

Non-financial change request



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 1-866-747-3421 | **Email:** SecuritiesPI@sfgmembers.com

1. Contract information

Contract number

Name or Non-Natural Entity (first, middle initial, last)*			SSN/TIN/EIN
Joint Owner's name (first, middle initial, last)			Social Security number
Street address			Apartment/Suite number
City	State	ZIP	Phone number

*Please complete and submit a copy of the Certification of Trust Agreement 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
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Change name to:

First name	MI	Last name
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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.

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. 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 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 professionals.
- A copy of the Certification of Trust Agreement must be submitted if the new owner designation is a trust.

New Owner's name (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)
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Address (P.O. boxes are not allowed)

City	State	ZIP
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Relationship to Owner

Verification of identity

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

State/Country	Number	Exp. date
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Gender:

M F

Citizenship:

U.S. Citizen Resident Alien/Citizen of: _____

New Owner's Name (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)
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Address (P.O. boxes are not allowed)

City	State	ZIP
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Relationship to Owner

Verification of identity

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

State/Country	Number	Exp. date
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Gender:

M F

Citizenship:

U.S. Citizen Resident Alien/Citizen of: _____

4. Change of ownership (continued)

Non-Natural Entity	TIN/EIN	Date of Trust (mm/dd/yyyy)
Address (P.O. boxes are not allowed)		
City	State	ZIP
Trust or Corporation (Below you should show the different certification forms you have for the entities allowed)		
<input type="checkbox"/> Partnership/Trust Agreement <input type="checkbox"/> Certification of Trust		
State/Country	Number	Exp. date (mm/dd/yyyy)

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 (mm/dd/yyyy)
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
New Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
New Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
Spouse's signature* (Only applicable if owner resides in: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)	Date signed (mm/dd/yyyy)
Disinterested witness' signature**	Date signed (mm/dd/yyyy)

* 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/Representative

