

Non-Resident Verification Form

For questions, please contact Midland National® Life Insurance Company
Annuity Division's New Business Department
Phone: (877) 586-0243 Fax: (877) 586-0247
Mail to: P.O. Box 79907, Des Moines, IA 50325-0907
Overnight to: 4350 Westown Parkway, West Des Moines, IA 50266

This form can be used to assist you in providing the required documentation if an application is signed in a state other than the applicant/owner "Resident State."

Definitions

Resident State – is defined for this purpose as the state where a client or owner has his or her residence and receives mail on a regular basis. A residence can be a primary residence or vacation home. Please note, that a "Time Share" will be considered a temporary residence and therefore does not qualify for a primary residence under this form.

For business entity, "Resident State" is defined as the state where the business entity has its primary place of business or place of incorporation. For trusts, "Resident State" is defined as the state where the trust is located or where the trustee has an office or primary residence.

Application State – is where the applicant/owner signed the application and where the policy is solicited, paramedic exam is scheduled (if applicable), and policy/contract is delivered. The "Application State" must be a state where the agent is licensed and the product is approved.

When an annuity product is not available for sale in the owner's resident state, a resident is only allowed to purchase the product in another state if they provide a valid reason to be in the non-resident state, other than solely to purchase the annuity*.

I _____ (Owner/Joint Owner) am a resident of the state of _____. My valid reason for being in the Application Signed State of _____ is (other than to purchase an annuity or insurance)

Acknowledgments

- All communications, sales material and negotiations of the application occurred in the Application State
- The application was signed by the owner and the agent in the Application State.
- The owner will take delivery of the policy/contract issued in the Application State.

I understand that the solicitation for this policy and contract occurred in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy/contract applied for.

Owner/Joint Owner Signature: _____ Date: _____

Agent Signature: _____ Date: _____

***State Restrictions:** For Alabama, Massachusetts, Minnesota, Oregon, Utah and Washington - Purchases of annuity products outside these resident states are not allowed if the product is not available for sale in the resident state.

For New York non-resident sales, please contact the home office for additional guidance.



131953

1319530