Index Value - Beginning Index Value

Beginning Index Value

Index Credit = (Index Return, not to exceed Index Cap Rate) x Initial Premium

Index Account Value = Initial Premium + Index Credit

	SCENARIO A: Above Average Return	SCENARIO B: Average Return	SCENARIO C: Negative Return
Index Return =	$\frac{1,200 - 1,000}{1,000} = 20\%^*$	$\frac{1,040 - 1,000}{1,000} = 4\%^*$	$\frac{900 - 1,000}{1,000} = -10\%^{**}$
Index Credit =	(0.05) x \$10,000 = \$500	(0.04) x \$10,000 = \$400	(0.0) x \$10,000 = \$0**
Index Account Value =	\$10,000 + \$500 = \$10,500	\$10,000 + \$400 = \$10,400	\$10,000 + \$0 = \$10,000

^{*} Cannot exceed the Annual Point-to-Point Index Cap Rate. **The Index Credit will never be less than zero.

Minimum Surrender Value

(Hypothetical example assumes an annuity contract with a 7-year surrender charge schedule and an initial premium of \$10,000, and no withdrawals):

End of

Yr 1: \$8,837.50 **Yr 3**: \$9,015.13 **Yr 5**: \$9,196.33 **Yr 7**: \$9,381.18

Yr 2: \$8,925.87 **Yr 4**: \$9,105.28 **Yr 6**: \$9,288.30

This page left intentionally blank.
Please pages 8 and 10 for acknowledgement, election and signatures.

Agent Instructions: Page 8 and 10 must both be signed.

Return page 10 to the Home Office with the Applicant's original signature. Retain a permanent copy in your file. Leave pages 1-8 with signatures with the Applicant.

MNL Savers Income 7 Applicant Authorization and Acknowledgement Statements:

By initialing and signing below, I certify that:

- I have read this Annuity Disclosure and have been provided a brochure that explains the Annuity Product's benefits, features and limitations.
- The features of this Annuity Product have been explained to me by the Agent.
- I understand that this Contract is not effective and interest does not begin to accrue until the date the annuity becomes effective, not the date premium is submitted or received by the Company.
- I understand my agent will receive a commission for the sale of this Contract.

Joint Owner's Original Signature

Agent's Original Signature

 I understand I should consult my tax advisor about possible tax implications related to the purchase of this Contract and its features.

as Market Value Adjustment (if Period to any full surrender or surrender amount. REQUIRED in Box Above as Market Value Adjustment (if Period to any full surrender or surrender amount. • I have reviewed page 3 of this I a Market Value Adjustment For	ity is a long-term contract and a Surrende pplicable in my state) will apply during the ny partial surrender taken that exceeds the isclosure and affirmatively acknowledge hula applicable based on the state of issuthe Surrender Charge Period may result	ne 7-year Surrender Charge he penalty-free partial the Surrender Charges and le.
CLWB BENEFIT FEATURE ACKNOWLEDGEMENT I understand the following about the GLWB Bene That exercising any liquidity features, such as of a divorce settlement or decree, will reduce to GLWB Stacking Roll-Up Credit do not apply The annuity's Accumulation Value GLWB Stacking Roll-Up Credit does not ap Years in which a withdrawal is taken (exce	artial withdrawals or surrenders, including a e GLWB Value and adversely impact future to the following: • The Contract's Death Benefit ly to the following:	income.
At this time, I plan to begin using the GLWB income fear 0-5 years 6-10 years 10 + years Unknown	, ,	the following):
Please mark an "X" in the box to the left if you		l illustration for the
MNL Savers Income 7. By checking this box a	· · · · · · · · · · · · · · · · · · ·	
Applicant: I am aware that an Annuity Buyer's Guide shown, other than the guaranteed minimum values, and understand the intent of this Annuity Product and including cash for living and other related expenses,	e not guarantees, promises, or warranties. agree that it meets my needs. I have asses	I have reviewed the features seed my financial situation,
Annuitant's/Owner's Origina	Signature	

Agent Acknowledgement: By signing below, I certify that the product brochure and Company disclosure materials have been presented to the applicant. A copy of this signed disclosure was provided to the applicant after an examination of the interests of the applicant and an assessment of the stated goals of the applicant. I have provided or directed the applicant to the Annuity Buyer's Guide on the Company website. I certify that I believe this product to be appropriate for the applicant based on his or her individual needs. I have discussed this product with the applicant and have not made any statements which contradict the materials provided to the applicant. I have not made any promises or given any assurances about the future value of any non-



guaranteed elements.

