

# Automatic initial premium authorization



**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:** SecuritiesNB@sfgmembers.com

This authorization gives Midland National® Life Insurance Company® ("the Company") and your Financial Institution the authority to withdraw your initial premium directly from your account at the Financial Institution. Use this form for initial premium only. Funds will be withdrawn from your account once your application and this form are received in good order.

## 1. Contract information

Owner's name (first, middle initial, last)	Contract number (if known)
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## 2. Financial institution account information

Account Owner's name (first, middle initial, last)			
Account Owner's mailing address			
City	State	ZIP	Account Owner's phone number
Joint Account Owner's name (first, middle initial, last)			
Financial institution name			
Routing number			Account number

Debit frequency: One time

Account type\*: ☐ Checking account ☐ Savings account

\*If not marked, the Company will default to checking.

Premium amount to be deducted: \$ \_\_\_\_\_

## 3. Acknowledgments and required signature

As a convenience to me, as account holder, I hereby authorize the Company to initiate an electronic debit (and if necessary electronically credit my account to correct erroneous debits) entry in order to obtain payment of the premium amount authorized above.

I understand this one-time authorization will remain in effect until the authorized transaction is completed or until I notify the Company or the financial institution, in writing, to terminate this authorization, and the Company or the financial institution has a reasonable time to act on the termination.

I hereby confirm that I am the owner of the financial institution account referenced above, and I am authorized to withdraw funds from the account.

I certify that the information provided herein is to the best of my knowledge true and accurate. I 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.

*ACH payment is not available for Inherited IRA applications. Postdating of this electronic debit transaction is prohibited.*

Account Owner's signature	Date signed (mm/dd/yyyy)
<div></div>	<div></div>
Joint Account Owner's signature	Date signed (mm/dd/yyyy)
<div></div>	<div></div>



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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.