

Annuity Beneficiary change request



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

1. Contract holder information

Annuity Policy/Contract number

Owner's name (first, middle initial, last)	Social Security number
Joint Owner's name (if applicable) (first, middle initial, last)	Social Security number
Trust or corporation name (if current Owner is a Trust or corporation)	Tax Identification number
Owner's mailing address	
City, State, ZIP	Phone number

2. Beneficiary change information

I hereby revoke all previous Beneficiary designations and change the Beneficiary(ies) according to sections four (4) through seven (7) of this form.

The new Beneficiary designations are

Revocable Irrevocable (If no box is checked, the Beneficiary designation will be revocable):

- Irrevocable Beneficiary designations require the signature of the irrevocable Beneficiary in section eight (8). If you choose an irrevocable Beneficiary, written consent is required before any future changes can be made.
- If a Charitable Trust is listed as a Beneficiary the Certification of Charitable Trust (26742Y) must be attached.
- If this form is completed and signed by an attorney-in-fact, the Certificate of Power of Attorney form (19656Y) must accompany this form.
- In order to meet IRS requirements, if there are Joint Owners, death proceeds are payable upon the death of the first Owner. The death benefit proceeds will be payable to the Owner's Primary Beneficiary. If the surviving Owner is not the Owner's Primary Beneficiary, they will not be entitled to the proceeds upon the death of the first Owner.
- If there are Joint Annuitants, death proceeds are payable upon the death of the second Annuitant.
- For an Owner driven Contract, death proceeds are not payable upon the death of an Annuitant, therefore no Beneficiary designation is needed.
- This Beneficiary change request form meets the written notice requirement defined in the Annuity Contract.
- If you want to designate more Beneficiaries than this form allows, fill out the required information on a separate sheet of paper that is signed and dated according to section eight (8) of this form. Attach it to this form.
- Designate if you want the Beneficiary designation to be per stirpes or per capita. If an election is not made then by default it will be per capita. Per stirpes designations require a listing of the children on a separate sheet of paper that is signed and dated. The list must include the children's names, addresses, phone numbers, dates of birth, and social security numbers.
 - Per stirpes definition: A common way of distributing proceeds where if one or more Beneficiaries has died, his or her children share equally in his or her share of the proceeds.
 - Per capita definition: Proceeds are split amongst the Beneficiaries that survive the Owner/Annuitant. If one of the Beneficiaries does not survive the Owner/Annuitant than the remaining Beneficiaries receive the proceeds split equally.
- In order to make the requested change we require that the following information be provided: Beneficiary name, relationship code, and percentage of proceeds.
- In order to distribute future annuity proceeds accurately and according to your wishes, provide the current phone number, email, social security number, and address for each Beneficiary. If we do not receive all of this information, we will send a follow-up letter requesting the missing information.

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Phone: 877-586-0244 | Fax: 877-586-0249 | MidlandNational.com

3. Relationship code information

Please use the codes below to fill out the Relationship code information in sections 4 through 7.

01 - Spouse 04 - Mother 06 - Daughter 08 - Sister 14 - Stepdaughter 20 - Granddaughter 33 - Niece
03 - Father 05 - Son 07 - Brother 13 - Stepson 19 - Grandson 32 - Nephew 55 - Other

4. Owner's Primary Beneficiary designation *Percent (%) of proceeds for Primary Beneficiary(ies) must equal 100%

In the event of the Owner's death, death benefit proceeds are payable to the Owner's Primary Beneficiary. If there are Joint Owners, the death benefit is payable upon the first death.

Beneficiary's name (first, middle initial, last)			
Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds* <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Beneficiary's mailing address (must be completed)			
City, State, ZIP			
Email address			Phone number
Beneficiary's name (first, middle initial, last)			
Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds* <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Beneficiary's mailing address (must be completed)			
City, State, ZIP			
Email address			Phone number
Beneficiary's name (first, middle initial, last)			
Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds* <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Beneficiary's mailing address (must be completed)			
City, State, ZIP			
Email address			Phone number
Trust (or other non-living entity, e.g., corporation, estate, etc.)			
Tax Identification number	Trust date (mm/dd/yyyy)	Percent (%) of proceeds*	
Trustee name			
Trustee mailing address (must be completed)			
Trustee email address			Trustee phone number
Trustee Social Security number			Trustee date of birth (mm/dd/yyyy)

Is this a Testamentary Trust? Yes No

Is this a Charitable Trust? Yes No

If this is a Charitable Trust the Certification of Charitable Trust (form 26742Y) must be attached.

5. Owner's Contingent Beneficiary designation *Percent (%) of proceeds for Contingent Beneficiary(ies) must equal 100%

If the Owner's Primary Beneficiary is no longer living at the same time of the Owner's death, the Owners Contingent Beneficiary will receive the death benefit proceeds.