Not FDIC/NCUA Insured	Not A Deposit Of A Bank	Not Bank Guaranteed
May Lose Value	Not Insured By Any Federal	Government Agency

Date Signed (mm/dd/yyyy)

Date Signed (mm/dd/yyyy)

2422010

This page left intentionally blank.
Please see pages 8 and 10 for acknowledgement, election and signatures.

Agent Instructions: Page 8 and 10 must both be signed.

Return page 10 to the Home Office with the Applicant's original signature. Retain a permanent copy in your file. Leave pages 1-8 with signatures with the Applicant.

MNL Savers Income 7 Applicant Authorization and **Acknowledgement Statements:**

By initialing and signing below, I certify that:

- · I have read this Annuity Disclosure and have been provided a brochure that explains the Annuity Product's benefits, features and limitations.
- · The features of this Annuity Product have been explained to me by the Agent.
- · I understand that this Contract is not effective and interest does not begin to accrue until the date the annuity becomes effective, not the date premium is submitted or received by the Company.
- I understand my agent will receive a commission for the sale of this Contract.
- I understand I should consult my tax advisor about possible tax implications related to the purchase of this Contract and its features.

My initials confirm that: The MNL Savers Income 7 annuity is a long-term contract and a Surrender Charge up to 7% as well as Market Value Adjustment (if applicable in my state) will apply during the 7-year Surrender Charge Period to any full surrender or any partial surrender taken that exceeds the penalty-free partial surrender amount. REQUIRED in Box Above I have reviewed page 3 of this Disclosure and affirmatively acknowledge the Surrender Charges and a Market Value Adjustment Formula applicable based on the state of issue. I understand a surrender during the Surrender Charge Period may result in loss of premium.
 I understand the following about the GLWB Benefit feature: That exercising any liquidity features, such as partial withdrawals or surrenders, including a withdrawal as result of a divorce settlement or decree, will reduce the GLWB Value and adversely impact future income. GLWB Stacking Roll-Up Credit do not apply to the following:
At this time, I plan to begin using the GLWB income feature of this product within (Please check one of the following):
0-5 years 6-10 years 10 + years Unknown
Please mark an "X" in the box to the left if your agent provided you with a Midland National illustration for the MNL Savers Income 7. By checking this box an illustration will also be provided along with the issued annuity contract.
Applicant: I am aware that an Annuity Buyer's Guide is available on the Company website. I understand that any values shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties. I have reviewed the features and understand the intent of this Annuity Product and agree that it meets my needs. I have assessed my financial situation, including cash for living and other related expenses, and this Contract is suitable for my financial needs.
Annuitant's/Owner's Original Signature
Joint Owner's Original Signature Date Signed (mm/dd/yyyy)

Agent Acknowledgement: By signing below, I certify that the product brochure and Company disclosure materials have been presented to the applicant. A copy of this signed disclosure was provided to the applicant after an examination of the interests of the applicant and an assessment of the stated goals of the applicant. I have provided or directed the applicant to the Annuity Buyer's Guide on the Company website. I certify that I believe this product to be appropriate for the applicant based on his or her individual needs. I have discussed this product with the applicant and have not made any statements which contradict the materials provided to the applicant. I have not made any promises or given any assurances about the future value of any non-

Agent's Original Signature



25378Y

guaranteed elements.

Not FDIC/NCUA Insured	Not A Deposit Of A Bank	Not Bank Guaranteed
May Lose Value	Not Insured By Any Federal	Government Agency

Date Signed (mm/dd/yyyy)

REV 11-17

242201 2422010

Fixed Index Annuity Allocation Form for MNL SaversSM Income 7



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

INSTRUCTIONS: Make sure all allocations equal 100%, and comp	lete all applicable signatures.	
Annual Point-to-Point (Subject to an Index Cap Rate)	Performance Trigger (Subject to	a Declared Performance Rate
S&P 500® Index %	S&P 500 [®] Index	\ \ \ \ \ \ \ \ \ \ \ \ \ \
Annual Point-to-Point (Subject to a Participation Rate)		
S&P 500® Index	Fixed Account	<u> </u>
Annual Point-to-Point (Subject to an Index Margin) S&P 500® Low Volatility Daily Risk Control 5% Index %		Allocation percentages must be whole numbers and equal 100%
	1	
Signatures		
Signed at:		
City State		
Annuitant/Owner Signature:	Date:	
Joint Owners Signature:	Date:	
Agents Signature:	Date:	

The MNL Savers IncomeSM 7 is issued on forms ICC16-AS147A/AS147A (contract) by Midland National® Life Insurance Company, 4350 Westown Parkway, West Des Moines, Iowa 50266. This product, its features, riders and index options may not be available in all states.

