

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 Social Security Number/TIN Street Address (P.O. Boxes are not allowed) 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			
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 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 (10112Y) with this application.			
Trust/Corporation Name Trust Date (mm/dd/yyyy)			
Trust/Corporation Name Trust Date (mm/dd/yyyy)			
Trust/Corporation Name Trust Date (mm/dd/yyyy)			
Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)¹ SSN/TIN/Employee ID No.			
Trust/Corporation Name Trust Date (mm/dd/yyyy) Street Address (P.O. Boxes are not allowed)¹ City State Zip Phone Joint Owner (if different than joint annuitant) Gender: Male Female			

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



\$102156

Owner's Beneficiary Designation² - In the event of the owner's death, death benefit proceeds are payable to the owner's primary beneficiary. If there are joint owners, the death benefit is payable upon the first death. If there are joint owners, the surviving joint owner, if any, will be the designated primary beneficiary unless otherwise specified below. Note: Complete the Owner's Primary Beneficiary Section if you want to name someone other than the surviving owner to receive 100% of the death benefit. 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 proceeds.

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 (10112Y) must be attached.



the annuitant's death, death benefit proceeds a is payable upon the second death. If the annuit	Complete this section only if the owner(s) and annuitant(s are payable to the annuitant's primary beneficiary. If there are tant's primary beneficiary is no longer living at the time of the enefit proceeds. If an election is not made then by default it w	joint annuitants, the death benefit annuitant's death, the annuitant's		
☐ Primary ☐ Contingent │ ☐ Per Stirpe	es 🗌 Per Capita			
	MI Last Name Social Soc	cial Security Number/TIN		
	readonsing to Annutant	-		
Beneficiary's Mailing Address (must be comple		Percentage ³ . %		
City	State	Zip Code		
Primary Contingent Per Stirpe	•	sial Caqueit, Number/TIN		
First Name M	MI Last Name Soc	cial Security Number/TIN		
Birth Date (mm/dd/yyyy) Re	L L L L L L L	her		
	oration for the first term of	-		
Beneficiary's Mailing Address (must be comple	eted)	Percentage ³ %		
City	State	Zip Code		
Primary Contingent Per Stirpe First Name N	•	cial Security Number/TIN		
Birth Date (mm/dd/yyyy) Ro	elationship to Annuitant Phone Num	her		
		-		
Beneficiary's Mailing Address (must be comple	eted)	Percentage ³ %		
City	State	Zip Code		
☐ Trust ⁴ ☐ Corporation ☐ Estate ☐ Other Full Name	r			
		☐ Primary ☐ Contingent		
Tax ID Number (TIN) Tr	rust 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 (10112Y) must be attached.



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: 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 Country 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 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.
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 Number Exp. Date
d. Occupation Employer Name Years Employed or Retired
4. Non-Natural/Business or Corporation:
a. Trust Agreement Certificate of Incorporation
b. State Country



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) Inherited IRA (MGD0 form 8103Y required)					
Complete if applicable - Contribution intended for the Tax Year:						
Premium Contract funded by:						
Check - Amount \$ Must be payable to Midland National® Life Insurance Company	Direct Transfer - Amount \$					
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	? Yes No					
2. Will this annuity replace or change any existing life insurance or annuity	y contracts? Yes No					
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, and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree. **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:	Stat	te Date Signed	-	
Owner's Fmail Address			vner's Fmail 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.



Agent's Certific	cation (completed	by agent only)				
Replacement	Does the applica	int have any exis	ting or pending life inso	urance or annuity contra	cts? 🗆 Yes 🗆 No	
Information	Will this annuity replace or change any existing life insurance or annuity contracts? \square Yes \square No					
	If yes, please pro	vide the name of	the company:		<u></u>	
applicant and reco the document did modification or ad an examination of Applicant and hav	orded full details as not appear altered Iditions made to the the interests of the re not made any sta	s required. I attes and the picture i e application afte e Applicant and a atements which c	t to the fact that I have identification supplied a or it is submitted must b on assessment of the st	viewed the verification of appeared to be that of the be initialed by the client. a ated goals of the Applica	etely and accurately as supplied by the fidentity documentation. I also attest that e owner(s). I understand that any subsequent This application is being submitted after nt. I have discussed this product with the ne Applicant. I have not made any promises or	
Midland National	l Writing Agent					
Agent Number	i Wilding Agont	License ID Numbe	er - Required in FL	Percentage ⁷	For Agent Use Only ⁶	
					L LA LB LC LD	
Date Signed] -]		<u> </u>		
Agent/Broker's Full	Name (please print)	Ager	nt/Broker's Signature		Phone Number	
Agent's Email Addre	SS					
Agent 2 (if applica	ble)				_	
Agent Number		License ID Number	er - Required in FL	Percentage ⁷	For Agent Use Only ⁶	
Additional Agent Na	me (please print)					
Additional Agent's E	mail Address					
Agent 3 (if applica	hla)					
Agent Number	DIG)	License ID Numbe	er - Required in FL	Percentage ⁷	For Agent Use Only ⁶	
Tigoti remisor			in Hogariou in E	www.	For Agent Use Only ⁶	
Additional Agent Na	me (please print)					
Additional Agent's E	mail Address					
•						

6. Only option A is available for TSA Flexible Premium contracts. Option D is only available for MNL RetireVantage® and MNL IndexBuilderSM products.

