

Substantially equal periodic payments under section 72(t)/72(q) I.R.C.



P.O. Box 10385, Des Moines, IA 50306-0385

Section 72(t)/72(q) of the Internal Revenue Code imposes a 10% penalty tax on premature distributions made from tax deferred annuity Contracts. A premature distribution is a distribution made to a recipient who is younger than age 59 1/2. Section 72(t) imposes the tax on "qualified" annuities, including 403(b) and Individual Retirement Annuities (IRAs). 72(q) imposes the tax on non-qualified annuities.

72(t) allows for a number of exceptions under which the 10% penalty tax will not be imposed. Among those exceptions are distributions which are part of a series of "substantially equal periodic payments."

Several complex requirements must be observed in the establishment of a "substantially equal periodic payment" plan. IRS guidance indicates that "substantially equal periodic payments" must:

1. Be substantially equal as determined under 72(t)/72(q) of the Internal Revenue Code.
2. Be made **no less frequently than annually**;
3. Continue for the **longer** of five years, or until the recipient reaches age 59 1/2.
4. Be based on the life or life expectancy of the recipient.
5. Be calculated in a manner allowing for continuation of **payments for the duration** of the recipient's life expectancy under "reasonable" mortality assumptions for the life or life expectancy of the individual, or the joint lives or joint life expectancy of the individual and his/her designated Beneficiary.
6. Be calculated in a manner which assumes **no more than a "reasonable" level of interest or investment return**.

As a service to you, Midland National will perform calculations which will establish a schedule of periodic (monthly, quarterly, semi-annual, or annual) payments which are intended, but not guaranteed, to comply with the requirements identified above. If you would like Midland National to make these calculations for you or if you provide the payment amount based on your own calculations, please read the following statements. If you agree with the statements, provide your signature in the space indicated and complete the remainder of the form.

I have consulted a tax or investment adviser, pursuant to which I am requesting that calculations be made in order to establish a schedule of "substantially equal periodic payments" which will be paid to me as contemplated under section 72(t)/72(q) of the Internal Revenue Code. In making this request, I understand and agree with the following statements.

- Midland National does not provide tax or legal advice. Midland National makes no guarantees that any interest rate or mortality assumption will be viewed as "reasonable" by the Internal Revenue Service.
- Any failure to observe the requirements associated with substantially equal periodic payments will result in imposition of the 10% penalty tax on all payments previously received, plus interest.
- Midland National will not be held liable for any additional tax, interest, or penalties, or any damages or losses of any kind, direct or indirect, arising as a result of my election to take "substantially equal periodic payments."
- This election is in lieu of other payment and withdrawal options provided in the original Contract and will remain in force and in effect until written notice is provided to the company to change this election. As part of this election, no additional contributions can be made to this Policy.
- Distributions will be reported to the Internal Revenue Service as required.
- Surrender charges will apply to all distributions according to the applicable Contract provisions.

Contract Owner signature	Date (mm/dd/yyyy)
--------------------------	-------------------

Policy number	Owner name
---------------	------------

SEPP method election - Please choose number one or two.
1. Payment method calculated by Midland National (This option is not available on single premium immediate annuities.)

A. Payment method (Please choose one only)

 Amortization method Annuity method RMD method

B. Payment calculation (Please choose one only)

 Single life expectancy Joint life expectancy - Please complete the following information:
 • The date of birth of the oldest Primary Beneficiary of my Policy is _____ (mm/dd/yyyy)
 • The Beneficiary of my Policy is my spouse. Yes No

C. Payment frequency (Please choose one only)

 Monthly Quarterly Semi-annual Annual

D. Please complete the following information

1. **Date first payment to be generated:** _____ (mm/dd/yyyy)
 (Subsequent payments will be generated on the same day/date, depending on the frequency of payments.)
2. **Special instructions:** _____

2. Payment method calculated by my tax advisor/accountant

A. 72(t) calculation was performed by my tax adviser/accountant, and has been determined to be consistent with the applicable IRS requirements. I wish to make a withdrawal of the following amount \$ _____ each (check one):

 Monthly Quarterly Semi-annual Annual

For Pension Sharing Plans, and Tax Sheltered Annuities, separation from service is required prior to electing substantially equal periodic payments.
Method of payment

If no election is indicated, funds will be sent EFT to the banking information on file for a disbursement. If no banking information is on file a check will be mailed to you at the address of record.

 Send check out regular mail
 Send funds Electronic Funds Transfer (EFT) — I authorize Midland National to automatically deposit this withdrawal into the account that is currently on file. To add or update banking information, please provide a voided check or a bank letter showing the Owner's name, bank account, and routing number, signed by the bank. A check may be mailed if the above requirements are not met. Should an inappropriate deposit be made, the financial institution is authorized to make a debit entry to your account and return the corrected amount to Midland National.

Federal tax withholding - Please choose yes or no.
1. Do you wish to have federal taxes withheld? (State, if applicable.) Yes No

On TSA and HR10 Contracts, we are required to withhold federal taxes of 20%.

Under penalties of perjury, I certify that:

- A. The number shown on this form is my correct taxpayer identification number, and
- B. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Owner's signature	Date (mm/dd/yyyy)	Owner's Social Security number
Signature of Owner's spouse, if required in community property states <input type="checkbox"/> Not married	Date (mm/dd/yyyy)	Phone number



208712