Joint Annuitant Information



Issued by Midland National® Life Insurance Company

Mail to: P.O. Box 10385, Des Moines, IA 50306 Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833 Fax to: 866-484-4508

SAMMONS RETIREMENT SOLUTIONS

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Instructions

This form is used to assign a Joint Annuitant to the annuity contract. A joint annuitant is not available for qualified annuities.

1. Contract Information

Contract Number (if known)

2. Joint Annuitant Information

Joint Annuitant must be spouse of Annuitant.

Name (first, middle initial, last)				Social Security number
Gender: Citizenship:				Date of Birth (mm/dd/yyyy)
□ M □ F	U.S. Citizen Resident alien/Citizen of:			
Street address (P.O. Boxes are not allowed)*				Apartment/Suite number
City		State	ZIP	Phone number

3. Signatures

By signing this form, I certify that the information provided is accurate.

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

*If the mailing address is different that the street address, please list on a separate piece of paper.

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