

# Non-resident verification form



**Mail to:** P.O. Box 9261, Des Moines, IA 50306-9261  
**Overnight:** 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

## 1. Definitions and acknowledgments

**Resident State:** is defined for this purpose as the state where a client or owner has his or her residence and receives mail on a regular basis. A residence can be a primary residence or vacation home. Please note that a "Time Share" will be considered a temporary residence and therefore does not qualify for a primary residence under this form.

**For Trusts:** "Resident State" is defined as the state where the trust is located or where the trustee has an office or primary residence.

**Application State:** is where the applicant/owner signed the application and where the policy is solicited and contract is delivered. The "Application State" must be a state where the agent/representative is licensed and the product is approved.

**When an annuity product is not available for sale in the owner's resident state, a resident is only allowed to purchase the product in another state if they provide a valid reason to be in the non-resident state, other than solely to purchase the annuity. (State Restrictions: residents of Alabama, Massachusetts, Minnesota, Oregon, Utah and Washington are NOT permitted to go outside of their resident state to purchase an annuity product, regardless of the circumstances of the sale). Additionally, we are not licensed to sell products in the state of New York, and will not accept any sales for New York residents. Disguising or otherwise hiding a New York applicant's residence is strictly prohibited.**

I/We, \_\_\_\_\_ (Owner/Joint Owner) am/are (a) residents of \_\_\_\_\_.

My/our valid reason for being in the Application Signed State of \_\_\_\_\_ is (other than to purchase an annuity or insurance).

## 2. Signature

- All communications, sales material and negotiations of the application occurred in the Application State.
- The application was signed by the owner and the agent/representative(s) in the Application State.
- The owner(s) will take delivery of the contract issued in the Application State.

I understand the solicitation for this contract occurred in the Application State and the laws of the Application State will govern all legal rights and obligations under the contract applied for:

**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.

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

Variable annuity products are issued by Midland National® Life Insurance Company distributed by Sammons Financial Network®, LLC., member FINRA.



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.