

# Annuitization 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

## Instructions

Use this form to select an Annuity Payout Option.

## 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

\* Please complete and submit a copy of the Certification of Trust Agreement, if this policy is owned by a Trust.

## 2. Payment election

I/We, the contract owner(s), request, in lieu of all benefits otherwise payable to me/us, that the proceeds of the above contract be paid in the manner indicated below. Please note this is a final election that, once processed, cannot be changed or reversed.

**Please select ONE option:**

- Option 1 - Income for a Specified Period**  
Proceeds paid in equal installments for the duration of the specified period only. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary. The specified period shall be \_\_\_\_ years.
- Option 2 - Life Only Income**  
Proceeds paid during the lifetime of the primary payee. Upon the death of the primary payee, payments will cease.  
Please supply a copy of the payee's driver's license or birth certificate and complete the Life Only Disclaimer Form.
- Option 3 - Life Income with Installments for Specified Period Certain**  
Proceeds paid during the lifetime of the primary payee. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary. The specified period shall be \_\_\_\_ years.  
Please supply a copy of the payee's driver's license or birth certificate.
- Option 4 - Income of a Specified Amount**  
Proceeds paid in equal installments to the primary payee until the proceeds, together with the interest thereon, are exhausted. Upon the death of the primary payee, any remaining payments will be payable to the beneficiary.  
\$ \_\_\_\_\_ (Monthly Minimum of \$50)
- Option 5 - Joint and Survivor Income**  
Proceeds are paid during the lifetimes of both the primary and contingent payees. Upon the death of either payee, payments continue to the survivor for:  
 100% of original amount     67% of original amount     50% of original amount  
**Please complete the Primary and Contingent Payee Information below and supply a copy of the payee's and contingent payee's driver's licenses or birth certificates. In addition, complete the Life Only Disclaimer Form if not electing a specified period below.**  
 With specified period of \_\_\_\_ years.

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.

### 3. Beneficiary information

*In the event of the owner's death, the death benefit is payable to the owner's primary beneficiary. If the owner's primary beneficiary is no longer living at the time of the owner's death, the owner's contingent beneficiary will receive the death benefit. If there are joint owners, the death benefit is payable upon the first death. If there are joint owners, the surviving owner, if any, will be designated sole primary beneficiary. Non-spousal joint owners cannot name contingent beneficiaries.*

**Per stirpes definition:** A common way of distributing proceeds where if one or more beneficiaries has died, his or her children share equally in his or her share of the proceeds.

**Per capita definition:** Proceeds are split amongst the beneficiaries that survive the owner. If one of the beneficiaries does not survive the owner, then the remaining beneficiaries receive the proceeds split equally.

Select one:  Primary  Contingent | Select one:  Per stirpes  Per capita | Select one:  Revocable  Irrevocable

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one:  Primary  Contingent | Select one:  Per stirpes  Per capita | Select one:  Revocable  Irrevocable

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one:  Primary  Contingent | Select one:  Per stirpes  Per capita | Select one:  Revocable  Irrevocable

Name (first, middle initial, last)	SSN	Percentage %
Relationship to Owner	Phone number	DOB (mm/dd/yyyy)
Mailing address	Email address	

Select one:  Primary  Contingent |  Trust | Select one:  Revocable  Irrevocable

Accepted trust types are listed on the non-living entity ownership types flyer. Additional documentation may be required to determine whether we can accept the trust as beneficiary. If the trust named as beneficiary is not an accepted trust type, the trustee(s) waive any and all claims against Midland National Life Insurance and agree to release, indemnify and hold harmless Midland National, its officers, employees, representatives, and affiliates from and against any and all claims, legal or financial, associated with naming the trust as beneficiary of the contract.

Full trust name	Tax ID number (TIN)	Percentage %
Trustee name (first, middle initial, last)	Trustee phone number	Trust date (mm/dd/yyyy)
Trustee mailing address	Email address	

*If additional trustees apply, please list their name, mailing address, and phone number on a separate piece of paper with the owner(s)'s signature and date.*

Select one:  Primary  Contingent | Select one:  Corporation (additional forms may be required)  Estate  Other

Entity name	Phone number	Tax ID number (TIN)	Percentage %
Mailing address	Email address		

**Please list in whole percentages only.** If the beneficiary information is missing or incomplete, the beneficiary designation will default to the Owner/Joint Owner's estate. If you are designating additional beneficiaries, please list them on a separate piece of paper with the Owner(s)'s signature and date.

#### 4. Payee(s) information

Please complete Primary Payee Information only if different than the Owner. Please complete Contingent Payee only if choosing Option 5.

Primary Payee's name (first, middle initial, last)	DOB (mm/dd/yyyy)	Social Security number
Contingent Payee's name (first, middle initial, last)	DOB (mm/dd/yyyy)	Social Security number

Relationship to Primary Payee:  Spouse  Child  Grandchild  Other (specify):

#### 5. Payment date and mode

The first payment will be made within 31 days of our receipt of all documents needed to process your election, unless otherwise specified below, or unless the payment option elected requires an alternate first payment date. 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."

Please withdraw in the following frequency:  Monthly\*  Quarterly  Semi-Annually  Annually

Date of first payment \_\_\_\_\_

In agreeing to process a pay-out option on this contract, Midland National does not make any warranty as to penalty or the satisfaction of required minimum distribution rules as set forth by the Internal Revenue Code. Subject to approval of this request by Midland National, I hereby revoke and cancel any prior request or election which I have made as owner.

\* If monthly payments are selected, the method of payment must be EFT (electronic funds transfer). Complete EFT section below.

#### 6. Method of payment

Please check one of the following options.

- I would like the distribution to be paid to me by check and sent to the mailing address listed under contract information.
- I would like the distribution to be sent via Automated Clearing House (ACH) to the financial institution indicated below. I understand the distribution will arrive in my account in approximately three to five business days. I authorize Midland National and the financial institution listed below to automatically deposit the distribution into my account. **Please attach a voided check.**

Financial institution's name	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing number (ABA#)	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.

#### 7. 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 \_\_\_\_\_%

State:  Do not withhold  Withhold \_\_\_\_\_%

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

## 8. Signatures

I/We hereby acknowledge that the information provided herein is to the best of our knowledge true and accurate. I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of this request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in the contract.

### Community Property Interest

If this transaction is subject to community property interest, we strongly recommend that you obtain your spouse's signature on the line below 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 the Company may presume that no community property interest exists if you have not obtained your spouse's signature below. Further, you understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction. Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

### Taxpayer Certification

**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.

Owner's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Owner's signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
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)
<input type="text"/>	<input type="text"/>
Disinterested witness' signature*	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Irrevocable Beneficiary signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

\* 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