7. Must total 100%.





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



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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 6 and 8 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

For the state of: **Florida**

The MNL SaversSM Income 7 is issued in Florida on form AS147A09 (contract), AR226A, AR311A, AR314A, AR316A, AR317A09, AR318A, AR323A and AR326A (riders/endorsements) by Midland National® Life Insurance Company, West Des Moines, IA.

MNL Savers Income 7 Annuity Disclosure Statement

The MNL Savers Income 7 is a flexible premium deferred fixed index annuity from Midland National Life Insurance Company designed to provide a long-term solution to generating future lifetime income and to help provide peace of mind in retirement. Individuals who are not planning to utilize the Guaranteed Living Withdrawal Benefit (GLWB) feature for future retirement income, or who intend to take withdrawals prior to utilizing the GLWB feature, will not experience the full benefit of this product. 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.

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 will renew 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, as determined by you, which will earn interest based on 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 and details sheet 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%.

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%.

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.

Payment of Commission

Midland National will pay a sales commission in connection with the sale of this product. It also may provide other incentives to agents who sell its products. 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.

MNL Savers Income 7 Annuity Disclosure Statement

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 Surrender Value will never be less than the minimum requirements set forth by state laws, at the time of issue, in the state where the Contract is delivered.

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?

Death Benefits will be paid to your designated beneficiary and will be based only on the Contract's Accumulation Value. Your GLWB Value is not paid out as a Death Benefit.

Joint Annuitants

Upon first death among joint annuitants (spouses only), the GLWB feature will continue. There will be no change to the Lifetime Payment Percentage (LPP) and no recalculation of the Lifetime Payment Amount (LPA) as a result of the first death of a joint annuitant.

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 primary beneficiary, the Contract may be continued under a Spousal Continuation provision, if applicable.

MNL Savers Income 7 Annuity Disclosure Statement

Transfer Options

After the first contract year and on an annual basis for all Annual Crediting Methods, you may elect to transfer between crediting methods and Index Account options, including the fixed account. By current company practice*, you will have 30 days following each Contract Anniversary to reallocate. 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

Upon death of the annuitant or owner, Midland National will pay out the Accumulation Value as the Death Benefit to your beneficiary, provided no annuity payout option has been elected. If joint annuitants are named, the Death Benefit will be paid on the death of the second annuitant. If joint owners are named, the Death Benefit will be paid on the death of the first owner. Your beneficiary may choose to receive the payout in either a lump sum or a series of income payments.

The Death Benefit for the MNL Savers Income 7 also includes potential Interest Credits for the partial contract year completed 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.

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

Subsequent Premiums

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

LIQUIDITY FEATURES

Certain withdrawals prior to 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.

Annuity Payout Options

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 Life Income with a 10-Year or 20-Year Period Certain. The GLWB feature of this annuity will terminate upon electing an annuity payout option. Once a payout option is elected it cannot be changed and all other rights and benefits under the annuity end.

Nursing Home Confinement Waiver

After the first Contract Anniversary, should the annuitant become 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.

Additional Information

The MNL Savers Income 7 is not a registered security, does not directly participate in stock or equity investments and the Index does 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 plan. For purchase as a qualified plan, you should obtain competent tax advice and consider whether other features, such as the GLWB future income and Death Benefit features, lifetime annuity payments and riders make the Contract appropriate and suitable for your needs. The use of living trusts with the sale of an annuity product can, in the appropriate circumstances, be a valuable planning device. Midland National strongly encourages you to consult your tax or legal advisor before establishing a living trust or purchasing any financial product in connection with utilizing a living trust. Neither Midland National, nor any agents acting on its behalf, should be viewed as providing legal, tax or investment advice.

*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.

This page left intentionally blank.
Please see pages 6 and 8 for acknowledgement, election and signatures.

Agent Instructions: Page 6 and 8 must both be signed.

Return pages 7-8 to the Home Office with the Applicant's original signature. Retain a permanent copy in your file. Leave pages 1-6 with signatures with the Applicant.

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 your MNL Savers Income 7 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. See the "Understanding the Market Value Adjustment" with External Index" brochure for more information.

Surrender Charges: By initialing below, I understand that the MNL Savers Income 7 annuity is a long-term contract with substantial penalties for early surrenders. A surrender charge is assessed, as listed below, on any amount withdrawn, whether as a partial withdrawal or full surrender, that is in excess of the penalty-free amount applicable. 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. However, 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.

