

# Change of agent/representative request



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261  
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833  
Phone: 1-877-586-0242 | Email: annuitycommissions@sfgmembers.com

## Instructions

Use this form to:

- Change the servicing Agent/Representative on my contract
- Agent/Representative use only: assign partnership/split information for additional agents/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)			Social Security number
Joint Owner's name (first, middle initial, last) - if applicable			Social Security number
Non-Natural Owner - if applicable			Tax identification number/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 Agents/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.

NOT FDIC/NCUA INSURED. MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

#### 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.**

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

Owner(s)'s initials

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. Fraud Statements

**CA Residents:** for your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### 6. Authorization and signature

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

Owner's Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
New Agent/Representative's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
New Additional Agent/Representative's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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