

AGENT/REPRESENTATIVE TRANSACTION AUTHORIZATION

SAMMONS
Retirement Solutions®

MIDLAND NATIONAL
Life Insurance Company

Mail or fax completed form to: P.O. Box 79907, Des Moines, IA 50325
Overnight to: 4350 Westown Pkwy, West Des Moines, Iowa 50266
Fax to: 866-484-4508

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)		SSN	
Joint Owner's Name (first, middle initial, last) - if applicable		SSN	
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.



Owner(s)'s Initials

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.



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\$2124080

3. Removing Authorization

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

Owner(s)'s Initials

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.

4. Signatures

All Owners are required to sign this form.

Owner's Signature	Date Signed	Joint Owner's Signature (if applicable)	Date Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If your request is not in good order, how would you like us to notify you?

Call me at ____ - ____ - ____ Mail a letter to my address of record Contact my Registered Representative



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