The surrender charges are for 7 years and decline as follows:

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
	7%	6%	5%	4%	3%	2%	1%
s) Initials	Surrender ch	narges allow the	e Company to i	nvest long-term	and in turn o	enerally credit h	higher vields

Owner(s Above: RÉQUIRED |

Owner(s) Initials Above: REQUIRED

Authorization and Acknowledgement I understand and acknowledge that I am purchasing this annuity product with the intent of electing future lifetime income and that exercising any liquidity features, such as partial withdrawals or surrenders and including a withdrawal as a result of a divorce settlement or decree, will significantly reduce the GLWB Value and adversely impact future income. I have read this Disclosure Form and have been provided a brochure that explains the product's benefits, features and limitations. By signing this Disclosure Form, I acknowledge that I understand the following:

GLWB Stacking Roll-Up Credit do not apply to the following:

- The annuity's Accumulation Value
- The Contract's Death Benefit

GLWB Stacking Roll-Up Credit does not apply to the following:

 Years in which a withdrawal is taken (except RN Once you elect Lifetime Payments 	1Ds)
At this time, I plan to begin using the GLWB income feature of this product 0-5 years 6-10 years 10 + years Unknown	t within (Please check one of the following):
Please mark an "X" in the box to the left if your agent provided you was By checking this box an illustration will also be provided along with t	
Applicant: I have received a copy of the product brochure and Company di Annuity Buyer's Guide is available on the Company website. I understand the values, are not guarantees, promises or warranties. I have reviewed the featurer lifetime income and that the liquidity features if exercised will reduce for such as cash for living and other related expenses and this Contract is suitated.	hat any values shown, other than the guaranteed minimum atures and understand the intent of this annuity is generating a future income payments. I have assessed my financial situation
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 brochula applicant. A copy of this signed disclosure was provided to the applicant after a the stated goals of the applicant. I have provided or directed the applicant to the this product to be appropriate for the applicant based on his or her current retir. I have discussed this product with the applicant and have not made any stater made any promises or given any assurances about the future value of any nor	an examination of the interests of the applicant and an assessment of he Annuity Buyer's Guide on the Company website. I certify that I belie rement planning and this annuity is being purchased to support that pl ments which contradict the materials provided to the applicant. I have i
Agent's Original Signature	Date Signed (mm/dd/yyyy)



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

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This page left intentionally blank.
Please see pages 6 and 8 for acknowledgement, election and signatures.

Agent Instructions: Page 6 and 8 must both be signed.

Return pages 7-8 to the Home Office with the Applicant's original signature. Retain a permanent copy in your file. Leave pages 1-6 with signatures with the Applicant.

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 your MNL Savers Income 7 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. See the "Understanding the Market Value Adjustment" with External Index" brochure for more information.

Surrender Charges: By initialing below, I understand that the MNL Savers Income 7 annuity is a long-term contract with substantial penalties for early surrenders. A surrender charge is assessed, as listed below, on any amount withdrawn, whether as a partial withdrawal or full surrender, that is in excess of the penalty-free amount applicable. 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. However, 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.

The surrender charges are for 7 years and decline as follows:

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
	7%	6%	5%	4%	3%	2%	1%
r(s) Initials	Surrender ch	narroes allow the	Company to i	nvest long-term	and in turn	generally credit h	niaher vields

Owner(Above: REQUIRED

Owner(s) Initials Above: REQUIRED

Authorization and Acknowledgement I understand and acknowledge that I am purchasing this annuity product with the intent of electing future lifetime income and that exercising any liquidity features, such as partial withdrawals or surrenders and including a withdrawal as a result of a divorce settlement or decree, will significantly reduce the GLWB Value and adversely impact future income. I have read this Disclosure Form and have been provided a brochure that explains the product's benefits, features and limitations. By signing this Disclosure Form, I acknowledge that I understand the following:

GLWB Stacking Roll-Up Credit do not apply to the following:

- The annuity's Accumulation Value
- · The Contract's Death Benefit

GLWB Stacking Roll-Up Credit does not apply to the following:

- Years in which a withdrawal is taken (except RMDs)
- Once you elect Lifetime Payments

ense you stook Enound I dymanic		
At this time, I plan to begin using the GLWB income feature of this product w 0-5 years 6-10 years 10 + years Unknown	rithin (Please check o i	ne of the following):
Please mark an "X" in the box to the left if your agent provided you with By checking this box an illustration will also be provided along with the		
Applicant: I have received a copy of the product brochure and Company disc Annuity Buyer's Guide is available on the Company website. I understand that values, are not guarantees, promises or warranties. I have reviewed the feature future lifetime income and that the liquidity features if exercised will reduce future such as cash for living and other related expenses and this Contract is suitable.	any values shown, othes and understand the ure income payments.	ner than the guaranteed minimum intent of this annuity is generating a I have assessed my financial situation
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 applicant. A copy of this signed disclosure was provided to the applicant after an the stated goals of the applicant. I have provided or directed the applicant to the this product to be appropriate for the applicant based on his or her current retirer I have discussed this product with the applicant and have not made any stateme made any promises or given any assurances about the future value of any non-compared to the state of the applicant and have not made any promises or given any assurances about the future value of any non-compared to the state of the applicant and have not made any statement.	examination of the inte Annuity Buyer's Guide on nent planning and this a nts which contradict the	rests of the applicant and an assessment of on the Company website. I certify that I believ annuity is being purchased to support that pla
Agent's Original Signature		Date Signed (mm/dd/yyyy)
	Not FDIC/NCUA Insured	Not A Deposit Of A Bank Not Bank Guaranteed
	May Lose Value	Not Insured By Any Federal Government Agency

