



Automatic Initial Premium Payment Authorization

4350 Westown Parkway, West Des Moines, IA 50266

Fax: 877-586-0247 MidlandNational.com

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.

Annuity Contract Information

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Contract Owner First Name	MI	Last Name

<input type="text"/>
Contract Number (if known)

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Joint Contract Owner First Name	MI	Last Name

Financial Institution Account Information

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Account Owner First Name	MI	Last Name

<input type="text"/>
Financial Institution Account Owner Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
City	State	Zip		

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Joint Account Owner First Name	MI	Last Name

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Financial Institution Name	Account Owner's Telephone Number				

<input type="text"/>	<input type="text"/>
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: \$	<input type="text"/>	.	<input type="text"/>
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Acknowledgements 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	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Signature of Joint Account Owner: _____	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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ACH payment is not available for TSA (403b), Inherited IRA, and UGMA/UTMA applications. Postdating of this electronic debit transaction is prohibited.

