

To be completed for address or name change requests. For questions please contact the Midland National® Life Insurance Company Customer Service Department.

**Phone:** 877-586-0244 **Fax:** 877-586-0249 **Mail to:** P.O. Box 79907, Des Moines, IA 50325

**Overnight to:** 4350 Westown Parkway, West Des Moines, IA 50266

Altered forms, including but not limited to correction fluid will not be accepted. Please ensure this form along with the required documentation is submitted and all sections of this form are completed accurately to ensure prompt processing of your request. Failure to do so may result in a delay in processing.

**Contract Information** - Please list all contract numbers that require an update.

Contract Number(s) \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Joint Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

**Mailing Address**

For:  Owner  Joint Owner

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

For:  Owner  Joint Owner

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Name Change Information** - This form cannot be used for the purposes of changing ownership or beneficiaries.

Name of:  Annuitant  Owner  Joint Owner

Has changed from \_\_\_\_\_ To \_\_\_\_\_

Reason for change \_\_\_\_\_

Date change occurred \_\_\_\_\_

**Note: We require legal documentation to support any name change request. Accepted items: Marriage Certificate, Divorce Decree, Court Orders or corporate resolution. Drivers License or Social Security Cards are not accepted.**

**Acknowledgment**

I/We hereby acknowledge that the information provided herein is to the best of my/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 the request.

Contract Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*If there are multiple owners, all owners must sign before the request can be processed.**

<p><b>If your request is not in good order, how would you like us to notify you?</b></p> <p>Call me at _____</p> <p><input type="checkbox"/> Contact my agent <input type="checkbox"/> Mail a letter to my address of record</p>
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