

Individual Single Premium Immediate Annuity Application



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

Overnight: 4350 Westown Pkwy, West Des Moines, IA 50266

1. Annuitant

☐ Male ☐ Female

U.S. Citizen: ☐ Yes ☐ No

First Name

MI

Last Name

Social Security Number/TIN

Street Address (P.O. Boxes are not allowed)*

Birth Date (mm/dd/yyyy)

City

State

Zip

Phone

2. Joint Annuitant (If applicable, must be spouse of Annuitant.)

☐ Male ☐ Female

U.S. Citizen: ☐ Yes ☐ No

First Name

MI

Last Name

Social Security Number/TIN

☐ Address and Phone Number Same as Annuitant

Street Address (P.O. Boxes are not allowed)*

Birth Date (mm/dd/yyyy)

City

State

Zip

Phone

3. Owner (If different from Annuitant.)

☐ Male ☐ Female

First Name

MI

Last Name

Birth Date (mm/dd/yyyy)

Trust/Corporation Name

Trust Date (mm/dd/yyyy)

Street Address (P.O. Boxes are not allowed)*

Social Security Number/TIN

City

State

Zip

Phone

4. Joint Owner (If different than joint Annuitant.)

☐ 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)

City

State

Zip

Phone

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



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5. Beneficiary Designation*

If there are joint Owners, each Owner shall be deemed the sole primary beneficiary of the other joint Owner, and any other beneficiaries on record will be treated as contingent beneficiaries. If there are joint Owners, any death benefit on or after the payment start date will be payable upon death of the second Owner. If the primary beneficiary is no longer living at the time the death benefit becomes payable, the contingent beneficiary will receive any death benefit proceeds. 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

First Name	MI	Last Name	Social Security Number/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)	Relationship to Owner	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Beneficiary's Mailing Address (must be completed)			Percentage**
<input type="text"/>			<input type="text"/> %
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

☐ Primary ☐ Contingent | ☐ Per Stirpes ☐ Per Capita

First Name	MI	Last Name	Social Security Number/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)	Relationship to Owner	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Beneficiary's Mailing Address (must be completed)			Percentage**
<input type="text"/>			<input type="text"/> %
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

☐ Primary ☐ Contingent | ☐ Per Stirpes ☐ Per Capita

First Name	MI	Last Name	Social Security Number/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm/dd/yyyy)	Relationship to Owner	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Beneficiary's Mailing Address (must be completed)			Percentage**
<input type="text"/>			<input type="text"/> %
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

☐ Trust ☐ Corporation ☐ Estate ☐ Other | ☐ Primary ☐ Contingent

Full Name		Percentage**
<input type="text"/>		<input type="text"/> %
Tax ID Number (TIN)	Trust Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	

* In order to verify beneficiary identification, a request to obtain information will be sent to the Owner following issue of the contract.

** For Beneficiaries designated as Primary, total must equal 100%; for Beneficiaries designated as Contingent, total must equal 100%.



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6. Verification of Identity

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

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

1. Natural Person/Trust Accounts (trustee information):

Representative: 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 Country ID Number Exp. Date - -
- d. Occupation Employer Name Years Employed or Retired ☐

2. Non-Natural/Business or Corporation:

- a. ☐ Trust Agreement ☐ Certificate of Incorporation
- b. State Country

Joint Owner (If applicable.):

3. Natural Person:

Representative: 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 Country ID Number Exp. Date - -
- d. Occupation Employer Name Years Employed or Retired ☐



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7. Tax Status

☐ Non-Qualified ☐ Roth IRA ☐ SEP IRA ☐ IRA

Complete if applicable - Contribution intended for the Tax Year:

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8. Premium Contract Funded by

☐ Check - Amount \$

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Must be payable to Midland National Life Insurance Company

☐ Direct Transfer - Amount \$

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(Example: Qualified funds - IRA to IRA, Non-Qualified funds-CD or Mutual Fund to a Midland National Annuity.)

☐ 1035 Exchange - Amount \$

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Must be payable to Midland National Life Insurance Company

☐ Qualified Rollover - Amount \$

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(Example: Qualified funds - 401(k) or qualified pension plan to a Midland National IRA Annuity.)

Transfer Involving Multiple Checks

If this annuity is being funded with more than one premium, then I acknowledge that my contract will be issued with the last funds received. I understand that my interest will be credited to my annuity from the date the annuity becomes effective.

9. Replacement (Must be completed.)

If you have an existing life insurance or annuity contract, complete any state required replacement forms. Your agent is required to leave with you the original copy of all written or printed sales material used in the sale of this product. Retain all such copies for future reference.