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May Lose Value Not Insured By Any Federal Government Agency

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Index Disclosure Supplement:

S&P 500[®] Low Volatility Daily Risk Control 5% Index

Thank you for considering a Fixed Index Annuity from Midland National[®] Life Insurance Company. Upon issue, this is an annuity contract/certificate between you and Midland National. It is an insurance contract/certificate filed with the state insurance department and governed by state insurance laws and your state insurance department.

A Midland National Fixed Index Annuity contract/certificate offers you flexibility to choose how to allocate your premiums to determine the manner in which your contract/certificate will earn interest. A Fixed Index Annuity is not a direct investment in the stock market. It is a long term insurance product with guarantees backed by Midland National and provides the potential for interest to be credited based in part on the performance of specific indexes without the risk of loss of premium due to market downturns or fluctuations. Midland National annuity products offer you, flexibility and choices in determining how you wish to have your contract/certificate premiums allocated. You may earn Interest Credits by allocating to an external index and by selecting from various interest crediting methods or by allocating your premium to the Fixed Account. If you elect to place your premium in the Index Options your Interest Credit will never be less than zero. If you elect to place your premium in the Fixed Account a set rate of interest will be credited each year.

A Midland National Fixed Index Annuity contains a minimum guaranteed interest rate, backed by the financial strength of Midland National. The minimum guaranteed interest rate is set at issue and guaranteed for the life of the contract/ certificate.

It is critical you understand how the components of your Fixed Index Annuity work. There are two main aspects that factor in to determining the Interest Credits; the Index Account (Crediting Method) option and the index itself. If you elect to allocate your premiums and credited interest to an external index, those values are never invested directly in the external index itself. The investment performance of the external index to which your contract/certificate premiums and credited interest are allocated does not pass through to you like a security investment. If it is a stock based index you do not receive dividends. By allocating to an external index you merely select the manner used to measure what your credited interest will be. You ultimately decide how to allocate your premiums and credited interest.

S&P 500® **Low Volatility Daily Risk Control 5% Index Option** – See product brochures for availability. The S&P 500 Low Volatility Index is a separate index, which measures performance of the 100 least volatile stocks in the S&P 500. The S&P 500 Low Volatility Daily Risk Control 5% Index strives to create stable performance through managing volatility to a 5% target (i.e. risk control) on the S&P 500 Low Volatility Index. The S&P 500 Low Volatility Daily Risk Control 5% Index adds an element of risk control by allocating between stocks, as represented by the S&P 500 Low Volatility Index, and cash. Because this index is managed to a volatility target, the index performance will not match the underlying performance of the S&P 500 Low Volatility Index (typically the volatility control tends to reduce the rate of negative performance and positive performance of the underlying S&P 500 Low Volatility Index – thus creating more stabilized performance).

For this product, the following crediting methods use the S&P 500 Low Volatility Daily Risk Control 5% Index: Annual Point-to-Point with Index Margin crediting method and Annual Point-to-Point with Threshold Participation Rate crediting method. Please see the Annuity Disclosure Statement for more details on these crediting methods.

Please call 1-877-858-1364 for additional details on the S&P 500 Low Volatility Daily Risk Control 5% Index.

We feel it's important to offer you, several options to allocate your premium. We also offer annual transfer options that give you the opportunity to re-allocate your Accumulation Value in the various options on an annual or biennial basis. Please contact your agent or Midland National for additional information. The S&P 500 Low Volatility Daily Risk Control 5% Index values are available at the website www.us.spindices.com under the ticker symbol SPLV5UT for the S&P 500 Low Volatility Daily Risk Control 5%. For complete details on the S&P 500 Low Volatility Daily Risk Control 5% Index, reference our product brochures.



Index Disclosure Supplement:

S&P 500® Low Volatility Daily Risk Control 5% Index (Please see your Annuity Disclosure for details.)

The "S&P 500®", "S&P 500® Low Volatility Daily Risk Control 5% Index", "S&P 500® Low Volatility Daily Risk Control 8% Index", "S&P MidCap 400®", and "DJIA®", Indices ("Indices") are products of S&P Dow Jones Indices LLC or its affiliates ("SPDJI") and have been licensed for use by Midland National ("the Company"). Standard & Poor's® and S&P® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by the Company. The products are not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, 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.

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.