The "S&P 500®" and "S&P 500® Low Volatility Daily Risk Control 5% Index" ("Indices") are products of S&P Dow Jones Indices LLC or its affiliates ("SPDJI") and have been licensed for use by Midland National Life Insurance Company ("the Company"). Standard & Poor's® and S&P® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by the Company. Midland National's MNL Savers Income is not sponsored, endorsed, sold or promoted by SPDJI, S&P, or their respective affiliates and none of such parties make any representation regarding the advisability of investing in such product(s) nor do they have any liability for any errors, omissions, or interruptions of the Indices.



1021640



IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new contract. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your

existing policy or contract? YE	.S NO		
2. Are you considering using funds from	your existing policies or cor	ntracts to pay premiums due on the ne	w contract? YES NO
If you answered "yes" to either of the above the insurer, the insured or annuitant and the a source of financing:	e questions, list each existir ne policy or contract number	ng policy or contract you are contempla if available) and whether each policy of	ating replacing (include the name of or contract will be replaced or used as
Make sure you know the facts. Contact you in-force illustration, policy summary or ava material used by the agent in the sales pro	ailable disclosure documents	must be sent to you by the existing in	
Insurer Name	Policy or Contract #	Annuitant or Insured Name	Replaced (R) or Financing (F)
1.			
2.			
3.			
The existing policy or contract is being rep	placed because		
I certify that the responses herein are, to t		ccurate:	
I do not want this notice read aloud to me	(Applicants must init	ial only if they do not want the notice rea	id aloud.)
Applicant's Signature and Printed Name			Date
Joint Applicant's Signature and Printed Name	 ;		Date
I do not want this notice read aloud to me	(Applicants must init	ial only if they do not want the notice rea	d aloud.)
	<u>Produc</u>	er's Statement	
I certify that only sales materials approved b Important Notice were left with the applicant than at the time of policy or contract delivery	i. If applicable, electronically pr		
I certify that the responses herein are, to the	ne best of my knowledge, acc	curate:	
Producer's Signature and Printed Name			Date
<u> </u>	1 188181 11881 1181	116779	

Return this signed original to the Home Office, Leave a signed copy with the Applicant and retain a permanent copy in your file.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable? Could they change?

You're older--are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more,

or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

RIGHT TO EXAMINE POLICY - It is important to us that you are satisfied with your policy and that it meets your insurance goals. Read it carefully. If you are not satisfied with it, you may return it to our Executive Office or to your agent within 30 days after you receive it. We will then void it and refund all premiums paid including any policy fees or charges. In the case of a variable or market value adjustment policy, we will refund the Policy Fund plus the sum of all charges deducted from your premiums, the Policy Fund and the Investment Divisions.



