

# Annuity training resolicitation form



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261  
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

## 1. Contract information

Contract number

Owner's name	Joint owner's name(s)
Product name	Date of initial application:

## 2. Applicant statement and authorization

I acknowledge and affirm that:

- I have completed and signed an application for a Midland National® Life Insurance Company annuity on the date of the initial application.
- My Agent/Representative met with me on the date shown above, to review and affirm my application and all material features, benefits, limitations and costs of the contract, and any applicable riders. As a result of this meeting, I wish to proceed with the purchase of this Midland National contract.
- I approve and ratify all information and representations included in the initial application and all accompanying or related documentation including (but not limited to) prospectuses, replacement forms, transfer forms as applicable, suitability forms, and any other materials presented at the time of initial application.

**CA Residents:** for your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner's signature	Date signed (mm/dd/yyyy)
Joint Owner's signature	Date signed (mm/dd/yyyy)

## 3. Agent/Representative statement

I affirm that:

- I met with the above applicant(s) for the purpose of resoliciting the contract and reaffirming the intention of the applicant(s) to proceed with the purchase.
- At the meeting, I fully presented the material features, benefits, limitations, and costs of the contract and any applicable riders in the same manner as such information would be presented for a new solicitation and sale of the contract.
- I reviewed a copy of the completed initial application with the applicant(s) and advised that by signing this Resolicitation Form, the applicant(s) have reaffirmed all information and representations in the initial application.
- The applicant(s) indicated a desire to proceed with the purchase of the Midland National contract as indicated in the initial application.
- I have completed the required training on or before the date of the resolicitation meeting.

Agent/Representative's signature	Date signed (mm/dd/yyyy)
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Variable annuity products are issued by Midland National® Life Insurance Company distributed by Sammons Financial Network®, LLC., member [FINRA](#).

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



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