1. Do you have any existing or pending life insurance or annuity contracts? ☐ Yes ☐ No

2. Will this annuity replace or change any existing life insurance or annuity contracts? ☐ Yes ☐ No

If you answered "yes" to #2, provide company name and contract number below.

Company Name: _____

Contract Number: _____



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10. Annuity Payment Election (Check product brochure for available duration.)

Payment Mode (Choose one option.):

☐ Monthly (EFT Required) ☐ Quarterly ☐ Semi-annually ☐ Annually*

Payment Start Date (mm/dd/yyyy)**

- -

Annuity Payment Option:

Proof of date of birth is required for all annuity payment options.

☐ **Period Certain (5 to 20 years).** yrs.

The period certain (5 to 20 years) plus age at issue cannot exceed 98 years.

☐ **Life Only.**

The Life Only Disclaimer Statement section below must be completed.

☐ **Life with Installment Refund.**

☐ **Life with Cash Refund.**

☐ **Life with Period Certain.** yrs.

The period certain (5 to 20 years) plus age at issue cannot exceed 98 years.

☐ **Joint Life and Survivorship with Period Certain.** yrs. **Survivorship:** ☐ 100% ☐ 66.67% ☐ 50%

The period certain (5 to 20 years) plus age at issue cannot exceed 98 years. If this Joint Life option is chosen, the Joint Life Information section below must be completed.

☐ **Joint Life Only and Survivorship.** **Survivorship:** ☐ 100% ☐ 66.67% ☐ 50%

The Life Only Disclaimer Statement and the Joint Covered Life Information sections below must be completed.

Joint Covered Life Information for a Qualified Contract (For a Non-Qualified contract the Joint Life is the joint Annuitant, if applicable.)

First Name

MI

Last Name

Social Security Number

- -

Birth Date (mm/dd/yyyy)

- -

☐ Male ☐ Female

Life Only Disclaimer Statement (Must be completed for Life Only and Joint Life Only options.)

You have elected a Life Only or Joint Life Only payment option which means that payments will be made only during the life of the Annuitant(s).

After the Annuitant(s) death, no further payments will be made.

Witness must be individual other than signing agent.

Witness First Name (Please Print)

Witness Last Name (Please Print)

Date (mm/dd/yyyy)

- -

Signature of Witness

*When funding a Midland National Life policy the annual payment mode must be elected.

**If payment start date is not specified payments will begin one mode from issue date. Once Contract is issued the payment date cannot be changed. Payments are generated approximately 7 days before the specified payment date. January 1st through 7th payments may generate in December of the prior tax year and will be reportable on form 1099-R for the year in which they are generated.



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Send to: ☐ Owner ☐ Other _____
Payee Name, Address and Account Number (if applicable)

Social Security Number_____

Section must be completed when monthly payment mode is elected. EFT is optional for all other payment modes. If EFT section is not completed, a physical check will be sent to the payee.

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.

[illegible]

☐ No ☐ Yes %



11. Fraud Warnings and Other Disclosures

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

12. 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.

Taxpayer 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 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, and
3. I am a U.S. Person (including a U.S. Resident Alien).
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

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*

Signed at City:

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State

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Date Signed

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Owner's Email Address

Joint Owner's Email Address

*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. Note that the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnerships, or similar law.



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13. Agent's Certification (Completed by agent only.)

Replacement Does the applicant have any existing or pending life insurance or annuity contracts? ☐ Yes ☐ No

Information Will this annuity replace or change any existing life insurance or annuity contracts? ☐ Yes ☐ No

If yes, provide the name of the company: _____

I certify that I have reviewed this application, determined that all questions are answered fully, completely and accurately as supplied by the applicant and recorded full details as required. I attest to the fact that I have viewed the verification of identity documentation. I also attest that the document did not appear altered and the picture identification supplied appeared to be that of the Owner(s). I understand that any subsequent modification or additions made to the application after it is submitted must be initialed by the client. This application is being submitted after an examination of the interests of the Applicant and an assessment of the stated goals of the Applicant. I have discussed this product with the Applicant and have not made any statements which contradict the disclosure materials provided to the Applicant. I have not made any promises or given any assurances about future values of any non-guaranteed elements.

Midland National Writing Agent

Agent Number

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Percentage*

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%

Date Signed

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Agent/Broker's Full Name (print)

Agent/Broker's Signature

Agent's Email Address

Phone Number

Agent 2 (if applicable)

Agent Number

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Percentage*

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%

Additional Agent Name (print)

Additional Agent's Email Address

Agent 3 (if applicable)

Agent Number

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Percentage*

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%

Additional Agent Name (print)

Additional Agent's Email Address

* Must total 100%.



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