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NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

FLORIDA REGULATIONS GIVE YOU THE RIGHT TO REC POLICY VALUES. INDICATE WHETHER OR NOT YOU COMPANY AND YOUR EXISTING INSURER OR INSURE	WISH TO RECEIVE	A COMPARATIVE INFORMATION FO	ORM FROM THE PROPOSED
W.		No.	
Ye	S	No	
DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING IT AND FOUND IT ACCEPTABLE.	G POLICY UNTIL YO	DUR NEW POLICY HAS BEEN ISSUED	O AND YOU HAVE EXAMINED
I have read this notice and received a copy of it.			
Applicant's Signature		Applicant's Social Security Number	Date
Agent's Signature			Date
Agent's Name (Printed or Typed)			
Agent's Address (Printed or Typed)			
Agent's Company (Printed or Typed)			
Information on Policies which may be replaced:			
Company Name	Insured Name		Policy#
Company Name	Insured Name		Policy #
Company Name	Insured Name		Policy #



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AGENT INSTRUCTION: Three Copies Needed.

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



Authorization to Transfer Funds

Midland National® Life Insurance Company Contract Number

(For Home Office use only)

1. Address of Company from which funds are coming																																
Company Name																																
Overnigh	t Addre	ess (N	lo P.	Э. В	ox)																											
Address	(contd.	.)																														
City											- 6	State	e_		Zip	Co	de			_												
Phone									Fa	ax		_				_						_	_									
]													_						L								umbe he Co	•	vided, ny.
Annuita	nt																															
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Joint Ar	nnuita	nt																														
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First Nan	ne						M	11_	La	așt N	\a	me									<u>S</u>	oci	al S	Sec	ur <u>it</u>	yΝ	<u>lu</u> m	be	r			_
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Joint Ow	ner (if	fdiffe	rent	fron	n jo	int	ann	uit	ant)																							
First Nam	ne				_		N	11_	La	st N	۱a	mе									<u>S</u>	oci	al S	Sec	:ur <u>it</u>	yΝ	<u>lu</u> m	ıb <u>e</u>	r			_
																									- L		<u> </u>	. L				
Other (Tr	usts, C	Corpoi	ratior	ıs ar	nd E	sta	tes)														Т	IN I	Nui	mb	er							
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\$112119 Page 1 of 4

2. Select only one box per group (continued)	
4. My existing account is classified as: ☐ IRA ☐ Roth IRA ☐ TSA/403(b) ☐ Nonqualified ☐ SEP-IRA ☐ 457 ☐ Simple IRA ☐ Keogh ☐ 401(k)/Pension Plan ☐ Inherited IRA *401(k)/Pension Plans may require their own plan-specific forms to be completed. Clients must contact their former	•
employer to initiate the transfer/rollover and to receive future status updates.	
5. Please transfer (please mark one below):	
Immediately On date (date referenced cannot exceed 30 calendar days from today's date	:)
6. This transaction will be a:	
 a. 1035 Exchange— Surrender a nonqualified policy/contract for the purchase of another nonqualified contract under Sec. 1035 of the Internal Revenue Code. (1035 Exchanges are not allowed from an annuity to a life insurance policy.) 	
b. Liquidation of Non-Qualified account(s)	
c. Transfer– Surrender of a qualified account established under Sec. 402 or 408 of the Internal Revenue Code for reinvestment in a qualified annuity contract established under the same section of the Internal Revenue Code. If minimum distribution is required this year, process prior to the transfer. Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.	
d. Direct Rollover This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law. Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.	le
e. TSA/403(b) to TSA– This transaction is intended to qualify as a tax-free transfer under section 403(b) of the co- Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securiti	
f. IRA to Roth IRA- I understand this transaction is a taxable event, a 1099 will be issued by the rescinding compa	-
 g. ☐ SEP IRA to Roth IRA– I understand this transaction is a taxable event, a 1099 will be issued by the rescindi _ company. 	nς
 Simple IRA to Roth IRA I understand this transaction is a taxable event, a 1099 will be issued by the rescinding company. 	
i. TSA to IRA	
j.	
k. 457 to IRA	
I.	
m. Pension Plan to IRA	
If a Qualifying Event (for transactions i through m), please mark one below:	
☐ Separated from Service ☐ Age 59½ ☐ Termination of Plan ☐ Disability ☐ Death	
3. Lost contract statement Contract is attached	-
Certificate of lost contract-I/We certify that the above numbered contract has been lost or destroyed, and to the best of my/our knowledge and belief is not in anyone's possession	



\$112120 Page 2 of 4

4. Assignment of ownership

I/We, the undersigned, hereby state that I/we am/are the owner of the life insurance, endowment, or annuity contract identified above. For the purpose of making an Internal Revenue Code Section 1035 Exchange of insurance or annuity contract, I/We hereby absolutely assign and transfer all rights, benefits, interests, and property I/we have in the above identified contract to the assignee identified above (hereafter "the Company").

This assignment and Section 1035 Exchange is conditioned upon the decision by the Company to issue, on the basis set forth in the application, an annuity contract or life insurance policy. After acceptance of the application by the Company, this assignment will become absolute and the Company will issue to me an annuity contract or life insurance policy in exchange for the partial or full and complete surrender of the above listed contract and that the cash surrender value will be applied as a premium on the contract issued to me by the Company. The cash value received from the surrender of the contract(s) identified above will be credited to the contract issued by the Company upon receipt from the other Company. The Company assumes no liability for any delay by the other Company in processing the assignment of ownership, the request for surrender, or the payment of the cash surrender value. I/We understand that the contract values and terms of the above-identified contract may differ substantially from those in the contract issued by the Company.