1035 EXCHANGE / ROLLOVER / TRANSFER eFORM

Name of Receiving Company							
Business Address	Mailing Addre	ess			Overnight	Address	
This form can be used to accomplish a FUL 1035. This form can also be used for Tran the existing policy and contract, check the a prospectus and any state required forms for surrendering company for form requirements	sfers of Fun ppropriate bo or additional	nds and D exes, and o important	date and	ollovers . Com d sign this form ures and inform	plete the Refer to nation. C	requested in the requested in the repulsion the requested in the requested	nformation concerning tion, and if applicable,
If you are considering a replacement you including, if available, an in force illustrat information is requested your existing comp existing carrier for additional information.	ion, policy s	summary,	premiur	m payment am	nounts or	the produc	t prospectus. If the
Complete one form for each surrendering	company a	nd contra	ct. Ple	ase apply fund	ls to:		
New / Existing Contract Number:			R	eceiving Carrie	er DTCC		
Without this contract number, the funds will	he applied to	a new cor	ntract			(for N	floney Settlement)
				41 6	- 4 4 '4		
The receiving company may not accept the	excnange / ro	ollover / tra	anster it	the funds do no	ot meet it	s minimum p	oremium requirements.
1. SURRENDERING COMPANY POLICY /	ACCOUNT /	CONTRA	CT INF	ORMATION			
Surrendering Company Name (Complete one form	n for each surr	endering co	ompany)	Surrendering Co	ompany A	ccount / Policy	/ Contract Number
Street Address Line 1 Address Line 2							
City	State Zip Phone Number Ext		rt				
Surrendering Plan Type (Non-Qualified, IRA, Roth IRA, etc.) Surrendering Product Type (Life, Annuity, CD, MF, Other, etc.) Estimated Amount of Transfer			nount of Transfer				
Owner (First, Middle, Last) / Entity Name						curity Number / Tax ID #	
Joint Owner Name (First, Middle, Last) - Please c	onfirm the avai	ilability of th	ese opti	ons with the Rece	eiving Com	npany	Social Security Number
Insured / Annuitant Name (First, Middle, Last) - if other than owner (applies to Life & Annuity products only) Social Security Number				Social Security Number			
Joint Insured / Annuitant Name (First, Middle, Las	t) - Please con	ifirm the ava	ailability	of these options v	vith the Re	eceiving Co.	Social Security Number
Contingent Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co. Social Security Number							
2. TRANSFER / ROLLOVER / 1035 EXCH	IANGE SUR	RENDERI	NG INS	TRUCTIONS			'
☐ Full ☐ Partial \$		or	%				
☐ Penalty Free Amount							
(This amount is subject to change based or the amount)	the product	provisions	s. Plea	se check with the	he surrer	ndering comp	pany to verify
By executing this form, I authorize the full or completed above. I hereby instruct the parti				ig contract or a	ccount in	accordance	with the sections
☐ As soon as possible after receipt of all necessary forms ☐ On a specific date:							
I / We also understand it is my / our respons a specific transfer date.	sibility to conf	irm with th	e surre	ndering compar	ny their p	rocessing gu	idelines to selecting

3. DISCLOSURES / ACKNOWLEDGMENTS

- I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. Neither the receiving company nor the surrendering company is liable or responsible for changes in market value that may occur after the surrendering company has processed the transaction and before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.
- II. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to effect a partial 1035 exchange of an annuity contract. However, I acknowledge that Revenue Procedure 2011-38 states that withdrawals from annuitization, taxable owner or annuitant changes, or surrenders, other than an amount received as an annuity for a period of 10 years or more or during one or more lives, of either the original contract or the new contract during the 180 day period following the partial exchange, may affect the tax free status of the partial exchange.

Note: Other exceptions may apply and a subsequent direct transfer of all or a portion of either contract involved in the exchange could have tax and tax reporting consequences. Please consult your tax advisor. Please confirm with the carrier if they will support partial 1035 exchanges.

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I authorize the receiving company and the surrendering institution to share information necessary to maintain accurate records of the annuity cost basis and to ensure proper withholding and tax reporting. I have been directed to consult my tax or legal advisor before proceeding.

- III. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.
- IV. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.
- V. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT Does not apply to partial 1035 exchanges on annuity contracts. Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.
- VI. MAXIMUM ISSUE AGE DISCLOSURE An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.
- VII. NON-QUALIFIED TRANSFER OF FUNDS (NON 1035 EXCHANGE) The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order. For index annuities, fixed account interest under the annuity contract will begin to accrue on the next Issue Day.
- VIII. TRANSFER / EXCHANGE OF FUNDS INTO A TSA/403(B) The TSA/403(b) owner / participant's employer or employer's third-party administrator must authorize and sign this transfer request in Section 5.
 - Authorization for a TSA/403(b) transfer / exchange to a TSA/403(b): This request is for the direct transfer / exchange of non-ERISA funds from the TSA/403(b) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a TSA/403(b) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company to take whatever action necessary to effect this transfer / exchange. I acknowledge that the transferred / exchanged funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer / exchange of funds pursuant to IRC section 403(b) and the final regulations. The transfer / exchange is to be executed from financial institution to financial institution in such a manner that it will not place me in actual or constructive receipt of all or any part of the transferred / exchanged funds. Because this transaction constitutes a direct rollover / transfer / exchange of funds and not a distribution, withholding does not apply. (Provide the receiving company with any records or documents they may request with respect to this transfer / exchange.)
 - IX. The IRS has provided limited guidance on the tax consequences of transferring a life insurance policy with values less than the investment in the contract to a new or existing annuity contract. If the owner surrenders the newly acquired annuity contract, it's not clear whether the annuity losses are fully deductible against ordinary income or deductible as a miscellaneous deduction subject to a limitation of 2% of adjusted gross income (AGI). If the IRS views the two transactions as a single integrated transaction, they could consider it a step transaction and successfully disallow the losses as a tax deduction.

