

# LiveWell® Dynamic Annuity Partial Withdrawal or Full Surrender Request



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: SecuritiesPI@sfgmembers.com

## Instructions

Use this form when requesting a partial or full distribution, or to set up systematic withdrawal. Please review your contract and/or prospectus for detailed information regarding early withdrawal penalties and consequences.

## 1. Contract information

Please complete and submit a copy of the Certification of Trust Agreement, if this policy is owned by a Trust.

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	Phone number

## 2. Disbursement instruction

A request to withdraw or surrender Contract values over the Free Withdrawal Amount will reduce the amount of proceeds paid upon full withdrawal, payment of any death benefits, or annuitization. A surrender charge may apply for Contracts still in a Surrender Charge Period.

Please select one of the following withdrawal options. If multiple are selected, it will result in a delay in processing your request.

**Partial withdrawal (select one):**

- Fixed dollar (specify amount - \$1,000 minimum) \$ \_\_\_\_\_  Gross or  Net<sup>1</sup>
- Percentage of Accumulation Value \_\_\_\_\_ %
- Free withdrawal amount/remaining free withdrawal amount<sup>2</sup>

**Systematic withdrawal (select one):**

- Fixed dollar (specify amount - \$1,000 minimum) \$ \_\_\_\_\_  Gross or  Net<sup>1</sup>
- Percentage of Accumulation Value (withdrawal amounts will fluctuate based on the accumulation value) \_\_\_\_\_ %
- Please withdraw in the following frequency:  Monthly  Quarterly  Semi-Annually  Annually

Date of first payment<sup>3</sup> (mm/dd/yyyy): \_\_\_\_\_

**Withdrawals are taken pro rata from all separate account investment options until the Accumulation Value in the separate account investment options is exhausted. Then, if any remaining withdrawal amount is taken pro rata from all cycle investment options. The Floor or Buffer Rate will not apply to withdrawals prior to maturity date from cycle investment options.**

<sup>1</sup> Net amount of check after applicable charges and/or taxes are applied.

<sup>2</sup> Applies to annuity contracts that offer penalty-free withdrawals during a Surrender Charge Period. Please refer to your Contract for more details.

<sup>3</sup> Please select a day of the month between the 1st and the 28th. If the date is not complete or an invalid date is chosen, the form will be considered "Not in good order." If the elected start date has already passed, the first systematic withdrawal will be processed immediately, and the next systematic withdrawal will be processed one modal frequency from the elected start date. If the elected date is not a business day, the systematic withdrawal will be processed on the next available business day.

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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. Disbursement instruction (continued)**

**Full Surrender:** I/We hereby cancel this annuity and request payment of its Surrender Value, if any. Such payment is acknowledged as full settlement of any and all claims under this annuity. Such cancellation shall be effective immediately. I/We further represent that no bankruptcy proceedings filed by or against me are now pending and that no liens are outstanding against this annuity.

**THE ANNUITY MUST BE RETURNED BEFORE THE CASH SURRENDER CAN BE PROCESSED.** Please check one of the following:

Annuity enclosed.

I/We have lost, destroyed or mislaid my annuity specified above and request that the value of said annuity be paid. I/We hereby agree (on behalf of my heirs, assignees, and legal representatives, or any other person claiming rights through me) to indemnify and protect Midland National ("the Company") against any claim which may be asserted against the Company on the basis of such policy certificate, and to reimburse the Company for any payment it may make, or expense it may incur with respect to any such claim.

**3. Type of disbursement**

*Withdrawals taken prior to age 59½ may be subject to IRS penalties. I further acknowledge that Midland National has made no representation that the above withdrawal schedule will fulfill my specific tax obligations.*

**Normal:** I am age 59½ or older.

**Early:** I am under 59½. I understand that I may be subject to an IRS 10% early distribution penalty unless an IRS exception exists or the distribution is rolled over within 60 days of receipt to another IRA or retirement plan. Please consult a qualified tax professional for more information.

**Disability\*:** Provide the information below.

Date you first became disabled (mm/dd/yyyy): \_\_\_\_\_

\* The IRS considers a taxpayer to be exempt from the 10% early distribution penalty if the individual's condition meets the definition of "disabled" in IRC section 72(m)(7). A physician's statement that acknowledges your condition as meeting the IRS 72(m)(7) definition of "disabled" is required. Please consult a qualified tax professional for more information.

**4. Election of withholding**

Federal/State withholding instructions: Please indicate if Federal/State Income taxes should be withheld from your payment(s) by signing and dating this election form and returning it to Midland National. If you have any questions about your tax liability, please consult and rely upon your own tax and legal professionals. **Even if you elect NOT to have Federal/State Income taxes withheld, you are liable for Federal/State Income taxes on the taxable portion of your account value. You may also be subject to tax penalties under the Estimated Tax Payment rules if your payment of estimated tax and withholding, if any, is not adequate.**

I elect the following:

**Federal:**  Do not withhold  Withhold \_\_\_\_\_ % or \$ \_\_\_\_\_

**State:**  Do not withhold  Withhold \_\_\_\_\_ % or \$ \_\_\_\_\_

**Important state tax withholding information:** Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules.

Taxpayer Identification Number (TIN)	Joint Taxpayer Identification Number (TIN)
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**Note:** If no election is made, a 10% federal income tax will be automatically withheld.

## 5. Method of payment

Please check one of the following options. If no election is indicated, a check will be mailed to you.

- I would like this withdrawal to be paid to me by check and sent to the mailing address listed in section 1 of this form.
- I would like this withdrawal to be sent via Automated Clearing House (ACH) to the financial institution account indicated below. I understand the proceeds will arrive at my financial institution account in approximately three to five business days. I authorize Midland National and the financial institution listed below to automatically deposit distributions into my account. **Please attach a voided check.**

Type of account:  Checking  Savings

Name(s)* on account (first, middle initial, last)	
Financial institution name	Financial institution phone number
Financial institution routing number (ABA #)	Financial institution account number

Include a preprinted, voided check or letter from the bank on their letterhead for the Automated Clearing House (ACH) debit to ensure accurate account information.

**Note:** Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

## 6. Signatures

I/We hereby acknowledge that the information provided herein is to the best of our knowledge true and accurate. I/We also acknowledge that this form must be fully completed, and failure to complete any portion of this form may delay the processing of this request. The completion of this form is necessary to satisfy the Written Notice Requirement as defined in your contract.

### Taxpayer certification

**Under penalty of perjury, my signature certifies that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from FATCA reporting.

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"/>
Spouse's signature* (only applicable if Owner resides in: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

\* If this transaction is subject to community property interest, we strongly recommend that you obtain your spouse's signature in the box above to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. You understand and agree that Midland National may presume that no community property interest exists if You have not obtained your spouse's signature above. Further, You understand and agree that Midland National has no duty to inquire further about any such community property interest. As a result, You agree to indemnify and hold Midland National harmless from any consequences relating to community property interests and this transaction. Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

**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/Registered Representative

