

# Full Surrender Request-CA



**Mail:** P.O. Box 79907, Des Moines, IA 50325  
**Overnight:** 4350 Westown Parkway, West Des Moines, IA 50266  
**Phone:** 877-586-0244 **Fax:** 877-586-0249

## Instructions

To be completed for full surrenders issued in California. For questions, please contact Midland National® Annuity Division's Customer Contact Department. Completed forms may be faxed to 877-586-0249.

## 1. Account Information

Annuity Contract Number	Phone Number (may be needed to contact you regarding the request)
Owner's Name (first, middle initial, last)	SSN/TIN
Owner's Mailing Address	
City, State, ZIP	
Joint Owner's Name (if applicable) (first, middle initial, last)	SSN
Joint Owner's Mailing Address	
City, State, ZIP	

## 2. Election of Withholding (must be completed)

**Important state tax withholding information:** If no election is made, 10% federal income tax will be withheld. Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules.

If your Contract is a TSA 403(b) we are required to withhold 20% of your distribution for federal income taxes, unless the distribution is for your Required Minimum Distribution or is being taken under hardship. If no election is made for a TSA 403(b) contract 20% Federal Income Taxes will be withheld.

### Withhold Federal Taxes – (select yes or no)

☐ No ☐ Yes \_\_\_\_\_% (minimum 10%)

### Withhold State Taxes – (select yes or no)

☐ No ☐ Yes \_\_\_\_\_%

## 3. Method of Payment

Check one of the following options. If no election is indicated a check will be mailed to you at the address of record. Should an inappropriate deposit be made, the financial institution is authorized to make a debit entry to your account and return the corrected amount to Midland National.

- ☐ Send check out regular mail
- ☐ Send funds Electronic Funds Transfer (EFT) — I authorize Midland National to automatically deposit this withdrawal into the account that is currently on file. To add or update banking information, please provide one of the required documents.

**Checking Account** – A voided check in the Annuity Contract Owner's name is required.

**Savings Account** – A letter on the bank's letterhead, signed and dated by a bank official, with the Annuity Contract Owner's name, account number and routing number is required.

A check will be sent regular mail if the above Electronic Funds Transfer (EFT) requirements are not received with this form.

4. Acknowledgment

I/We hereby acknowledge and understand that this form must be fully completed and failure to complete any portion of this form may delay the processing of the request. I/We hereby acknowledge and understand that by signing this form indicates that each owner has read, understands and agrees to the information provided throughout the form.

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 are now pending and that no liens are outstanding against this annuity.

Taxpayer Certification  
Under penalty of perjury, my signature certifies 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);
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (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;
- 3. I am a U.S. Citizen or U.S. resident alien; and
- 4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Contract Owner Signature/Assignee	Date (mm/dd/yyyy)
Joint Owner Signature/Assignee (if applicable)	Date (mm/dd/yyyy)
Spousal Signature*	Date (mm/dd/yyyy)
Notary Signature	Date (mm/dd/yyyy)

A notary signature is required for all withdrawals \$250,000.00 or more.

\*If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the Spousal signature line in the acknowledgment section of the form 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 the Company may presume that no community property interest exists if you have not obtained your spouse's signature. Further, you understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction. Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.



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