	IMPER AFRICATION				
4. TAXPAYER IDENTIFICATION NU					
Under penalties of perjury, I certify					
 The number on this form is my and 	correct taxpayer identification number (or	I am waiting for a number to be issued to me));		
notified by the Internal Reven		n backup withholding, or (b) I have not bee o withholding as a result of failure to report a bject to backup withholding; and			
3. I am a U.S. person (including a	a U.S. resident alien).				
	e been notified by the IRS that you are curr I interest and dividends on your tax return.	ently subject to backup withholding because	e		
4. I am exempt from Foreign Acc	ount Tax Compliance Act (FATCA) reporting	j.			
5. SIGNATURES					
exchange by phone or in writing. By	signing below, I represent that the responses h	equest information on the status of this transfer of herein are, to the best of my knowledge, accurate the ACORD 1035 Exchange / Rollover / Transfer	ate		
The Internal Revenue Service does required to avoid backup withhold		s of this document other than the certification	ns		
Signature Guarantee (if applicable)					
	Signature of Owner / Plan Administrator / Trustee / Custodian	Date (mm/dd/yyyy)			
	Signature of Joint Owner / Co-Trustee (if applicable) Date (mm/dd/yyyy)				
	Signature of Insured / Annuitant (if applicable)	Date (mm/dd/yyyy)			
	Signature of insured / Annuitant (if applicable)				
Signature of Irrevocable Beneficiary (if applicable) Date (mm/dd/yyyy)					
Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only) (if applicable) Date (mm/dd/yyyy)					
FOR TSA/403(b) TO TSA/403(b) TR	ANSFERS/EXCHANGES ONLY - EMPLOYER	THIRD PARTY ADMINISTRATOR SIGNATUR	₹E		
	ng that I have reviewed this direct transfer / rol 403(b) plan under IRC section 403(b) and the fi	llover / exchange request and that it is authorize inal regulations.	ed		
a) I am authorizing this transfer / rollover request.					
b) I am confirming that there is an information sharing agreement in place with the receiving company under the IRC section 403(b) regulations.					
c) All information provided on this form is accurate.					
Print Name of Employer or Third Party Administrator Title of Employer or Third Party Administrator					
Signature of Employer or Third Party Adm	ninistrator	Date (mm/dd/yyyy)			

6. SIGNATURES (For the receiving company's use only)

6 A. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER

By signature of an authorized officer below, the receiving company accepts assignment of all (or a portion of the assets if this is a partial exchange) to the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue payment payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract or a portion if it is a partial surrender.

For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:	
The receiving company will deposit funds received into a:	

6 B. eCONSENT AND ACKNOWLEDGMENT (Applies to eSignature Transactions Only)

To the extent the receiving company has obtained electronic signatures to effectuate the transaction(s) set forth in this form, the receiving company, by the below signature of its authorized officer, hereby represents and warrants to the surrendering company that:

- a. This form has been completed using an electronic system that has an integrated e-signature capability;
- b. All consumer consents have been obtained under, and this form was signed using an e-signature process that complies with, all applicable federal and state e-signature requirements, including, but not limited to, the federal E-Sign Act, and the applicable states' versions of the Uniform Electronic Transactions Act;
- C. It shall indemnify, defend, and hold harmless the surrendering company from and against all losses, costs, liabilities, claims, threatened claims, demands, suits, obligations, expenses, judgments, and damages, including, but not limited to, reasonable attorneys' fees and witness' fees, arising from or related to: (i) the receiving company's breach of the warranties set forth in (a) and/or (b) above; (ii) a liability imposed by any municipal, state or federal governmental body relating to the receiving company's violation of an applicable e-signature law or regulation; and (iii) the receiving company's gross negligence, willful misconduct or illegal acts, including, but not limited to, claims that the e-signatures obtained on this form by the receiving company are invalid or were improperly obtained; provided, however, that (x) the surrendering company shall provide the receiving company of prompt written notice of any claim that the surrendering company believes falls within this scope of this paragraph, and (y) the surrendering company shall not settle any claim that adversely affects any rights of the receiving company without the receiving company's prior written consent; and
- d. It shall promptly provide to the surrendering company and/or its designee(s) any and all information in the receiving company's possession (or within the receiving company's reasonable control) as may be necessary to evidence the validity of the electronic signatures that were obtained to effectuate the transaction(s) set forth in this form.

Print Name of Authorized Officer	Title of Authorized Officer		
Signature of Authorized Officer (if applicable - may not be required if LOA is used)		Date (mm/dd/yyyy)	