

Additional premium acknowledgment



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

I am using this form to:

- Establish/Change/Cancel** automatic premium payments from my account at my financial institution into my Midland National® Life Insurance Company Contract – Complete Sections 1, 2, and 4.
- Apply** a one-time premium payment to my Midland National Contract – Complete Sections 1, 3, and 4.

1. Contract information

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

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			TIN/EIN
Street address			Apartment/Suite number
City	State	ZIP	Phone number

2. Automatic premium payment information

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.

I would like to:

- Establish** an Automated Clearing House (ACH) authorization for automatic deposits from my account at my financial institution into my Midland National Annuity Contract.
- Change** the existing Automatic Premium Payment program.
- Cancel** the existing Automatic Premium Payment program – check here and complete sections 1 & 4.

Systematic authorization

I authorize Midland National Life Insurance Company to automatically withdraw periodic payments from my account (listed below) and credit these periodic payments to my Annuity Contract. Please complete the financial institution information below. This authorization will remain in effect until Midland National and the financial institution have each received written notification of its termination in such time and in such manner as to afford Midland National and the financial institution a reasonable opportunity to act on the request.

Name(s)* on account (first, middle initial, last)		Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial institution name		Financial institution phone number
Routing number (ABA #)	Account number	

Please debit (payment amount) \$ _____ (minimum of \$100 required) Starting** (mm/dd/yyyy) _____

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

* If there is a joint owner on the bank account, the joint owner must sign in section 4.

** 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." If the elected start date has already passed, the first payment will be processed one modal frequency from the elected start date. If the elected date is not a business day, the payment will be processed on the next available business day.

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. One-time premium payment

All personal contributions for a previous tax year must be postmarked by April 15th. Please include the Midland National Contract number in the memo section of your check.

Send this completed form with check payable to: Midland National FBO: (Owner's name)

Regular/First class mail

Midland National Life Insurance Company
P.O. Box 9261
Des Moines, IA 50306-9261

Overnight mail

Midland National Life Insurance Company
8300 Mills Civic Pkwy
West Des Moines, IA 50266-3833

Contribution type (please select one):

Personal IRA contribution

- **If you are under 50 years of age at the end of the 2021/2022 tax year:** The maximum contribution you can make to a Traditional or Roth IRA is the lesser of \$6,000 or the amount of your taxable compensation for 2021/2022. This limit can be split between a Traditional and a Roth IRA, but the combined limit is \$6,000. The maximum contribution to a Roth IRA and the maximum deductible contribution to a Traditional IRA may be reduced depending upon your Modified Adjusted Gross Income (Modified AGI).
- **If you are 50 years of age or older before the end of the 2021/2022 tax year:** The maximum contribution that can be made to a Traditional or Roth IRA is the lesser of \$7,000 or the amount of your taxable compensation for 2021/2022. This limit can be split between a Traditional and a Roth IRA, but the combined limit is \$7,000. The maximum contribution to a Roth IRA and the maximum deductible contribution to a Traditional IRA may be reduced depending upon your Modified Adjusted Gross Income (Modified AGI).
- **SEP IRA contributions:** The maximum contribution you can make is the lesser of: 1) 25% of compensation, or 2) \$61,000 for 2022 and \$58,000 for 2021.
- Midland National does not give tax, investment, or legal advice. Please consult with and rely upon your own tax, investment, and legal professional(s).
Contribution year and amount: Year* _____ Amount \$ _____ | Year* _____ Amount \$ _____
* If no tax year is indicated on your check or this form, it will be reported as a current tax year contribution.

Rollover contribution

- **Rollover contributions:** 60-Day Rollover – Qualifying Rollover processed less than sixty (60) days ago. These funds are being deposited within the allowable 1 rollover per 12-month period.
Contribution amount (minimum of \$1,000 required): \$ _____ Account type: IRA Roth IRA* SEP-IRA**
*Roth IRA: If transfer, provide original conversion/establishment date and amount: _____
** SEP-IRA: Employer name: _____

Unplanned premium

- **Unplanned premium:** Payments received after the issue date of the Contract. Premium amount (minimum of \$1,000 required): \$ _____

4. Signatures

All financial institution account owners must sign.

If section 2 is completed, the Contract Owner must sign. If section 3 is completed, the Contract Owner or Agent/Representative must sign.

If there is a joint owner on the bank account, the joint bank account owner must sign.

Owner's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Owner's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint bank account Owner's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Agent/Registered Representative'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/Registered Representative

