

Non-Qualified Stretch Distribution Option

LiveWell® Annuity Series
Issued by Midland National® Life Insurance Company

SAMMONS
Retirement Solutions



Sammons Retirement Solutions®
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Overnight: Mail Zone 547, 5801 SW 6th Ave.
Topeka, KS 66636-1001

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

1. Original Depositor (Deceased Owner) Information

Original Depositor's Name (first, middle initial, last)		SSN
Date of Birth	Date of Death	

2. Claimant (Beneficiary) Information

Claimant's Name (first, middle initial, last)		SSN	
Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien/Citizen of: _____		Date of Birth	
Street Address (P.O. Boxes are not allowed)		Apartment/Suite Number	
City	State	ZIP	Phone Number

3. Distribution Options

Please select one:

I am a Designated Beneficiary of the original contract owner's nonqualified annuity contract. Please distribute single life expectancy payments, non-recalculated, beginning on:

Date* : ____ / ____ / ____

I am a Successor Beneficiary. Please distribute the Designated Beneficiary's remaining life expectancy payments beginning on:

Date* : ____ / ____ / ____

Deceased Beneficiary's Date of Birth: ____ / ____ / ____

*Please select a day of the month between the 1st and the 28th. If the date is not complete or an invalid date is chosen, the form will be considered "Not in Good Order."

Payment frequency:

Monthly Quarterly Semi-Annually Annually



4. Method of Distribution

Please check one of the following options. If no election is indicated, a check will be mailed to you.

- I would like this withdrawal to be paid to me by check and sent to the mailing address listed in section 2 of this form.
- I would like this withdrawal to be sent via Automated Clearing House (ACH) to the financial institution account indicated below. I understand the proceeds will arrive at my financial institution account in approximately three to five business days. I authorize Midland National and the financial institution listed below to automatically deposit distributions into my account. **Please attach a voided check.**

Type of Account: Checking Savings

Name(s)* on Account (first, middle initial, last)

Financial Institution's Name		Financial Institution Phone Number
Financial Institution Routing Number (ABA #)	Financial Institution Account Number	

Include a preprinted, voided check or letter from the bank on their letterhead for the Automated Clearing House (ACH) debit to ensure accurate account information.
Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks. *If there is a joint owner on the bank account, the joint owner must sign in section 6.

5. Election of Withholding

Federal/State withholding instructions: Please indicate if Federal/State Income taxes should be withheld from your payment(s) by signing and dating this election form and returning it to Midland National. If you have any questions about your tax liability, please consult and rely upon your own tax and legal professionals. **Even if you elect NOT to have Federal/State Income taxes withheld, you are liable for Federal/State Income taxes on the taxable portion of your account value. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, are not adequate.**

I elect the following:

Federal: Do not withhold Withhold _____ % or \$ _____

State: Do not withhold Withhold _____ % or \$ _____

Important state tax withholding information: Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules.

Taxpayer Identification Number (TIN)

Joint Taxpayer Identification Number (TIN)

Note: If no election is made, a 10% federal income tax will be automatically withheld.

6. Acknowledgement and Signature

I hereby acknowledge that the information provided herein is to the best of my knowledge true and accurate. I also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of the request.

Taxpayer Certification ID

Under penalty of perjury, my signature certifies 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);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from FATCA reporting.

Claimant's Name (please print)

Claimant's Signature

Date Signed

Joint Bank Account Owner's Signature (if applicable)*

Date Signed

*If the payment is being sent via ACH and there is a joint owner on the bank account, the joint bank account owner must sign in the box above.

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