I/We understand that the Company will request the immediate surrender of the contract being assigned to them as part of the Section 1035 Exchange. If I/we elect to refuse the policy issued by the Company under the "free-look" provision, I/We recognize that the assigned contract may have already been surrendered for its cash surrender value. If I/we refuse the policy under the "free-look" provision, the Company has no liability beyond the return of the cash surrender value of the assigned contract. If no premium is paid with the application, coverage under the new policy issued by the Company becomes effective when coverage under the existing policy identified above ceases because the other insurer has processed the Company's request for surrender. I/We certify that no proceeding in bankruptcy or insolvency, voluntary or involuntary, is pending against me/us.

5. Transaction authorization

I/We am/are aware of any surrender/withdrawal penalties, which may apply, and I/we authorize the transaction described above. This transfer request also authorizes Midland National to receive information on the status of this transfer or exchange.

The undersigned represents and agrees that the Company is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that neither the Company, nor the officer, employee, agent, or any person acting on behalf of the Company warrants or represents the income tax consequences of this transaction. I/We have been advised by the Company, and/or its officers, agents, employees, or persons acting on the Company's behalf, that I/we should consult my/our own tax advisor regarding the tax consequences of this transaction. I/We have not relied on the Company or any agent of the Company for tax advice.

I/We agree to release, indemnify, and hold harmless Midland National, its directors, officers, employees, agents, parents, subsidiaries, and affiliates, and their directors, officers, employees, and agents (Midland National), as transfer agent, from and against any and all claims, liabilities, damages, costs, charges and expenses, including reasonable attorney fees, sustained or incurred by reason of any claim, litigation, arbitration or other proceeding arising as a result of Midland National's transfer of the above-referenced funds at my/our request. Without limiting the foregoing, I/we specifically acknowledge and agree that Midland National shall not be responsible for any loss due to market fluctuations which I/we incur as a result of any delay in the transfer of such funds and acknowledge and agree that it is my/our responsibility to request the transferring company to transfer these funds to the fixed or general account of the annuity, mutual fund, or other investment product from which the exchange is being made pending the processing and completion of this request.

Signature of Owner:	_ Date:
Signature of Joint Owner:	Date:
Spousal Signature:	Date:
f you reside in one of the following community property states, the spouse must also sign: AK, AZ, C	A, ID, LA, NM, NV, TX, WA or WI.
TSA/403(b) Employer/Administrator Authorization: I hereby approve the above reference request:	Medallion Signature Guarantee
Signature of Employer/Authorized Administrator:	
Date: Title:	
Approval form/certificate attached	



\$112121 \$1121210 Page 3 of 4 REV 6-16

TO BE COMPLETED BY MIDLAND NATIONAL LETTER OF ACCEPTANCE

inis is to certify that t	ne above individual nas	established an annuity or life insur	rance policy of the following tax status:
Nonqualified	□IRA	Qualified TSA/403(b)	Roth
□SEP	☐ Tax-qualified	☐ Inherited IRA	
_	funds described abo or part of the designate payment shall not co on the transaction ty	ve. Please withdraw and transfer/ro ated account/policy as instructed al institute actual or constructive rece pe indicated unless it is an IRA con	sume full responsibility as trustee for the ollover on a fiduciary-to-fiduciary basis, all bove. It is the Owner's intention that this ipt to them for income tax purposes based oversion to a Roth. ssignment of the above named policy in
ŭ	connection with an exc		Internal Revenue Code. This letter will serve
Cost Basis Reque	sted:		
In accordance with th Midland National.	e Tax Equity and Fiscal	Responsibility Act of 1982, please	provide the cost basis information to
Cost Basis Annuity/Li	fe		
Pre-Tefra (Prior to 8/1 Adjusted Cost Basis:	(4/1982) \$		(On and after 8/14/1982) cost Basis: \$
Gain:	\$		\$
Roth IRA Informatio Date Established: \$	n Requested:		
Please make che	ecks payable to iss	uer/assignee	
Midland National for the	benefit of:		Owner(s)
			Annuitant(s) If different than owner
Our contract number is:			
_		5.	
By:	(Signature/Title)	Date:	
Diagram and the second	. £ 41-1- £	l. and a american dense 4	
Midland National Annuit		k and correspondence to:	
PO Box 79907	y Dividion		
Des Moines, IA 50325-0	0907		
If shipping overnight,	please send checks to:		
Midland National Annuit	y Division		
4350 Westown Parkway			
West Des Moines, IA 50)266		
877-586-0243			



Page 4 of 4

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COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

