

# CHANGE OF AGENT/REPRESENTATIVE REQUEST

## LiveWell® Annuity Series

Issued by Midland National® Life Insurance Company



**Sammons Retirement Solutions®**  
P.O. Box 758547, Topeka, KS 66675-8547

**Overnight:** Mail Zone 547, 5801 SW 6th Ave.  
Topeka, KS 66636-1001

**Phone:** 1-866-747-3421 | **Fax:** 1-866-511-7038

### Instructions

Use this form to:

- Change the servicing Agent/Representative on my Contract
- Agent/Representative Use Only: Assign partnership/split information for additional agent/representatives
- Authorize your new Agent/Representative(s) and their assistant(s) to enact changes to your Contract on your behalf

### 1. Contract Information

Contract Number

Owner's Name (first, middle initial, last)

SSN

Joint Owner's Name (first, middle initial, last) - if applicable

SSN

Non-Natural Owner (if applicable)

TIN/EIN

Street Address

Apartment/Suite Number

City

State

ZIP

Phone Number

### 2. Agent/Representative Information

Current Agent/Representative's Name (first, middle initial, last)

Agent ID Number

Broker/Dealer Name

New Agent/Representative's Name (first, middle initial, last)

Agent ID Number

Street Address

Apartment/Suite Number

City

State

ZIP

Phone Number

Agent/Representative's Email

Percentage

Broker/Dealer Name

Broker/Dealer Number



### 3. Partnership/Split Information (Optional)

Please provide the Agent/Representative's Name, ID Number, and Commission Percentage of each additional Agent/Representative. Partnership/Splits must be within the same Broker/Dealer. The sum of the percentages for all Agent/Representatives, including the Servicing Agent/Representative, must total 100%. For any sum not equal to 100%, the difference will be applied to the Servicing Agent/Representative listed in the previous section. Please use whole percentages only.

Agent/Representative's Name	Agent ID Number	Percentage
Additional Agent/Representative's Name	Agent ID Number	Percentage

If this section is not completed, you are stating that the new Agent/Representative Information listed above will receive 100% commission.

### 4. Telephone, Internet, and Electronic Medium Transaction Authorization

By initialing below, I hereby authorize and direct Midland National to act on telephone, Internet, or other electronic medium instructions, when proper identification is furnished (Social Security Number, Tax Identification, or other established identifiers), concerning, but not limited to, exchange of units between the Investment Options, to change allocation of future premium payments, to request partial withdrawals, and/or other authorized transactions. I agree that Midland National is not liable for any losses or expenses arising from any exchange, change in allocation of future premium payments, or partial withdrawal by acting in accordance with telephone, Internet, or other electronic medium instructions that we believe to be genuine. Midland National will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the Electronic Information and Document Delivery Consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify Midland National of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.

**In absence of initials, Midland National will default to no authorization given to any individuals (including the Registered Representative) for electronic and telephone transactions.**

▶

Owner(s)'s Initials

I/We hereby authorize my Agent/Representative and their assistant(s) below to enact changes to my Contract on my behalf.

This authorization will remain in effect until: 1) Midland National receives written or telephone notification from the Contract Owner; 2) a change of ownership is processed; 3) the Contract is terminated; or 4) the Registered Representative of record is no longer contracted with Midland National.

### 5. Authorization and Signature

Owner's Signature	Date Signed
▶	▶
Joint Owner's Signature (if applicable)	Date Signed
▶	▶
New Agent/Representative's Signature	Date Signed
▶	▶
New Additional Agent/Representative's Signature	Date Signed
▶	▶

Complete only if you are changing your Agent/Representative. If multiple Agent/Representatives are elected, please list all.

**If your request is not in good order, how would you like us to notify you?**

- Call me at \_\_\_\_ - \_\_\_\_ - \_\_\_\_
  Mail a letter to my address of record
  Contact my Agent/Representative