

# CHANGE OF AGENT/REPRESENTATIVE REQUEST

## LiveWell® Annuity Series

Issued by Midland National® Life Insurance Company

**SAMMONS**  
Retirement Solutions®



**Sammons Retirement Solutions®**

P.O. Box 79907, Des Moines, IA 50325

**Overnight:** 4350 Westown Parkway,  
West Des Moines, IA 50266

**Phone:** 877-586-0244 | **Fax:** 877-586-0249

### Instructions

Use this form to:

- Change the servicing Agent/Representative on my Contract
- Agent/Representative Use Only: Assign partnership/split information for additional agent/representatives
- Authorize your new Agent/Representative(s) and their assistant(s) to enact changes to your Contract on your behalf

### 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

Phone Number

### 2. Agent/Representative Information

Current Agent/Representative's Name (first, middle initial, last)

Agent ID Number

Broker/Dealer Name

New Agent/Representative's Name (first, middle initial, last)

Agent ID Number

Street Address

Apartment/Suite Number

City

State

ZIP

Phone Number

Agent/Representative's Email

Percentage

Broker/Dealer Name

Broker/Dealer Number



\$212418

\$2124180

### 3. Partnership/Split Information (Optional)

Please provide the Agent/Representative's Name, ID Number, and Commission Percentage of each additional Agent/Representative. Partnership/Splits must be within the same Broker/Dealer. The sum of the percentages for all Agent/Representatives, including the Servicing Agent/Representative, must total 100%. For any sum not equal to 100%, the difference will be applied to the Servicing Agent/Representative listed in the previous section. Please use whole percentages only.

Agent/Representative's Name	Agent ID Number	Percentage
Additional Agent/Representative's Name	Agent ID Number	Percentage

If this section is not completed, you are stating that the new Agent/Representative Information listed above will receive 100% commission.

### 4. 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 individuals acting on their behalf to enact changes to my Contract on my behalf.

### 5. Authorization and Signature

Owner's Signature	Date Signed
▶	▶
Joint Owner's Signature (if applicable)	Date Signed
▶	▶
New Agent/Representative's Signature	Date Signed
▶	▶
New Additional Agent/Representative's Signature	Date Signed
▶	▶

Complete only if you are changing your Agent/Representative. If multiple Agent/Representatives are elected, please list all.

**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 Agent/Representative



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