Proposed Insurer										
Insurer's Address										
Replacing Agent's Name										
	APPLICANT IN	FORMATION			POLICY INFORMA	ATION				
Name				Policy G	eneric Name					
Address					Policy Number					
Telephone Number				Date Of Issue						
Date Of Birth		Age		Contestable Period Expires						
		1		Suicide F	Period Expires					
				Policy Lo	an Rate					
			POLICY/RIDEF	R DESCRI	PTION					
Policy Rider/Name	Initial/0 Be	Continuing enefit	(Age) Bene From To	fit	Initial/Renewal Annual Premium		(Age) Payable From To			

Policy Rider/Name	Initial/Continuing Benefit	(Age) Benefit From To	Initial/Renewal Annual Premium	(Age) Payable From To					
Total Initial Annual Premiur	n		Mode of Payment	Amount					
	\$								
Total Renewal Annual Premium									
	\$			\$					



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AGENT INSTRUCTION: Three Copies Needed.

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

CERTIFICATION OF TRUST AGREEMENTPlease complete using information from the Trust document



		F	irst Name	MI	Last Name	
			irst Name	MI	Last Name	
Trust Effective	Date:/_	/	Trust Identifi	cation Number / Tax ID	Number:	
Which state la	w governs this	Trust?				
Relationship of • Owner		nnuity Policy Beneficiary		nark the appropriate bo Both Owner and Benefi		
					hone Number:	
Preparer's Add	ress:	Stroot		City	State	Zip
				Oity	State	Zip
Name of Gran	tor(s)/Settlor(s)	*:	First Name	MI	Last Name	
			First Name	MI	Last Name	
Name/Address	of Trustee(s)	:				
			First Name	MI	Last Name	
Date	e of Birth		Social	Security Number	Phone I	Number
	Street			City	State	Zip
			First Name	MI	Last Name	
Date	e of Birth		Social	Security Number	Phone I	Number
	Street			City	State	Zip
Name/Address	of Successor Ti	rustee(s).				
Hamo/Nauross	01 000003301 11	143100(3)	First Name	MI	Last Name	
Date	e of Birth		Social	Security Number	Phone I	Number
	Street			City	State	Zip
			First Name	MI	Last Name	
	e of Birth		Social	Security Number	Phone I	Number
Duti	· · ·					
	Street			City	State	Zip

Note: Under the laws of most states, an agent is restricted in, or prohibited from, having a beneficial interest in a contract sold by that agent, unless that agent is a family member, or has a recognized insurable interest. Additionally, Midland National® company policy prohibits our agents from serving in any capacity that may be construed as creating a direct or indirect conflict of interest with regard to a contract or contracts for which they are or have been the agent(s) of record.

	3. The relationship o ☐ Spouse	f the Trust Beneficiary(ies) to Children	the Annuitant/Insured Grandchild		
	4. Was the Trust val	idly executed, and is it in full	force and effect?	lYes □ No	
ıry Contd.	5. Will a trust be na If YES, answer qu	med as the Owner or Benefici estion 6.	ary of this contract/po	icy? Yes I	No
Owner/Beneficiary Contd	and that any fees	•		•	the establishment of a Trust e of the Trust are independent of
		ational pays proceeds at the death			if it determines that it is necessary to (s) it may also require proof that the

NOTICE: THIS SECTION CONTAINS A WAIVER AND RELEASE OF LIABILITY. PLEASE READ CAREFULLY.

This section is to be completed and signed by ALL Trustees required by the response to Question 1. For purposes of this section, "Trust" and "Trustees" refer to the trust and its trustee(s) identified on the first page of this form. "Annuity Policy/Contract" refers to the annuity policy(ies), contract(s), or certificate(s) referenced on the first page of this form together with any associated riders. "Owner", "Beneficiary", and "Annuitant" have the same meaning as defined in the Annuity Policy/Contract, and include multiple or joint Owners, Beneficiaries, or Annuitants where applicable. When not capitalized, "owners" and "beneficiaries" refer to the designated legal owners or beneficiaries of the Trust.

The undersigned persons ("the Trustees") represent, certify, and agree as follows:

