

# Automatic initial premium payment authorization



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

This authorization gives Midland National® Life Insurance Company (“the Company”) and your Financial Institution the authority to withdraw your annuity premium directly from your account at the Financial Institution. Use this form for initial premium payments only. **The funds will be withdrawn from your account once the form is received in good order.**

## Annuity Contract information

Contract Owner’s name (first, middle initial, last)

Contract number (if known)

Joint Contract Owner’s name (first, middle initial, last)

## Financial institution account information

Account Owner’s name (first, middle initial, last)

Account Owner’s phone number

Account Owner’s mailing address

City, State, ZIP

Joint account Owner’s name (first, middle initial, last)

Financial institution name

Routing number

Account number

Debit frequency: One time

Account type\*:  Checking account (\$50 minimum per draft)  Savings account

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

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

## Acknowledgments and required signature

As a convenience to me, as account Owner, 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 Annuity Contract and 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.

Signature of account Owner	Date (mm/dd/yyyy)
Signature of Joint account Owner	Date (mm/dd/yyyy)

**ACH payment is not available for non-qualified stretch, TSA 403(b), Inherited IRA, and UGMA/UTMA applications. Postdating of this electronic debit transaction is prohibited.**



212292