

Duplicate contract request form



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

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. Declaration and signatures

If Power of Attorney: The attorney-in-fact must sign in capacity as "attorney-in-fact" (e.g. Jane Doe, Attorney-in-fact) and provide a copy of the entire power of attorney document.

If Trust: The trustee(s) must sign with title "trustee" (e.g. Jane Doe, Trustee), according to the terms of the Trust Agreement, and have a completed Midland National Life Insurance Company Certification of Trust Agreement form on file with our company.

The Contract Owner is referred to as "you" and "your" in this request. If you are signing as a fiduciary or representative, you must sign in capacity or with title, and documentation of authority must be on file.

By signing below, you:

- Declare the Contract to be lost or destroyed to the best of your knowledge.
- Understand that the duplicate contract will reflect your current coverage and may not be an exact replica of the original.
- Agree to hold Midland National harmless from any claims that may arise from the original Contract.

If Jointly Owned, only **ONE** Owner's signature is required.

Owner/Assignee's Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

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



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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.