

LiveWell Dynamic Annuity®

allocation change 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: SecuritiesPi@sfgmembers.com

Instructions

Use this form to transfer between separate account investment option(s) or cycle investment option(s); change current or future allocations; or to elect, change, or cancel automatic portfolio rebalancing.

1. Account information

Please provide all requested information.

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			Tax identification number/EIN
Street address			Apartment/Suite number
City	State	ZIP	Phone number

2. Investment option transfer

Transfer all or a portion of the amount invested in specific separate account investment option(s) or cycle investment option(s) to one or more separate account investment option(s) or cycle investment option(s). This will not alter allocations for future investments. **Please use EITHER dollar amounts or percentages.**

Percentage	or	Dollar amount	From (source separate account or cycle investment option)	To (destination separate account or cycle investment option)
1.	%	or \$		
2.	%	or \$		
3.	%	or \$		
4.	%	or \$		
5.	%	or \$		
6.	%	or \$		
7.	%	or \$		
8.	%	or \$		
9.	%	or \$		
10.	%	or \$		

Investments can only be made into cycle investment options prior to the cycle's start date. Once the cycle has launched or is active, no additional investments are allowed in that cycle.

3. Portfolio reallocation (only available for separate account investment options)

For questions or assistance, please call the Service Center at 866-747-3421. **Check all that apply.**

A. Please update one or more of the following:

- Current allocations:** reallocate my portfolio immediately upon receipt of this request.
- Future allocations:** allocate future contributions according to the percentages indicated on this form.

Section 3 continues on next page

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.

3. Portfolio reallocation (only available for separate account investment options) (continued)

B. Automatic portfolio rebalancing (check one):

Select automatic portfolio rebalancing: the accumulation value will rebalance to the portfolios selected in the investment elections section. Rebalancing will occur on the Contract Anniversary of the month according to the elected frequency. If a frequency is not selected, the default is quarterly. Please consult your prospectus for details regarding this feature, as well as restrictions, minimum or maximum limitations, and other applicable information. Automatic portfolio rebalancing cannot be elected if you participate in dollar cost averaging.

Please indicate frequency: Quarterly Semi-annually Annually

Change automatic portfolio rebalancing: change the designated investment options for any existing program to match the investment options indicated on this form. Change the designated frequency for an existing program to match this form.

Please indicate frequency: Quarterly Semi-annually Annually

Cancel automatic portfolio rebalancing: continue to signature section.

Separate account investment options

Investment options	Percent
Equity	
ClearBridge Variable Small Cap Growth Portfolio Class II	_____ %
DWS Equity 500 Index VIP Class B	_____ %
Fixed Income	
Western Asset Variable Core Bond Plus Portfolio Class II	_____ %

Investment options	Percent
Balanced	
American Funds IS® Global Growth 4	_____ %
Money Market	
Fidelity VIP Government Money Market Service Class 2	_____ %

Cycle Index Account Investment Options

If you choose any of the Cycle Index Account Investment Options listed below, your allocation will be held in a Default Account until the Cycle start date. Not all investment options are available in all financial institutions. Check with your financial professional for availability.

Subject to a cap rate

Protection Level	Index	Percent
1-year term		
-10% buffer	MSCI EAFE Index	_____ %
	Nasdaq-100 Max 30™ Index	_____ %
	Russell 2000 Index	_____ %
	S&P 500® Index	_____ %
-30% Buffer	Nasdaq-100 Max 30™ Index	_____ %
	S&P 500® Index	_____ %
-10% Floor	S&P 500® Index	_____ %

Protection Level	Index	Percent
3-year term		
-10% Buffer	S&P 500® Index	_____ %
-10% Floor	S&P 500® Index	_____ %
6-year term		
-20% Buffer	S&P 500® Index	_____ %
-30% Buffer	Nasdaq-100 Max 30™ Index	_____ %
	S&P 500® Index	_____ %
-10% Floor	S&P 500® Index	_____ %

Subject to a participation rate (no cap)

Protection Level	Index	Percent
6-year term		
-10% Buffer	MSCI EAFE Index	_____ %
	Nasdaq-100 Max 30™ Index	_____ %
	S&P 500® Index	_____ %
-20% Buffer	Nasdaq-100 Max 30™ Index	_____ %

The total of the Separate Account and Cycle Investment Options must equal 100%. If it does not equal 100%, this request will be considered not in good order.

Investment options are valid as of 6/4/2024. Please see prospectus for any applicable changes.

4. Fraud warning

CA residents only: 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.

5. Signatures

All Owners are required to sign this form.

Owner or Registered Representative'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"/>

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