

# CONTRACT ACCESS AUTHORIZATION FORM

LiveWell® Annuity Series

Issued by Midland National® Life Insurance Company

**SAMMONS**  
Retirement Solutions

**MIDLAND NATIONAL**  
Life Insurance Company

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## Instructions

Use this form to:

- Authorize your Agent/Representative(s) and their assistant(s) to enact changes to your Contract on your behalf.
- Authorize an individual(s) to enact changes to your Contract on your behalf.

## 1. Contract Information

Contract Number

Owner's Name (first, middle initial, last)			SSN
Joint Owner's Name (first, middle initial, last) if applicable			SSN
Non-Natural Owner (if applicable)			TIN/EIN
Street Address			Apartment/Suite Number
City	State	ZIP	Phone Number

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

## 2. Telephone/Electronic Authorization

By initialing below, I hereby authorize and direct Midland National to act on telephone, Internet, or other electronic medium instructions, when proper identification is furnished (Social Security Number, Tax Identification, or other established identifiers), concerning, but not limited to, exchange of units between the Investment Options, to change allocation of future premium payments, to request partial withdrawals, and/or other authorized transactions. I agree that Midland National is not liable for any losses or expenses arising from any exchange, change in allocation of future premium payments, or partial withdrawal by acting in accordance with telephone, Internet, or other electronic medium instructions that we believe to be genuine. Midland National will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the Electronic Information and Document Delivery Consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify Midland National of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.

**In absence of initials, Midland National will default to no authorization given to any individuals (including the Agent/Representative) for electronic and telephone transactions.**

Owner(s)'s Initials

I/We hereby authorize my Agent/Representative and their assistant(s) to enact changes to my Contract on my behalf.

Owner(s)'s Initials

I/We hereby authorize the following individuals to enact changes to my Contract on my behalf.

Name (first, middle initial, last) \_\_\_\_\_

SSN \_\_\_\_\_

Name (first, middle initial, last) \_\_\_\_\_

SSN \_\_\_\_\_

**If a Social Security Number is not provided, the proposed individual will not be authorized for certain transactions.**

This authorization will remain in effect until: 1) Midland National receives written or telephone notification from the Contract Owner; 2) a change of ownership is processed; 3) the Contract is terminated; or 4) the Agent/Representative of record is no longer contracted with Midland National.

## 3. Signature(s)

Owner's Signature	Date Signed	Joint Owner's Signature	Date Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



All owners are required to sign this form.