

NON-FINANCIAL CHANGE REQUEST

LiveWell® Annuity Series

Issued by Midland National® Life Insurance Company

SAMMONS
Retirement Solutions®



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

1. Contract Information

Contract Number

Name or Non-Natural Entity (first, middle initial, last)

SSN/TIN/EIN

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

SSN

Street Address* (P.O. Boxes are not allowed)

Apartment/Suite Number

City

State

ZIP

Phone Number

Please complete and submit a copy of the Certification of Trust Agreement (19306A) if this policy is owned by a trust.

2. Change of Name

Additional documentation is required to process a name change (i.e. marriage certificate or divorce decree)

Requested Name To Change:

First Name

MI

Last Name

Change Name To:

First Name

MI

Last Name

3. Change of Address

Previous Address:

Mailing Address

Apartment/Suite Number

City

State

ZIP

Phone Number

Change Address To:

Mailing Address

Apartment/Suite Number

City

State

ZIP

Phone Number

*If your mailing address is different than your street address, please list on a separate piece of paper.



4. Change of Ownership

To help fight the funding of terrorism and money-laundering activities, the U.S. government passed the USA Patriot Act, requiring financial institutions, including insurance companies, to obtain, verify and record information that identifies persons who engage in certain transactions with or through our company. This means that we will verify the name, address, date of birth and social security number or other tax identification number on the proposed owner of all insurance applications. We request a legible copy of a driver's license, passport or other identifying documents from each new owner.

- This Non-Financial Change Request form meets the Written Notice requirement defined in the policy.
- Any ownership change is subject to Midland National Life Insurance Company's underwriting rules in force at the time of the change.
- Ownership restrictions apply to qualified plans such as IRAs and Roth IRAs per IRS regulations.
- An ownership change may have tax consequences. Tax advice should be obtained prior to making this change. Please consult with and rely upon your own tax and legal advisors.
- A copy of the Certification of Trust Agreement (19306A) must be submitted if the new owner designation is a trust.

New Owner's Name (first, middle initial, last)		SSN	Date of Birth
Address (P.O. Boxes are not allowed)		City	State ZIP
Relationship to Owner			

Verification of Identity

Driver's License State-issued ID Military ID Passport Alien Registration Card

State/Country	Number	Exp. Date
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien/Citizen of: _____	

New Owner's Name (first, middle initial, last)		SSN	Date of Birth
Address (P.O. Boxes are not allowed)		City	State ZIP
Relationship to Owner			

Verification of Identity

Driver's License State-issued ID Military ID Passport Alien Registration Card

State/Country	Number	Exp. Date
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien/Citizen of: _____	

4. Change of Ownership (continued)

Non-Natural Entity	TIN/EIN	Date of Trust	
Address (P.O. Boxes are not allowed)	City	State	ZIP

Trust or Corporation (Below you should show the different certification forms that you have for the entities allowed)

Partnership/Trust Agreement Certification of Trust

State/Country	Number	Exp. Date
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5. Signatures

If a change of ownership is requested, please have the Owner(s) and New Owner(s) sign below.

Owner's Signature	Date Signed
▶	▶
Joint Owner's Signature (if applicable)	Date Signed
▶	▶
New Owner's Signature (if applicable)	Date Signed
▶	▶
New Joint Owner's Signature (if applicable)	Date Signed
▶	▶
Spouse's Signature* (Only applicable if Owner resides in: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)	Date Signed
▶	▶
Disinterested Witness' Signature**	Date Signed
▶	▶

* If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the line above to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. You understand and agree that Midland National may presume that no community property interest exists if you have not obtained your spouse's signature above. Further, you understand and agree that Midland National has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold Midland National harmless from any consequences relating to community property interests and this transaction.

** If the current owner resides in the state of MA, the signature of a disinterested witness is required. A disinterested person is described as anyone other than a designated beneficiary. An agent may not sign as a disinterested witness.

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/Registered Representative