

# Agent/Representative transaction authorization



Mail to: P.O Box 10385, Des Moines, IA 50306-0385  
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833  
Phone: 877-586-0244 | Fax to: 877-586-0249

## Instructions

Use this form to add or remove authorization for your agent/representative to conduct telephone, internet, and electronic transactions on your contract. Please complete sections 1, 2 or 3, and 4.

## 1. Contract information

Contract number

Owner's Name (first, middle initial, last)			Social Security Number
Joint Owner's Name (first, middle initial, last) - if applicable			Social Security Number
Non-Natural Owner (if applicable)			TIN/EIN
Street Address			Apartment/Suite Number
City	State	ZIP Code	Phone Number

## 2. Telephone, Internet, and Electronic Medium Transaction Authorization

By initialing below, I hereby authorize my agent/representative and individuals acting on their behalf to act on telephone, internet (if available), or other electronic medium instructions, when proper identification is furnished (Social Security Number, Tax Identification, or other established identifiers), concerning, but not limited to, requesting partial withdrawals and/or other authorized transactions. I agree that my agent/representative (and persons he/she has authorized to act on his/her behalf) is acting solely in his/her capacity as my agent/representative when making telephone, internet (if available), or other electronic medium instructions related to my Contract pursuant to this authorization, and is not in any way acting on behalf of or for the benefit of Midland National. I agree that Midland National is not liable for any losses or expenses arising from any transaction requested by my agent/representative (or any persons he/she has authorized to act on his/her behalf). I understand and acknowledge that certain transactions requested by my agent/representative may incur surrender charges and/or other fees, or may result in a taxable event.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify Midland National of any erroneous or unauthorized transaction within 30 days of my receipt of such confirmation statement.

The authorization will remain in effect until: 1) Midland National receives written or telephone revocation of the authorization from the Owner; 2) a change of ownership is processed; 3) the Contract is terminated; or 4) the agent/representative of record is no longer contracted with Midland National.

**In absence of initials, Midland National will default to no authorization given for electronic and telephone transactions.**

I/We hereby authorize my agent/representative, and authorized individuals acting on their behalf, to act on authorized transactions via telephone, internet (if available), or other electronic medium.

Owners(s)'s initials



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### 3. Removing authorization

By initialing below, I hereby revoke the authorization that is currently in place for my agent/representative.

I/We hereby revoke authorization for my agent/representative, and authorized individuals acting on their behalf, to act on authorized transactions via telephone, internet (if available), or other electronic medium.

Owners(s)'s initials

### 4. Signatures

All Owners are required to sign this form.

Owner's Signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Joint Owner's Signature (if applicable)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>



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