



AGENT CONTRACT TRANSMITTAL FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Complete this form for new agents (supervised by another agent), or to make changes to an existing agent's commission level and/or supervising agent (also known as the upline hierarchy).

☐ New Agent

☐ Existing Agent Code _____

Agent and/or Agency Name (please print)

Contract Level for Agent

Any pending business will be paid according to the agent contract (if any) in effect prior to receipt of this Transmittal Form by Midland National Life Insurance Company.

Commissions are payable based on the date on which the application was signed – not the date that commissions are actually paid by Midland National.

Certain states require a supervising agent/agency to be licensed to receive override commissions. If a license is not held in these states when business is written, override commissions will not be paid.

Agent Signature

_____/_____/_____
Signature Date

Supervising Agent Name - Agent Code (please print)

_____/_____/_____
Signature Date

**AFTER COMPLETING THIS FORM,
PLEASE FAX BACK TO 877-841-6711 to LIFE DIVISION
or 877-586-0248 to ANNUITY DIVISION**