Beneficiary's name (first, middle initial, last)

Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
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Beneficiary's mailing address (must be completed)

City, State, ZIP

Email address	Phone number
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Beneficiary's name (first, middle initial, last)

Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
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Beneficiary's mailing address (must be completed)

City, State, ZIP

Email address	Phone number
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Beneficiary's name (first, middle initial, last)

Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
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Beneficiary's mailing address (must be completed)

City, State, ZIP

Email address	Phone number
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Trust (or other non-living entity, e.g., corporation, estate, etc.)

Tax Identification number	Trust date (mm/dd/yyyy)	Percent (%) of proceeds*
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Trustee name

Trustee mailing address (must be completed)

Trustee email address	Trustee phone number
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Trustee Social Security number	Trustee date of birth (mm/dd/yyyy)
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Is this a Testamentary Trust? Yes No

Is this a Charitable Trust? Yes No

If this is a Charitable Trust the Certification of Charitable Trust (form 26742Y) must be attached.

6. Annuitant's Primary Beneficiary designation *Percent (%) of proceeds for Primary Beneficiary(ies) must equal 100%

In the event of the Annuitant's death, death benefit proceeds are payable to the Annuitant's Primary Beneficiary. If there are Joint Annuitants, the death benefit is payable upon the second death. **Complete this section only if the Owner(s) and Annuitant(s) are not the same.**

Beneficiary's name (first, middle initial, last)				
Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Beneficiary's mailing address (must be completed)				
City, State, ZIP				
Email address			Phone number	
Beneficiary's name (first, middle initial, last)				
Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Beneficiary's mailing address (must be completed)				
City, State, ZIP				
Email address			Phone number	
Beneficiary's name (first, middle initial, last)				
Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
Beneficiary's mailing address (must be completed)				
City, State, ZIP				
Email address			Phone number	
Trust (or other non-living entity, e.g., corporation, estate, etc)				
Tax Identification number	Trust date (mm/dd/yyyy)		Percent (%) of proceeds*	
Trustee name				
Trustee mailing address (must be completed)				
Trustee email address			Trustee phone number	
Trustee Social Security number			Trustee date of birth (mm/dd/yyyy)	

Is this a Testamentary Trust? Yes No

Is this a Charitable Trust? Yes No

If this is a Charitable Trust the Certification of Charitable Trust (form 26742Y) must be attached.

7. Annuitant's Contingent Beneficiary designation *Percent (%) of proceeds for Contingent Beneficiary(ies) must equal 100%

If the Annuitant's Primary Beneficiary is no longer living at the time of the Annuitant's death, the Annuitant's contingent Beneficiary will receive the death benefit proceeds. **Complete this section only if the Owner(s) and Annuitant(s) are not the same.**

Beneficiary's name (first, middle initial, last)

Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
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Beneficiary's mailing address (must be completed)

City, State, ZIP

Email address	Phone number
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Beneficiary's name (first, middle initial, last)

Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
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Beneficiary's mailing address (must be completed)

City, State, ZIP

Email address	Phone number
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Beneficiary's name (first, middle initial, last)

Social Security number	Relationship code	Date of birth (mm/dd/yyyy)	Percent (%) of proceeds*	<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
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Beneficiary's mailing address (must be completed)

City, State, ZIP

Email address	Phone number
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Trust (or other non-living entity, e.g., corporation, estate, etc)

Tax Identification number	Trust date (mm/dd/yyyy)	Percent (%) of proceeds*
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Trustee name

Trustee mailing address (must be completed)

Trustee email address	Trustee phone number
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Trustee Social Security number	Trustee date of birth (mm/dd/yyyy)
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Is this a Testamentary Trust? Yes No

Is this a Charitable Trust? Yes No

If this is a Charitable Trust the Certification of Charitable Trust (form 26742Y) must be attached.

8. Signatures

Changes will not be valid unless signature section is completed.

IMPORTANT NOTICES REGARDING SIGNATURE REQUIREMENTS

The Trustee(s) agree to release, indemnify and hold harmless Midland National® Life Insurance Company (“the Company”), its officers, employees, agents/representatives, and affiliates from and against all claims arising out of the sale or administration of the product to the Trust. The Trustee(s) certify that the product is suitable for the purposes of the Trust and does not impair the rights of the Trust Beneficiaries. The Trustee(s) acknowledge that the Company has not provided any tax, legal or financial advice and is not authorized to recommend or sell Trusts and any Trust recommendation has been provided by an independent tax, legal or financial advisor. The Company will issue and administer the Contract based solely upon the representations made by the Trustee(s) and that any consequence of any error, inaccuracy, or misunderstanding in interpreting the Trust will be borne solely by the Trustee(s).

*If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse’s signature on the line below 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 below. 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.

Note: The term “spouse” includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

9. Fraud statements

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 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.

Signature of account Owner	Date (mm/dd/yyyy)
Signature of account Owner	Date (mm/dd/yyyy)
Irrevocable Beneficiary (if any)	Date (mm/dd/yyyy)
*Current Owner’s spouse	Date (mm/dd/yyyy)



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