

# Address/name change request form

To be completed for address or name change requests.

Altered forms, including but not limited to correction fluid will not be accepted. 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.



P.O. Box 10385, Des Moines, IA 50306-0385

## Contract information - Please list all Contract numbers that require an update.

Policy/Contract number(s)

Owner name	Phone number
Joint Owner name	Phone number

## Mailing address - Online options available, see the back of the form.

For: ☐ Owner ☐ Joint Owner

Street address

City, State, ZIP	Email address
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For: ☐ Owner ☐ Joint Owner

Street address

City, State, ZIP	Email address
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## 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
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Reason for change	Date change occurred
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**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.**

## Acknowledgments and signatures

CA Residents: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**All Residents:** 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 (mm/dd/yyyy)
Joint Owner signature	Date (mm/dd/yyyy)

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



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How to manage your account on My.MidlandNational.com

How to register:

- Go to My.MidlandNational.com
- Click the registration button in the upper right
- Input your Contract number and SSN then click on next step
- Set up security questions and a password
- Click register and you're done

How to update your personal information

Select Update Personal Information from the What would you like to do today? menu.

Good Morning

What would you like to do today?

Update Personal Information

Add or Update Beneficiaries

Partial Withdraw

The Update Personal Information button will open a new tab/window where information can be entered.

Personal Info

Address

8300 MILLS CIVIC PARKWAY

(Optional)

(Optional)

WEST DES MOINES

IA

50266

Email

AC@SFGMEMBERS.COM

Phone

(888) 888-8888

☐ I report taxes in another state (Optional)

Only select if the state where you report taxes is different from the state listed in your address .

Any changes you request will be applied to all your contracts and policies.

Continue

\*Changes requested on the web will not be displayed on the website until the following business day.