

Large case request form



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 1-866-747-3421 | Email: SecuritiesNB@sfgmembers.com

Instructions

Use this form to request a new case above the initial premium limit. The service team will contact you if additional information is needed. Note that this form is reviewed separately from the application and the case will be subject to additional review before issue.

IMPORTANT: All fields are required. Large case exceptions cannot be granted if this form is incomplete.

1. Personal information

Representative name

Representative number

Owner's name (first, middle initial, last)

Owner's age

Gender

M F

Last 4 digits of Owner's Social Security number or Tax Identification number

Joint Owner's name (first, middle initial, last) – If applicable, annuity contracts only

Joint Owner's age

Gender

M F

Last 4 digits of Joint Owner's Social Security number or Tax Identification number

Annuitant (first, middle initial, last) – If different from Owner, annuity contracts only

Annuitant's age

Gender

M F

Application signed state

2. Product information

Product:

Variable Annuity

Registered Index-Linked Variable Annuity

Value Endorsement elected

Surrender Period, if applicable: _____ years

Death Benefit

Account Value

Return of Premium

Enhanced Death Benefit

Tax status (Non-qualified, IRA, Roth IRA, etc.)

Expected initial premium

Source of premium

Expected time frame for funding

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\$132798

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NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

2. Product information *(continued)*

Investment strategy

Existing Midland National Life Insurance Company, Sammons Institutional Group, or North American Company contracts/accounts, both active and pending, other than the one you are requesting the high dollar exception for.

Contract/account number: _____ Value: _____ Product: _____ Rider (if applicable): _____ Issue date: _____

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3. Other information

General health status

Percent of assets that are liquid

Total estate value or net worth

Purpose of the contract

Does the client plan to withdraw funds in the first two years? Yes No

Current residence

- Personal residence
- With family members
- Nursing home
- Assisted living