- A. The Trustees are the authorized Trustees of the Trust identified above, and are authorized and legally capable of purchasing the Annuity Policy/Contract. Midland National may rely upon the signatures of the Trustees on behalf of the Trust as if they were the actual Owner or Beneficiary of the Annuity Policy/Contract.
- B. If the Trust is to be named the Owner of the Annuity Policy/Contract, the Trust is authorized under the terms of the Trust to purchase and hold the Annuity Policy/Contract, and if the Trust is to be named the Beneficiary of the Annuity Policy/Contract, the Trust is authorized under the terms of the Trust to receive the Annuity Policy/Contract proceeds.
- C. No additional authorizations are necessary to purchase the Annuity Policy/Contract.
- D. The Trustees acknowledge and agree that Midland National has no responsibility for reviewing or interpreting Trust or Trust-related documents, that Midland National will issue and administer the Annuity Policy/Contract based solely upon the representations made by the Trustees in this form, and that any consequence of any error, inaccuracy, or misunderstanding in interpreting the Trust will be borne solely by the Trustees.
- E. The Trustees have reviewed all provisions of the Trust and Annuity Policy/Contract. By accepting the Annuity Policy/Contract, the Trustees certify they have determined that:
 - i. None of the provisions of the Trust (including income and corpus distribution requirements) conflict or will interfere with the terms and operation of the Annuity Policy/Contract; and
 - ii. None of the provisions of the Annuity Policy/Contract (including distribution requirements of section 72(s) of the federal Internal Revenue Code as incorporated into the terms of the Annuity Policy/Contract and applicable surrender charges) conflict or will interfere with the terms and operation of the Trust.
- F. The Trustees have determined the Annuity Policy/Contract is suitable for the purposes of the Trust, and the Annuity Policy/Contract conforms to the income distribution requirements of the Trust and to applicable state and federal laws. The Trustees acknowledge that distribution of the Annuity Policy/Contract funds may result in surrender charges and/or interest adjustments pursuant to the terms of the Annuity Policy/Contract.
- G. The Trustees acknowledge that the purchase and ownership of an Annuity Policy/Contract by the Trust may have significant tax, estate/probate, and other legal and financial consequences for the Trust and the Trust's owners and beneficiaries. The Trustees have sought advice from their own legal, tax, trust, and financial advisors regarding any questions related to the suitability, purchase, and ownership of an Annuity Policy/Contract by the Trust, and have independently determined that purchase of the Annuity Policy/Contract is appropriate for the Trust.
- H. The Trustees further acknowledge and agree that:
 - i. Midland National does not make and has not made any recommendations regarding the use of a Trust for any purpose, Midland National's agents are not authorized to recommend or sell Trusts while acting in their capacity as an agent for Midland National, and any Trust recommendation should be provided by a qualified advisor;

- ii. Neither Midland National nor its agents, employees, or representatives are authorized to give tax, estate/probate, or other legal advice. Although some Midland National agents may also be duly licensed professionals (e.g. attorneys or accountants), any tax, estate/probate, or other legal advice provided by such individuals is solely in their capacity as an independent professional, and not in their capacity as an agent of Midland National;
- iii. The Trustees have not relied upon any representation or advice of any of Midland National's agents, employees, or representatives with respect to the validity, terms, or utilization of the Trust as the Owner or Beneficiary of the Annuity Policy/Contract; and
- iv. The establishment of the Trust is not required in conjunction with the purchase of the Annuity Policy/Contract, and that any fees, costs, and/or expenses associated with the establishment of the Trust are independent of any premium paid for the purchase of the Annuity Policy/Contract.
- I. The beneficiary(ies) of the Trust is/are each a natural person. No beneficiary of the Trust is an entity, such as a corporation, another trust, educational or religious institution, or charity, and the Trustees do not have discretion to pay Trust benefits to any entity. Based on independent advice received from a qualified tax advisor, the Trustees have determined that the Trust will be holding the Annuity Policy/Contract as an agent solely for a natural person (or solely for natural persons) within the meaning of section 72(u)(1) of the federal Internal Revenue Code.
- J. If the Trust is a testamentary trust, the Trust currently exists and all required probate proceedings have been completed.
- K. The Trust is not a Welfare Benefit Trust or a trust set up as part of a Nonqualified Deferred Compensation Plan.
- L. The Trustees understand that the Annuity Policy/Contract will terminate in accordance with the terms of the Annuity Policy/Contract upon the death of the Annuitant, resulting in a mandatory distribution of funds from the Annuity Policy/Contract in accordance with its terms.
- M. The Trustees agree that Midland National shall have no responsibility with respect to the use or application of any funds paid to the Trust or the Trustees.
- N. The Trustees agree that each and every Trustee and successor Trustee is bound by the declarations of the Trustees signing this form. The Trustees further agree that Midland National may rely upon the directions of the Trustees identified in this form and any named successor Trustees until Midland National receives at its Executive Office written notification of a change of Trustee in a form acceptable to Midland National. The Trustees agree to notify Midland National of any change in Trustee within a reasonable time. The Trustees further agree to promptly notify Midland National if there is any change of facts that would affect any of the representations, certifications, or agreements contained in this form.
- O. The Trustees agree to release and hold harmless Midland National, its officers, employees, agents, and affiliates from and against all claims, liabilities, costs, and expenses which may arise or result from:
 - i. any action taken by Midland National at the direction of the Trustees or their successors;
 - ii. any tax, estate/probate, or other legal or financial liability or consequences associated with the Trust's purchase or ownership of the Annuity Policy/Contract;
 - iii. any error, inaccuracy, or misunderstanding in interpreting the Trust, and
 - iv. Midland National's reliance on the Trustees' representations regarding the Trust or their authority with respect to the Trust.

Note: The number of Trustees indicated in Question 1 must sign below.

By:		By:	
Trustee Signature	Date	Trustee Signature	Date
By:		By:	
Trustee Signature	Date	Trustee Signature	Date
For Corporate Trustees: Title/Capacity of Signatory:			
Trustee Name: (Please print or type)			
Trustee Signature: X		/ Date://_	